



STOOL KIT ID 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: SKF
VERSION: 1.0 03/26/2019

Event: _____

0a) Date Given to Participant / / 0b) Staff Code

Instructions: Complete this form when a participant has been given the Stool Collection Kit. Use either the LAB ID if given at Visit 5 or BRN ID if given at the Bronchoscopy substudy visit). Scan the label used for this participant's stool kit in item 1 below.

1) Stool Kit ID label **LAB** or **BRN**

END OF FORM