COMMENTS CONTINUATION FORM (CCF)

Date of Examination/DE Completion/
AER Completion ..... |___|___| - |___|___| - |_2_|_0_|___|___|
MO DY YEAR

Screening Center: ..... |___|___|

Screening Center Staff ID: ..... |___|___|___|___|

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CCF

Participant ID Label

The comments below are for the following form (CHECK ONE):

Examination/QA	Diagnostic Evaluation	Administrative
☐ XRY2 ☐ SCT ☐ XRQ2 ☐ SCQ	☐ DE	☐ RAE

ITEM NO.	COMMENTS

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