



- A screening log should be maintained to track all patients who are consented and screened for TACT
- Use this screening log to assign a subject number, record patient information, the date screened, and the date randomized (if applicable) or reason(s) not enrolled
- If the patient is screened but not randomized, record the reason the patient was not enrolled, using the following letters:

A = Time commitment or too many infusions
 B = Primary MD advised against
 C = Patient did not meet inclusion/exclusion criteria (record reason code(s) listed on back)
 D = Other

Screening Log

Site # : _____

Subject Number	Patient Initials	Gender	Race (check all that apply)	Ethnicity (check only one)	Date Screened	Date Randomized OR Reason(s) Not Enrolled
_____ site # 2 - - -	_____ first middle last	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	____/____/____ month day year	____/____/____ month day year _____ - _____ ____ (A-D) C + ____ (1-19) (record number(s) from reason code(s) list on back) D (specify reason): _____
_____ site # 2 - - -	_____ first middle last	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	____/____/____ month day year	____/____/____ month day year _____ - _____ ____ (A-D) C + ____ (1-19) (record number(s) from reason code(s) list on back) D (specify reason): _____
_____ site # 2 - - -	_____ first middle last	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	____/____/____ month day year	____/____/____ month day year _____ - _____ ____ (A-D) C + ____ (1-19) (record number(s) from reason code(s) list on back) D (specify reason): _____
_____ site # 2 - - -	_____ first middle last	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	____/____/____ month day year	____/____/____ month day year _____ - _____ ____ (A-D) C + ____ (1-19) (record number(s) from reason code(s) list on back) D (specify reason): _____

Codes for Reason(s) Not Enrolled

Use one or more of the following codes to indicate the reason patient did not qualify for randomization

1 Patient is < 50 years old or is premenopausal female	11 Inadequate venous access in upper extremities
2 MI occurred < 6 weeks ago or did not meet qualifying biomarkers or imaging evidence	12 Abnormal baseline lab results: Creatinine > 2.0 mg/dL, Platelet count < 100,000 mm ³ , ALT/AST > 2 x ULN
3 Chelation therapy within the last 5 years	13 History of cigarette smoking within the last 3 months
4 History of allergic reaction to component of chelation solution	14 History of liver disease
5 History of allergic reaction to vitamins or minerals	15 Disease of copper, iron, or calcium metabolism
6 Coronary or carotid revascularization within last 6 months	16 Inability to tolerate a weekly fluid load of 500 cc
7 Planned revascularization	17 Condition or circumstance that would affect compliance
8 Symptomatic or clinically evident heart failure	18 Non-coronary medical condition likely to affect survival within 4 years
9 Hospitalization for heart failure within the last 6 months	19 Woman of childbearing potential (or post-menopausal with plans for IVF)
10 Stage II hypertension (BP > 160/100)	