

DUTY SCREENING LOG –
Please fax weekly to Kate Martinson
Fax no: 023 8070 1125



GP Surgery/Site Name: _____

Site Identifier :

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**For all children aged before their 5th 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?