Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

## Cooperative Re-Engagement Controlled Trial (CoRECT)

## Attachment #11 Participant Eligibility Disposition form

Public reporting burden of this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

## Attachment 11. Participant Eligibility Disposition form

Preliminary Investigation Workshee	et		
Date HD Site Name	Time Period for this Report From Date:	To Date:	
HD Site Name			
Clinic Site #	Cooperative Re-engagement Controlled Trial (CoRECT)		
Unique patient study ID	HD Investigation	Comment	Candidate for CoRECT
		+	
		+	
		+	