

# CONSENT DOCUMENTATION FORM

ID NUMBER:								
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FORM CODE: CDF  
VERSION: A 01/31/08

Visit Number	0	1
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SEQ #

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**Instructions:** This form is completed by project staff after the initial study consent is signed, and again if the patient requests a modification to consent or withdraw from the study.

1. Participant Consent Status (circle one):

Initial study consent..... C  
Modification of consent ..... M

2. Type of consent or consent modification (circle one):

Full consent with contact..... F  
Partial consent, data collection, no contact..... P  
Partial withdrawal of consent, do not contact..... D  
Full withdrawal of consent, no data and no contact ..... W → **Go to 4**  
Complete refusal of enrollment ..... R → **Go to 4**

3. Are there any restrictions in consent regarding specimens/images

in repositories (Y =Yes, N = No, X = Not Applicable) ..... Y      N      X

If yes, specify restrictions: \_\_\_\_\_

4. Date of consent or modification (mm/dd/yyyy):..... 

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5. Interviewer's / recorder's initials: ..... 

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