## Study 3309 - Participant Record Sheet

Name			Today's	Today's Date (dd/mm/yyyy)				OFFICE USE ONLY		
								VISIT:		
Address			Teleph	Telephone (Cell)						
								☐ 1 (Base		
				Telephone (Home/Work)				□ 2 (6 months)		
Study ID			Email	Email						
			PERS	SONAL INFORM	MATION					
Birth Date Most Affected Hand (dd/mmm/yyyy) (as per clinician)				Height (cm)			Weight (kg)			
			1.	2.	3.	1.		2.	3.	
Male / Female			Avg =	Avg = Avg =						
				HISTORY						
ID Relevant fractures/surg				eries: Metal present in VOI						
					Recen	t Medica	ıl Imagir	nσ		
					Necen	rivieule	ii iiiiagii	<sup>1</sup> 5		
				SCAN RECO	RD					
хст2	Sample #	Meas #	ontrol	Reference	Scout	Side		Commer	nts	Tec