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PROTOCOL #1

Cross-Check

Patient ID: _____
Patient Initials: _____
Clinical Center: _____
Contact Week: 0
Date: ____ / ____ / ____
 month day year
RC ID: _____

(To be completed by Research Coordinator at B2)

1. What is the participant's date of birth? ____ / ____ / ____

2. What is the **maximum** void reported on the participant's voiding diary? _____ ml/cc