Date form completed:

**Study Title:**

|  | **Name & Role** | **Institutional Affiliation**  | **Role in the study**  | **Qualifications** |
| --- | --- | --- | --- | --- |
|  |       |       | [ ]  Recruitment[ ]  Data Collection[ ]  Data Analysis[ ]  Screening [ ]  Consent [ ]  Data Entry[ ]  Participant Interaction[ ]  Accessing Personal Health Information[ ]  Other (please specify):       |       |
|  |       |       | [ ]  Recruitment[ ]  Data Collection[ ]  Data Analysis[ ]  Screening [ ]  Consent [ ]  Data Entry[ ]  Participant Interaction[ ]  Accessing Personal Health Information[ ]  Other (please specify):       |       |
|  |       |       | [ ]  Recruitment[ ]  Data Collection[ ]  Data Analysis[ ]  Screening [ ]  Consent [ ]  Data Entry[ ]  Participant Interaction[ ]  Accessing Personal Health Information[ ]  Other (please specify):       |       |
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