Informed Consent Form

(ICF Template)

Project Name: A Multicenter Prospective Study Evaluating the Diagnostic Performance and Impact on Clinical Outcomes of the NuRapid-CRISPR Pathogen Profile Assay in ICU Patients With Sepsis

Research Institution: Tongji Hospital, Shanghai Municipality

Principal Investigator :

You will be invited to participate in a clinical study. This informed consent form provides you with some information to help you decide whether or not to enroll in this clinical study. Please read it carefully, and if you have any questions, please feel free to ask the researcher in charge of the study.

This study has been reviewed and approved by the Ethics Review Committee of Tongji Hospital in Shanghai. Tongji Hospital in Shanghai is a Grade III-A comprehensive hospital and a clinical trial institution for drugs that has been accredited by the National Medical Products Administration and registered with the NMPA. The principal investigator of this study is ____.

This study plan will enroll 396 participants, with a total of 3 hospitals participating in the study. The leading unit is Tongji Hospital in Shanghai. Among them, our study site plans to enroll 132 participants.

1. Research Objective (Why conduct this study?):

Diagnostic Accuracy Study

Using traditional pathogen culture techniques as the reference standard, we evaluated the diagnostic performance of the NuRapid-CRISPR technology in pathogen detection by simultaneously testing various qualified body fluid specimens from patients (including blood, sputum, urine, and ascitic fluid). The primary comparison metrics include sensitivity, specificity, positive predictive value, and negative predictive value, and we directly compared the diagnostic turnaround times of the two methods.

Clinical Utility (Practicality) Cohort Study

After obtaining rapid molecular diagnostic results, two groups—“Rapid Diagnostic Guidance Group” and “Routine Care Group”—were naturally formed based on whether clinicians adopted these results to guide early, targeted antimicrobial therapy. Through prospective follow-up, we will evaluate whether the rapid diagnosis based on NuRa pid-CRISPR can shorten the time required for optimizing antimicrobial treatment, increase the target coverage of initial therapy, and ultimately improve key clinical outcomes for patients, such as 28-day all-cause mortality, duration of infection-related organ dysfunction, and length of ICU stay.

2. Research Background and Significance:

Sepsis is a life-threatening severe infection and one of the leading causes of death among patients in intensive care units. Rapidly identifying the pathogen responsible for the infection is crucial for the precise use of antibiotics and for improving patient outcomes. Currently, clinical diagnosis relies primarily on traditional microbiological culture methods, which typically take 2 to 3 days—or even longer—to yield results. As a result, during the critical early stages of treatment, physicians are often forced to rely on empirical antibiotic prescriptions, which may be inaccurate, thereby delaying effective treatment or increasing the risk of antimicrobial resistance. In recent years, rapid molecular diagnostic technologies—particularly those based on CRISPR technology—have demonstrated tremendous potential in laboratory research.

It can directly detect pathogens and their resistance genes within just a few hours. However, whether such new technologies can truly deliver rapid and accurate diagnoses in complex, critically ill clinical settings—and ultimately help physicians improve treatment outcomes and save patients' lives—still lacks high-quality evidence from large-scale clinical studies. Therefore, this study aims to fill this critical gap.

Research Protocol Description

Study type—randomized controlled trial

What is a "control group"? To scientifically evaluate the effectiveness of the newly developed diagnostic technology (NuRapid-CRISPR), we need to establish a reference group for comparison. In this study, patients will be divided into two groups: one group will adopt the new strategy (the rapid-diagnosis group), and the other group will follow the current standard conventional approach (the conventional-diagnosis group). Only by comparing the outcomes of the two groups can we objectively determine whether the new strategy is superior.

What is "random"? To avoid unfair comparisons caused by human selection, patients are assigned to groups not by doctors or patients themselves, but rather by a computer program that randomly assigns them—much like drawing lots. This ensures that the two patient groups have similar average characteristics in terms of age, disease severity, and other relevant factors, making the comparison results more reliable.

Intervention Description

Rapid Diagnostic Team: In addition to routine testing, patients' samples will simultaneously undergo NuRapid-CRISPR testing. Results will be provided to physicians within 2–4 hours as a reference for early adjustments to antibiotic therapy.

Conventional Diagnostic Group: Patients receive care strictly following the current standard protocol, which primarily involves adjusting antibiotics based on microbiological culture results (typically available within 24–72 hours). In this study, physicians in this group will not have access to rapid test results until the culture results are available, ensuring that the two groups' strategies remain comparable.

Compare settings with drug instructions.

This study compares "diagnostic strategies" rather than testing new drugs. Therefore, it does not involve investigational drugs or placebos.

All antibiotics used in the two patient groups are clinically approved and routinely prescribed medications, and their selection and dosages strictly adhere to national clinical practice guidelines. This study does not alter the antibiotics themselves; rather, it only changes the speed and method of obtaining diagnostic information to guide medication use. All antibiotics used in clinical practice are manufactured by reputable, nationally authorized pharmaceutical companies and comply with national standards.

3. Inclusion and exclusion criteria (Who can participate in this study?):

Inclusion criteria

- Age ≥ 18 years, ICU stay duration ≤ 24 hours;
- Meets the Sepsis-3.0 diagnostic criteria (SOFA score increased by ≥2 points from baseline, and there is evidence of infection);
- For clinically suspected sepsis or septic shock with an unknown pathogen, the clinical plan is to collect sterile or qualified specimens—including blood, respiratory tract samples, cerebrospinal fluid, and ascitic fluid—for pathogen detection.
- Expected ICU stay of ≥48 hours, with at least 28 days of clinical follow-up completed;
- The patient themselves or their legally authorized representative must sign a written informed consent form.

Exclusion criteria

- A clear etiological diagnosis has been established upon admission (based on microbial culture, reliable molecular testing, or serological evidence), and targeted antimicrobial therapy against the identified pathogen has been initiated for more than 48 hours.
- Vital signs are extremely unstable; death is expected within 24 hours.
- Presence of severe primary immunodeficiency (such as AIDS, active hematologic malignancies, post-solid organ or hematopoietic stem cell transplantation, long-term use of high-dose glucocorticoids [prednisone ≥20 mg/day or equivalent dose for more than 4 weeks], or other potent immunosuppressants);
- Pregnant or breastfeeding women;
- The patient or their authorized representative explicitly refuses to undergo any pathogen testing;
- Unable to obtain a qualified specimen for testing due to anatomical, physiological, or technical reasons;
- Currently participating in another interventional clinical study that could interfere with the primary outcome assessment of this study;
- The patient or their authorized representative declines to participate in this study.

Exit/Exclusion Criteria

- The patient, legal representative, or guardian voluntarily withdraws informed consent;

- After enrollment, it was found through verification that the participant did not meet the inclusion criteria or met any of the exclusion criteria.
- A serious adverse event directly related to the testing procedure occurred during the study, and the Safety Assessment Committee determined that the patient's participation should be terminated.
- The NuRapid-CRISPR or conventional culture results are invalid due to failure in specimen handling, transportation, preservation, or testing, and a qualified specimen cannot be re-obtained.
- Key data could not be obtained due to errors in the execution of the research procedure;
- The test failed due to reagent, consumable, or equipment malfunction and cannot be remedied.
- Unable to obtain the key follow-up data required to assess the primary study outcome (such as 28-day survival status).

For patients who withdraw from the study, all data collected up to the time of withdrawal will be retained and included in the intention-to-treat analysis set for statistical analysis. For patients whose follow-up is terminated due to death, their data will be fully retained and used for the primary outcome analysis.

4. Research Procedure (What do you need to do if you wish to participate in this study?):

If you agree to participate in this study, we will assign you a unique identification number and establish a confidential research file. Below is a detailed description of the study procedure:

1) Research Content and Grouping

This study aims to compare the therapeutic effects of two diagnostic strategies. We plan to recruit approximately 396 sepsis patients like you at three hospitals in Shanghai, with our hospital alone planning to enroll about 132 patients.

How to be assigned to groups: You will be randomly assigned (similar to a "lottery") to one of the following two groups:

Rapid Diagnostic Team: Your sample will undergo a new rapid test (NuRapid-CRISPR), and the results will be available to your doctor for reference very soon—within a few hours.

Routine Treatment Group: Your doctor will primarily adjust your treatment based on the results of current standard cultures (which typically take 1–3 days). Allocation Chance: You have an equal chance of being assigned to any of these groups.

2) Duration and Steps of the Experiment

The entire study will last approximately 28 days, or until your discharge from the hospital—whichever comes first. The main steps are as follows:

Screening and Enrollment (within approximately 1 day): The doctor will assess whether you meet the eligibility criteria. If you are eligible and your family has given their consent, you will be officially enrolled in the study. We will record your basic information and your medical condition upon admission. Specimen Collection: To

identify the infectious pathogen, your doctor will, as needed for clinical purposes, collect an additional specimen along with your routine blood draw and sputum sample for this study. This extra collection will not involve any additional punctures or cause you any extra discomfort. For example, your doctor may draw about 5 milliliters of blood from your arm (roughly one teaspoon) or collect a small amount of sputum. Part of these specimens will be sent for standard culture testing, while the other part will be used for rapid detection via the new technology.

Treatment and Observation Period: You will receive anti-infection and life-support treatments according to ICU standards. During the study, your doctor will review your condition daily and document the findings in your medical record. Your treatment will be entirely determined by your attending physician based on professional judgment; the study will not interfere with or delay any necessary medical care.

Follow-up:During your hospital stay: We'll collect data by reviewing your medical records—no additional action is required from you. Day 28 after discharge: If you have already been discharged, our researchers may call you for a brief phone conversation lasting approximately 5 to 10 minutes to ask about your current health status (primarily whether you are still alive).

3)If you decide to withdraw from the study

You have the right to withdraw from this study at any time, without providing any reason. If you choose to withdraw:

The research specimens and data you have already provided may still be used for overall analysis, with your consent; however, we will no longer collect any new information from you.

You will continue to receive the highest standard of medical care at our hospital, and your rights will not be affected in any way.

4)Inspection and Testing

This study does not require you to undergo any additional tests, examinations, or imaging beyond what is strictly necessary for clinical diagnosis and treatment. All specimen collections will be performed concurrently with routine clinical procedures. Your medical care will always prioritize your health and well-being above all else. Thank you for taking the time to learn about this study. Your participation will make a valuable contribution to improving the diagnosis and treatment of patients with sepsis in the future.

5. Potential risks and discomforts associated with participating in the trial:

To participate in this study, you need to be aware of potential risks and discomforts:

1) Potential risks associated with diagnosis and treatment decisions

Theoretical risk of delayed treatment: If you are assigned to the standard care group, physicians will not be able to refer to rapid test results in the early stages and will instead rely primarily on later culture results to adjust antibiotics. This creates a theoretical possibility that antibiotic adjustments may occur slightly later than in the rapid-diagnosis group. This is one of the central issues this study aims to scientifically evaluate. Risk Control Measures: Please rest assured—no matter which group you're

assigned to, as soon as you're admitted to the ICU, you'll immediately receive the most standard and timely anti-infection and life-support treatments available. Our doctors will assess your condition daily, and if the current treatment proves ineffective, we'll promptly escalate the treatment plan without delay. Your necessary medical care will never be delayed due to your assignment to a particular study group.

2) Risks and discomfort associated with the examination procedure

This study does not require you to undergo any additional invasive procedures beyond those necessary for routine clinical diagnosis and treatment. All specimen collections will be performed concurrently with your regular medical procedures. Common discomforts associated with specimen collection: For example, during the essential blood draw procedure, approximately 5 milliliters of blood—about one teaspoon—may be collected simultaneously. This does not increase the number of punctures. The blood draw itself may cause brief needle-stick pain, mild local bruising or bleeding, and, in very rare cases, localized infection. All procedures are performed strictly according to standards by qualified medical personnel to minimize discomfort and risk as much as possible. Other routine tests: Any additional tests performed as needed based on your medical condition—such as sputum collection, thoracentesis, or paracentesis—are all part of standard medical care. The associated risks are exactly the same as they would be if you were not participating in the study.

3)Other risks and discomforts

Risk of Privacy Breach: The study involves your health information. We will do our utmost to protect your privacy by encrypting all data, de-identifying it (i.e., removing direct identifiers such as your name), and strictly limiting researchers' access privileges.

Psychological Burden: Learning about the study and deciding whether to participate may cause some psychological stress. You have the right to ask any questions at any time, and we commit to providing you with thorough communication. You may also choose to withdraw from the study at any point during its duration, without any penalty or adverse consequences.

Important Commitment:

If you experience any discomfort or notice any new changes in your condition during the study—regardless of whether you believe these are related to the study—please inform your attending physician or the research team immediately. Your doctor will promptly make a professional assessment and provide you with all necessary medical care. Your safety and health remain our top priority at all times.

6. Possible benefits (How will this study benefit me?):

By participating in this study, you may receive the following benefits:

1) Direct access to potential medical benefits

Gain access to advanced testing: No matter which group you're assigned to, you'll receive a free rapid molecular pathogen test—currently at the forefront of research (NuRapid-CRISPR technology)—that's designed to provide a more comprehensive and earlier analysis of potential infectious agents, offering your attending physician additional valuable information for diagnosis and treatment.

Potential opportunities for treatment optimization: If you are assigned to the rapid diagnostic group, your doctor will be able to obtain precise pathogen-specific clues earlier than with the standard procedure, potentially allowing for a more timely adjustment of the most appropriate antibiotic treatment regimen for you. This could help control the infection and improve your prognosis.

Close medical attention: Participating in this study means that your entire medical care process will be closely monitored and documented by the research team—this in itself constitutes an additional layer of medical care.

2) Contribution to society and indirect benefits

Your contributions, along with those of all participants, will help doctors and scientists scientifically evaluate whether this new technology can truly benefit patients. The information you provide is crucial for future improvements to sepsis diagnostic procedures and for developing more effective treatment strategies.

The findings from the study you're participating in may be incorporated into future clinical practice guidelines, benefiting tens of thousands of patients who face similar challenges to yours and making a valuable contribution to advancing medical progress.

Important Note:

We cannot make any guarantees: Despite the potential benefits mentioned above, we must be frank and acknowledge that this study does not guarantee that you will directly benefit from the new detection technology. Whether it can truly improve your ultimate outcome is precisely the scientific question this study aims to answer. Standard treatment is the foundation: Please rest assured that, regardless of which group you're assigned to, all core treatments you receive in the ICU—including antibiotics, life support, and other essential interventions—will follow the current nationally recognized standard protocol. Your care will never be compromised or delayed simply because you're participating in the study. Your medical safety is always our top priority. Thank you for considering participating in this meaningful study.

7. Possible additional costs or burdens (If I participate in this study, will I have to pay any fees?)

Participating in this study will not require you to pay any additional research fees. Specific details are as follows:

1) **Expenses covered by research funding**

Core detection related to the study: The NuRapid-CRISPR rapid pathogen detection assay and its associated specimen-processing costs, which this study aims to evaluate, will be fully covered by research funding.

Operations directly related to the study: Additional specimens collected concurrently for the purpose of performing the above-mentioned tests (such as small additional blood samples) will be collected and processed without charge to you.

2) Expenses not covered by research funding

Your standard medical expenses for disease treatment—everything you receive in the intensive care unit, including but not limited to routine blood tests, imaging

studies (such as CT scans), various life-support treatments (such as ventilators), and all antibiotics and other medications required for your treatment—will be covered by your medical insurance or paid for by yourself according to standard procedures. This study will not alter any of the standard medical expenses that you would otherwise be responsible for paying. Medical expenses for other conditions: If you have coexisting conditions (such as hypertension, diabetes, etc.) that require treatment and examinations, the associated costs are not covered by the study.

In summary: By participating in this study, you will receive a cutting-edge, rapid pathogen detection service at no cost, which may provide additional information to guide your treatment. Furthermore, all other medical expenses incurred during your hospital stay will be exactly the same as they would have been if you had not participated in the study—there will be no additional financial burden resulting from your participation in the research.

8. Compensation received for participating in the study

We will reimburse you for reasonable transportation expenses incurred in participating in this study—200 RMB per clinical visit, payable according to the actual number of visits. If you withdraw midway, you will receive reimbursement for transportation expenses based on the actual number of visits completed.

9. Medical Care and Compensation for Injuries (What to Do if You Sustain an Injury While Participating in the Study)

If you sustain an injury during the course of the study or experience an adverse event while taking the medication, please contact your study physician. You will receive prompt medical treatment. For any injury that is causally related to this study, the sponsor will cover the medical expenses and provide you with appropriate financial compensation in accordance with applicable national laws and regulations.

Even if you have signed this informed consent form, you still retain all of your statutory rights.

10. As a research subject, you have the following responsibilities:

Provide truthful information about your medical history and current health condition; inform the study doctor of any discomfort you experience during the course of this study; do not take any restricted medications, foods, or other substances; and inform the study doctor whether you have recently participated in other studies or are currently participating in other studies.

11. Privacy and Confidentiality:

If you decide to participate in this study, we will make every effort within the limits permitted by law to protect your personal privacy. Any public reports on the results of this study will not disclose any of your personal information. Your study physician and research staff will collect your information and use it exclusively for this study. This may include your date of birth, gender, height and weight, health-related information, medical history, diagnoses, as well as data obtained from blood

or urine samples and imaging studies (this is referred to as “personal information”; “personal information” does not include information that has been anonymized). During the study and after its completion, your personal information will be collected, processed, and stored.

Your medical records—including original medical charts, laboratory reports, and other relevant documents—will be kept securely at the hospital where you received treatment. Within the limits permitted by law, monitors, auditors, ethics committee members, and inspectors from drug regulatory authorities are authorized to review your original medical records to verify the conduct and data of the clinical trial; however, during this process, no information about you will be disclosed.

As part of this study, the research physician will also record the results of your study-related assessments in your personal medical record. The research physician will also review your personal medical record to obtain health information, such as your past medical history and any recent treatments you have received.

Your personal information is stored exclusively at this research center. Any information provided to external parties will be anonymized (your identity information will be represented by your date of birth and subject number). Therefore, your personal information will not be disclosed, and it is protected by a password. This password-protected data is referred to as “research data,” and the password is controlled by your study physician. Your personal information will not be disclosed to anyone unless it is necessary for your health and well-being, for the health and well-being of other subjects, or as required by law. Any public reports on the results of this study will not reveal your personal identity. We will make every effort within the limits permitted by law to protect the privacy of your personal medical records. In accordance with medical research ethics, in addition to personal privacy information, trial data will be made available for public access and sharing—such access and sharing will be limited to web-based electronic databases, ensuring that no personal privacy information is leaked. If you discover that your information is inaccurate or incomplete, you have the right to request your study physician to correct or supplement it.

Anonymized information will be used, in accordance with applicable regulatory requirements, to conduct and evaluate studies within China or worldwide under the proposed scheme. In subsequent development, further research, development, and safety assessments will be carried out on new products and/or improvements/modifications to existing products, and applications for marketing approval and sales of these products will be submitted anywhere in the world.

The results of this project may be published in medical journals; however, we will maintain the confidentiality of your research records in accordance with legal requirements, and no personal information about you will be disclosed when the results are published.

If you withdraw your consent, the research physician will no longer use your study data or share it with others. However, any study data that has already been shared with the sponsor prior to your withdrawal of consent may still be used by the sponsor.

If there are any changes to the above requirements regarding the processing and management of your personal information, the research physician will promptly inform you of the revised portions and obtain your renewed consent.

During the study, we will promptly contact you if there are any meaningful new developments or new medical information related to your health—for example, if we recommend that your child undergo certain tests to clarify these new findings. I will also keep you promptly informed of any new information that could potentially influence your decision about whether to continue participating in the study.

Important note: Participation in this study is not the only option available for your treatment. If you choose not to participate in this study, you will still receive the current standard, guideline-compliant, and comprehensive medical care in our hospital's intensive care unit. Your attending physician will develop and implement the most appropriate treatment plan tailored specifically to your individual condition. Currently, standard treatments for sepsis/septic shock include, but are not limited to:

Method 1: Early Empirical Antimicrobial Therapy: In cases where the pathogen is unknown, your doctor will immediately administer a broad-spectrum, potent antibiotic that covers the most likely pathogens, based on the site of infection, local bacterial prevalence patterns, and your specific clinical condition. This is currently a core life-saving measure.

Method 2: Comprehensive Organ Support: Based on the organ failure you're experiencing—such as respiratory, circulatory, or renal dysfunction—your doctor will provide you with appropriate life-support treatments, including mechanical ventilation, vasoactive medications, fluid resuscitation, and renal replacement therapy, to stabilize your vital signs and buy time for anti-infective treatment.

Method 3: Targeted Therapy Based on Microbiological Culture Results: While you're receiving treatment, your doctor will send samples—such as blood or sputum—for traditional microbiological culture and antibiotic susceptibility testing. Once the results are available (typically within 24 to 72 hours), your doctor will adjust the broad-spectrum antibiotics to a more precise, "targeted" antibiotic that specifically addresses the identified pathogen.

Potential advantages and limitations of this study protocol (rapid diagnostic strategy):

Potential benefits: This study aims to explore the addition of a rapid molecular diagnostic technology to the current standard treatment regimen. This technology can provide clues about the pathogen within just a few hours, potentially enabling physicians to obtain more accurate diagnostic information earlier than waiting for traditional culture results, thereby possibly shortening the time required to reach precise, targeted therapy.

Known limitations and uncertainties: The accuracy of this new technology in real-world, complex samples—and whether it can ultimately lead to tangible improvements in patient outcomes—are precisely the scientific questions this study aims to address. Therefore, patients enrolled in the rapid-diagnosis group may benefit from earlier, more precise information; however, they could also fail to reap such benefits due to the inherent limitations of the technology itself (such as false positives or false negatives). In contrast, the treatment regimen for the conventional care group represents the standard approach that has been extensively validated to date.

Summary: Whether or not you participate in this study, you will receive standardized sepsis treatment based on current medical evidence. This study aims to explore whether adding a new diagnostic piece of information—beyond standard treatment—can provide additional benefits. Your participation will help us answer this question scientifically.

13. Subject Rights:

Participation in the study is entirely voluntary. You may choose not to participate in this study or withdraw from it at any time during the study period, and your data will not be included in the study results. This decision will not affect your relationship with your doctor, nor will it impact any of your medical treatments or rights.

If you require other treatments, fail to comply with the study protocol, experience an injury related to the study, or encounter any other reason that warrants it, the study physician will promptly notify you and terminate your participation in this study. The study physician will then provide recommendations for your next course of treatment based on your health condition.

If you decide to withdraw from the study midway, for safety reasons, we need to complete as many of the prescribed follow-up assessments for the final safety visit as possible. You also have the right to decline these assessments. Should new information relevant to your health and rights emerge after your withdrawal, please inform your study physician promptly, and we will reach out to you again.

14. If you encounter any problems or difficulties, who should you contact?

If you have any questions related to this study, please contact:

Research physician: _____, Contact number:_____

If you wish to express any dissatisfaction with the research process or if you have questions related to your rights and interests, please contact the Secretary of the Ethics Committee at Tongji Hospital in Shanghai. Contact number: _____; email: _____.

Informed Consent Signature Page

I have read this informed consent form and have discussed this study with my doctor, asking all the questions I had. My doctor has provided me with a detailed explanation of the study's purpose, the study procedure, the potential risks involved, and the expected benefits. All my questions have been answered thoroughly, and I am fully aware that participation in this study is entirely voluntary.

I confirm that I have had sufficient time to carefully consider this matter, including the potential risks associated with participating in the study. I can consult my doctor at any time for further information, and I can withdraw from this study at any time without facing discrimination or retaliation. My medical care and benefits will not be affected by my withdrawal from the study. I am also fully aware that if I withdraw from the study midway—especially if my withdrawal is due to medical treatment—I must promptly inform my doctor of any changes in my condition and undergo the necessary physical and laboratory examinations. This will benefit both myself and the entire study. Should my condition change and require me to pursue any additional treatments, I will first seek my doctor's advice or, if necessary, truthfully inform my doctor afterward.

I voluntarily consent to participate in this study. I agree that the researchers, the sponsor, the health regulatory authority/food and drug administration, and the ethics committee may access my study data. I will receive a signed and dated copy of the informed consent form.

Subject's Name (in block letters): _____

Subject's Signature: _____

Contact phone number: _____

Date: _____Year _____Month _____Day

Guardian's Name (in block letters): _____

Guardian's Signature:_____

Contact phone number: _____

Date: _____ year _____ month _____ day

Witness Name (in block letters): _____

Witness Signature: _____

Contact Phone Number: _____

Date: _____ year _____ month _____ day

(Note: If the subject is illiterate, a witness must also sign; if the subject lacks capacity for legal acts, an agent must sign instead.)

I have accurately informed the subject about this document, and he/she has carefully read the informed consent form. I can confirm that the subject had the opportunity to ask questions. I certify that his/her consent was given voluntarily.

Researcher's Name (in block letters): _____

Researcher's Signature: _____

Contact phone number: _____

Date: _____ year _____ month _____ day