

Enroll

Date of Visit

_____ (mm-dd-yyyy)

Physician Date:

_____ (mm-dd-yyyy)

Physician Cert#:

1. The legally authorized representative of the participant has given consent for SAC

- Yes
 No

If No, ineligible for study

a. Date

_____ (mm-dd-yyyy)

b. Time

_____ (hh:mm (24 hour clock))

2. The participant has given assent for SAC.

- Yes
 No
 N/A

a. Date

_____ (mm-dd-yyyy)

b. Time

_____ (hh:mm (24 hour clock))

b. Time missing?

- Yes