

STOOL KIT LABEL ID FORM

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: SKF
VERSION: 1.0 02/24/2021

Event: _____

0a) Date Given to Participant: / / 0b) Staff Code:

Instructions: Complete this form when a participant has been given the Stool Collection Kit. Use this form to link the Stool Kit Label ID with the Participant ID. Scan the label used for this participant's stool kit in item 1 below.

1) Stool Kit Label ID:

END OF FORM