



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

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### ENCRYPTION INFORMATION

1. Did the participant consent to use of Social Security Number for research purposes? <sub>1</sub> Yes <sub>0</sub> No

**If NO, do not enter item #s 2 and 3.**

2. Participant's Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Copy Encrypted Number from the screen in item #3 on the CRF. At the prompt, re-enter the Encrypted Number on the screen for verification.**

3. Participant's Encrypted Number: \_\_\_\_\_