

SBT777101-02 Pre-Screening Slot Request Form

Completed form must be submitted and approved <u>BEFORE</u> subject signs consent and any study specific screening procedures are performed	
Section 1: Request for subject screening <i>Complete Section 1 and send copy to ClinicalOperations@Sonomabio.com with your CRA in copy</i>	
PI Name:	
Clinical Site:	
Clinical Site #:	
When was the subject initially diagnosed with HS? (if month is unknown, please indicate year only)	(MMM/YYYY)
Has the subject's previous and current medication history been reviewed to confirm: 1) Protocol eligibility requirements may be met? 2) Washout periods are accounted for?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Has the subject previously been screened for this study?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was the previous Subject ID:	
Subject Year of Birth:	(YYYY)
Planned/Projected Screening (Consent) Visit Date*:	(DD/MMM/YYYY)
Planned/Projected Skin Biopsy Visit Date*:	(DD/MMM/YYYY)
Section 2: Approval to proceed with subject screening <i>Sonoma will complete Section 2 and send return to study coordinator</i>	
Subject ID Assignment:	
Planned/Projected Apheresis Date:	(DD/MMM/YYYY)
Completed By:	

*Any changes to the planned/projected date must be communicated to ClinicalOperations@Sonomabio.com with your CRA in copy