Participant ID: **Participant Initials:**

Clinical Center: **Site:** **Visit Number:** Reset Patient / RC

CRF Date: / / **RC ID:** Reset All

CRIC STUDY RE-CONSENT STATUS

RC completes this form to document when a participant provides consent for protocol v.5.x. at the outset of Phase III of the CRIC Study

1. Date of Consent to participate in protocol v5.x: __ __ / __ __/ __ __ __ __ (MM/DD/YYYY)