



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

PRESCREENING REFUSAL

1. Reason(s) for refusal: (***Check all that apply***)

- Participant refuses participation in research
- Participant does not consider the CRIC Study beneficial
- Participant is not concerned about reported laboratory values
- Participant has concerns about the research processes in the CRIC Study
- Participant has medical condition(s) unrelated to renal disease, that may interfere with participation
- Participant has personal constraints
- Participant prefers (additional) compensation
- Participant has concerns about data privacy/protection of personal medical information
- Other

Specify: _____