

(Research Coordinator completed for every potential participant who chooses not to participate.)

Date of Refusal	Primary Reason for Refusal
	<input type="checkbox"/> ₁ Not interested in participating
	<input type="checkbox"/> ₂ Not willing to follow the protocol
	<input type="checkbox"/> ₃ Not willing to undergo the required clinical procedures
	<input type="checkbox"/> ₄ Personal constraints (work schedule, access to clinic, clinic hours, etc.)
	<input type="checkbox"/> ₅ Medical condition unrelated to IC Please specify: _____
	<input type="checkbox"/> ₆ Other, please specify: _____
	<input type="checkbox"/> ₁ Not interested in participating
	<input type="checkbox"/> ₂ Not willing to follow the protocol
	<input type="checkbox"/> ₃ Not willing to undergo the required clinical procedures
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	<input type="checkbox"/> ₆ Other, please specify: _____
	<input type="checkbox"/> ₁ Not interested in participating
	<input type="checkbox"/> ₂ Not willing to follow the protocol
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