

Site Number:
Date of Visit:
Person Completing Form:

Participant ID:
Participant Letters:

A. INFORMED CONSENT - SCREENING

1. Date written informed consent for *screening* was obtained:

___/___/___
DAY MONTH YEAR

2. On the consent form, was permission given for samples of the participant's blood to be stored for other tests?

Y N N/A

If yes: with DNA without DNA