

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

DRAFT