Visit Date: visitdt3

Second Visit Date: visDt23

Informed Consent Responses
(Obtain responses from the signed Informed Consent)

Yes ☐ No ☐ N/A ☐

○ ☐ ☐ ☐ Release findings to physicians rlspH3

○ ☐ ☐ ☐ HIPAA authorization obtained hipaa3

Date signed:

HipaaDt3 ☐ / ☐ / ☐

Reception Interview

Ask participant:

1. At what time did you last eat or drink?
   
   Time ↓ ↓
   
   Record in military time (i.e. 5pm = 17:00)

   Time Now ↓ ↓
   
   Record in military time (i.e. 5pm = 17:00)

   If less than 8 hours, reschedule visit or fasting components.

2. Have you been ill in the last seven days (e.g. cold, flu, fever, vomiting)?
   
   Yes ☐ No ☐
   
   Reschedule visit