

C-ENROLL

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
COHORT ENROLLMENT FORM # 81**

This form is to be completed for each patient being enrolled into the AASK Cohort Study. It is completed at the time of the first Cohort Study visit.

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1. Identification Number...

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2. Name Code...

3. Date of first Cohort Study data collection (mm/dd/yyyy) / / ^{STUDY-DT}
This must be the first date that you complete any of the Cohort Study C0-0 baseline forms but cannot be sooner than any date provided in question 4 or 5 below.

4. Date patient signed the Cohort consent form (mm/dd/yyyy) / / ^{C CONS-DT}

5. Date patient signed a genetics consent form (mm/dd/yyyy) / / ^{GCONS-DT}

Note: If you use a combined consent form, enter the same date for "4." and "5."

6. Will this patient provide his/her Social Security Number? (0=no, 1=yes) ^{SSN-PROV}

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: / /