
Record ID

Consent

Is consent required for this study?

- Yes, consent is required for this study
 No, Consent is not required/is waived for this study

Date of Consent

(MM/DD/YYYY)

I agree to let The Duke Clinical Research Institute to collect all identifiable information.

- Yes No
(This is to enable linkage of deidentified data.)

I agree to let The Duke Clinical Research Institute to collect my Social Security number.

- Yes No

I agree to let The Duke Clinical Research Institute to collect only my zip code and no other identifiable information.

- Yes No

I agree to be contacted for future research.

- Yes No

This module was extracted from page 1, section "Consent" from the full document "RADx-UP Common Data Elements"