

**CRF 4 - IDENTIFICATION FORM – this form will remain only at study site**  
**This form stays only at study site (NOT to be entered in the website)**

Participant study ID number  **C C C - C C C C**

Center \_\_\_\_\_

Date \_\_\_\_\_

Research Staff \_\_\_\_\_

Treating physician \_\_\_\_\_

TB nurse \_\_\_\_\_

Stamp card	
Name	
Address	
Phone	
E-mail	
Date of birth	
Ins #	Exp date

Review the information provided above on the identification stamp and indicate any changes below.

To facilitate following the study subject, please provide (on page 2 of this form) information on as many potential contacts as possible.

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
Home Cell

Time in which is best to reach participant by phone \_\_\_\_\_

Other phone contacts (as WhatsApp, etc) \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_

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TRACKING INFORMATION #1

Name (last/first) \_\_\_\_\_

Relationship to study subject \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (home/cell/WhatsApp/...) \_\_\_\_\_

Email \_\_\_\_\_

TRACKING INFORMATION #2

Name (last/first) \_\_\_\_\_

Relationship to study subject \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (home/cell/WhatsApp/...) \_\_\_\_\_

Email \_\_\_\_\_

TRACKING INFORMATION #3

Name (last/first) \_\_\_\_\_

Relationship to study subject \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (home/cell/WhatsApp/...) \_\_\_\_\_

Email \_\_\_\_\_

TRACKING INFORMATION #4

Name (last/first) \_\_\_\_\_

Relationship to study subject \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (home/cell/WhatsApp/...) \_\_\_\_\_

Email \_\_\_\_\_