

Study 3300 - Participant Record Sheet

Name	Today's Date (dd/mm/yyyy)	OFFICE USE ONLY VISIT: <input type="checkbox"/> 1 (Baseline) <input type="checkbox"/> 2 (3 months) <input type="checkbox"/> 3 (6 months) Inconven. Fee:
Address	Telephone (Cell)	
	Telephone (Home/Work)	
	Email	

PERSONAL INFORMATION						
Birth Date (dd/mm/yyyy)	Most Affected Hand (as per clinician)	Height (cm)			Weight (kg)	
		1.	2.	3.	1.	2.
Male / Female		Avg =			Avg =	

HISTORY	
ID	<div style="display: flex; justify-content: space-between;"> <div>Relevant fractures/surgeries:</div> <div>Metal present in VOI:</div> </div> <div style="margin-top: 10px;"> LMP: <div style="text-align: right; margin-right: 50px;">Recent Medical Imaging</div> </div> <div style="margin-top: 10px;">Preg?:</div>

SCAN RECORD								
XCT2	Sample #	Meas #	Control File	Reference Line Value	Scout Saved?	Side	Comments	Tech

STUDY ID: _____