

**STOP-HCV-1 TRANSMITTAL COVER SHEET**

Participant ID (attach label below)	CRFs Included (mark all that apply)	#pages sent
<div style="border: 1px dashed black; padding: 10px; min-height: 100px;">                     Attach Participant                 </div>	<input type="checkbox"/> <input type="checkbox"/> Questionnaires <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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<div style="border: 1px dashed black; padding: 10px; min-height: 100px;">                     Attach Participant                 </div>	<input type="checkbox"/> <input type="checkbox"/> Questionnaires <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**Comments:**

**Total Pages:** \_\_\_\_\_

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