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# AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
## AASK COHORT STUDY
## SOCIAL SECURITY NUMBER FORM # 82

This form is to be completed for each patient who provides his or her Social Security Number.

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PID
1. Identification Number...

NAMECODE
2. Name Code...

3. Social Security Number ..... ___-__-____ SSN

4. First Name ..... _____ FIRST_NAME

5. Middle Name ..... _____ MIDDLE_NAME

6. Last Name ..... _____ LAST_NAME

7. Maiden Name (Optional) ..... _____ MAIDEN_NAME

200. Date this form completed (mm/dd/yyyy) ..... __/__/____ COMPL-DT

201. Certification ID of person completing this form ..... _____ COMPL-BY

**For Clinical Center Use Only:**

**Certification ID of person entering this form:** _____

**Date Entered:** __/__/____

**Note:** If the patient asks what we plan to do with the social security number, say
"We will use the social security number:
to find out if you start dialysis
to contact you if we lose track of you
to reimburse you (some centers)"