



# PATIENT EXEMPTION FORM

Please Print

Keep on file in clinic

Patient CHR Number \_\_\_\_\_ Date \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_

This patient has agreed to participate in the study but has not met criteria due to the following:

- mental inability
- known/diagnosed alcoholic
- patient did not consent to be completely informed of all testing results
- the investigator, and /or the co-investigator deemed patient as unfit

o Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PI/Nurses Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature