



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