



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

SUPPLEMENTAL CONSENT TRACKING

Research Coordinator: If the participant requests to withdraw consent for Buffy Coat specimen collection or Social Security Number in the Chronic Renal Insufficiency Cohort Study, complete this form.

1. Has the participant withdrawn consent for Buffy Coat specimen collection?

₁ Yes ₀ No ₉₉ N/A

2. Has the participant withdrawn consent to use his/her Social Security Number for research purposes?

₁ Yes ₀ No ₉₉ N/A