



Data Clarification Form

Participant Number: _____ - _____

To:
 DCRI Data Management
 Calerie Project Team
 Fax: 919-668-7100

From:
 Name: _____
 Site: _____

CRF Discrepancy Source	Current Entry	Corrected Entry	FOR DCRI USE ONLY
Submission (e.g. BASELINE 1, 6 Month): CRF Page Number: Section title (e.g. Clinic Weight): Question number/description:			DU: ____/____ <i>Initials/Date</i> DV: ____/____ <i>Initials/Date</i>
Submission (e.g. BASELINE 1, 6 Month): CRF Page Number: Section title (e.g. Clinic Weight): Question number/description:			DU: ____/____ <i>Initials/Date</i> DV: ____/____ <i>Initials/Date</i>
Submission (e.g. BASELINE 1, 6 Month): CRF Page Number: Section title (e.g. Clinic Weight): Question number/description:			DU: ____/____ <i>Initials/Date</i> DV: ____/____ <i>Initials/Date</i>
Submission (e.g. BASELINE 1, 6 Month): CRF Page Number: Section title (e.g. Clinic Weight): Question number/description:			DU: ____/____ <i>Initials/Date</i> DV: ____/____ <i>Initials/Date</i>

Please SIGN, DATE, and FAX this form to: (919) 668-7100

 Signature

 Date

FOR DCRI USE ONLY: DU = Database Updated; DV = Database Verified