

Site Number			Screening Number			Participant Study Number			Protocol Number: MoCk - Up-1-001-06
VISIT 1 (SCREENING)						DEMOGRAPHIC DATA			

Participant Informed Consent:	
Date participant signed written consent form: ____ / ____ / ____ (DD / MMM / YYYY)	Date of first trial-related procedure: ____ / ____ / ____ (DD / MMM / YYYY)

Demographic Data:	
Date of Birth: ____ / ____ / ____ (DD / MMM / YYYY)	
Origin: <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Black or African <input type="checkbox"/> Oriental <input type="checkbox"/> Other, specify: _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	