

**STOP II
Randomized Patients**

SIGNED ACKNOWLEDGEMENT OF NEW INFORMATION ABOUT THE STOP II STUDY

PATIENT ID # _____

ACROSTIC _____

BIRTHDATE: _____

The above STOP II Randomized patient was given a copy of the 11/22/04 "Acknowledgement of New Information about the STOP II Study" on ____ / ____ / ____.

☐ The Parent/Legal Guardian of the patient signed the 11/22/04 "Acknowledgement of New Information about the STOP II Study" on ____ / ____ / ____ ☐ Check here if not signed because of subject's age

☐ The Patient signed the 11/22/04 "Acknowledgement of New Information About the STOP II Study" on ____ / ____ / ____ ☐ Check here if not signed because of subject's age

Comments (optional):

Signature of STOP II Principal Investigator _____

Date form completed: ____ / ____ / ____

Fax completed form to: Dianne Gallagher • Fax Number: 617-923-4176

Date received at DCC: ____ / ____ / ____