

Screening Number: |\_|\_|\_|\_| |\_|\_|\_|\_|\_|\_|\_|\_| |\_|\_|\_|\_|\_|\_|\_|\_|

### FORM CEF1 - EMBLEM CASE ELIGIBILITY SCREENER

COMPLETE THIS FORM FOR NEWLY DIAGNOSED BURKITT LYMPHOMA (BL) PATIENTS  $\leq 14$  YEARS OF AGE.

1. TODAY'S DATE: |\_|\_|\_|\_| / |\_|\_|\_|\_| / |\_|\_|\_|\_|\_|\_|\_|\_|  
DAY MONTH YEAR

2. PATIENT NAME: \_\_\_\_\_

Months  1

3. DATE OF BIRTH: |\_|\_|\_|\_| / |\_|\_|\_|\_| / |\_|\_|\_|\_|\_|\_|\_|\_| OR AGE: |\_|\_|\_|\_| Years  2  
DAY MONTH YEAR

4. Has a diagnosis of BL been made clinically and/or confirmed histologically?

Yes  1

No  2 [PATIENT IS NOT ELIGIBLE, **SKIP TO QUESTION 10**]

5. Is patient  $\leq 14$  years of age?

Yes  1

No  2 [PATIENT IS NOT ELIGIBLE, **SKIP TO QUESTION 10**]

6. Is resident address within the study catchment area? [REFER TO LIST OF ELIGIBLE DISTRICTS]

Yes  1

No  2 [PATIENT IS NOT ELIGIBLE, **SKIP TO QUESTION 10**]

7. Did patient live in study region for at least 4 months before developing symptoms of BL?

Yes  1

No  2 [PATIENT IS NOT ELIGIBLE, **SKIP TO QUESTION 10**]

8. Has patient ever received chemotherapy treatment for BL?

Yes  1 [PATIENT IS NOT ELIGIBLE, **SKIP TO QUESTION 10**]

No  2

9. Is patient stable enough to be approached for study enrollment?

Yes  1

No  2 [GO TO RE-CONTACT TABLE]

**Hospital ID**  
(stick label here)

Transcribed by: \_\_\_\_\_ *Initials/Date*  
Checked by: \_\_\_\_\_

**Subject ID**  
(stick label here)

**RE-CONTACT TABLE**

For patients who are **not** stable enough for enrollment initially, note date of re-contact following consultation with the physician to determine favorable changes in the patient's condition.

**9a. DAY 1 POST INITIAL CONTACT:** |\_\_||\_\_| / |\_\_||\_\_| / |\_\_||\_\_||\_\_||\_\_|  
DAY MONTH YEAR

Is patient stable enough to be approached for study enrollment?

- Yes  1 **Skip to Q10 - RE-CONTACT APPROPRIATE**
- No  2 CONSULT WITH PHYSICIAN AGAIN ON **DAY 2** POST INITIAL CONTACT TO DETERMINE IF PATIENT'S CONDITION HAS STABILIZED.

**9b. DAY 2 POST INITIAL CONTACT:** |\_\_||\_\_| / |\_\_||\_\_| / |\_\_||\_\_||\_\_||\_\_|  
DAY MONTH YEAR

Is patient stable enough to be approached for study enrollment?

- Yes  1 **Skip to Q10 - RE-CONTACT APPROPRIATE**
- No  2 CONSULT WITH PHYSICIAN AGAIN ON **DAY 3** POST INITIAL CONTACT TO DETERMINE IF PATIENT'S CONDITION HAS STABILIZED.

**9c. DAY 3 POST INITIAL CONTACT:** |\_\_||\_\_| / |\_\_||\_\_| / |\_\_||\_\_||\_\_||\_\_|  
DAY MONTH YEAR

Is patient stable enough to be approached for study enrollment?

- Yes  1 **Continue to Q10 - RE-CONTACT APPROPRIATE**
- No  2 [PATIENT IS STILL NOT STABLE AND IS THUS NOT ELIGIBLE]

10. PATIENT ELIGIBLE FOR STUDY:

- Yes  1
- No  2 **[SKIP TO QUESTION 12]**

11. CONSENT OBTAINED:

- Yes  1
- No  2 [PATIENT IS NOT ELIGIBLE]

12. SCREENER'S ID: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**Hospital ID**  
(stick label here)

Transcribed by: \_\_\_\_\_  
Checked by: \_\_\_\_\_  
*Initials/Date*

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