



PERSONAL IDENTIFIERS FORM

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: PID
VERSION: 3.0 01/09/2018

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.

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 SPIROMICS personnel will have access to this information.

21) Full date of birth (mm/dd/yyyy)

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As part of the confidential information we collect on the participants in SPIROMICS 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. It will be kept confidential according to the Privacy Act of 1974 and will be used only for research purposes. Providing this information to the Subpopulations and Intermediate Outcome Measures in COPD Study is entirely voluntary on your part, but it is extremely important for the purposes of this study.

32) Social Security Number

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END OF FORM