

Test Participant Information Sheet

Name: _____ Date of Birth: _____

ID #: _____

SSN #: _____

Bank: _____

Account #: _____

Bank Routing #: _____

Address: _____

Phone Number: _____ Cell: _____

E-Mail: _____

When Available for

Testing: _____ Best Time to

Contact: _____

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSD Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0109).