

**DUTY SCREENING LOG –**  
**Please fax weekly to Marilyn Peters**  
 Fax no: 0207 848 6620



**GP Surgery/Site Name:** \_\_\_\_\_

**Site Identifier :**

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**For all children aged before their 5<sup>th</sup> birthday who consult, please check their eligibility for DUTY.**  
**Complete this table every time you consider a patient for DUTY.**

Date of consultation	Patient's date of birth	Patient's gender M/F	Was patient recruited?	If recruited please give Patient's Study Number	If recruited, has urine sample been collected?	If not recruited please give reason for exclusion/not consented/not approached?