



# PHANTOM FORM

ID NUMBER:

FORM CODE: 

P	H	A
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DATE: 10/11/2017  
Version 1.0

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## ADMINISTRATIVE INFORMATION

0a. Collection Date: 

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

0b. Tech ID: 

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Instructions:** This form should be completed during participants' visit. Enter the PHANTOM ID for the corresponding QC blood sample.

1. Phantom ID: 

<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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