

PERSONAL IDENTIFIERS

ID NUMBER:

FORM CODE: PID
 VERSION: 1.0 09/09/2024

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed during the participant's clinic visit. Read the statements regarding confidentiality and verify the participant fully understands. Please answer both questions or confirm the pre-populated data is correct.

I am going to ask you for your full birth date. Please remember that all information that you give us is confidential, and only certified personnel will have access to this information.

2) Full date of birth (mm/dd/yyyy): / /

As part of the confidential information that we collect from the participants, we ask for your Social Security Number. Please review the disclosure statement below. The statement explains the reasons why we are requesting your Social Security Number and that providing it is voluntary.

Disclosure Statement: We are asking for your Social Security Number because data from this study will be linked with data supplied by health care providers for approved research purposes only. This information is also used for participant compensation purposes which is tied to tax records and income reporting. This information is also used for National Death Index records for future research. It will be kept confidential according to the Privacy Act of 1974 and will be used only for research purposes.

3) Social Security Number: - -

END OF FORM