



HOSPITAL RECORDS IDENTIFIER FORM

ID NUMBER:

FORM CODE:

DATE: 04/17/2023
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: This form is completed after the study informed consent form is signed with all de novo participants who enroll in BHFU and give consent for study team members to collect their SSN.

1. Has this participant provided consent for study team members to collect their SSN to connect with sources of medical information for the purpose of this study?
Yes..... Y
No N **END**

2. What is this participant's Social Security Number? --