



**Accelerated Cure Project
Participant Unit Form**

ID of Participant												
Place Bar Code Here	Date of Birth						Consent Date					
	/ /						/ /					
	Initials			Select Current Diagnosis (choose only one):								
			MS?	CIS?	TM?	NMO?	ADEM?	ON?				
ID of Relative or Unrelated Control												
Specify Relationship to Participant												
Place Bar Code Here	Father			Son			Brother		Identical Tuplet			
	Mother			Daughter			Sister		Indicate yes/no for each:			
	Other, related or non-related (describe below):								MS?	CIS?	TM?	
									NMO?	ADEM?	ON?	
Place Bar Code Here	Father			Son			Brother		Identical Tuplet			
	Mother			Daughter			Sister		Indicate yes/no for each:			
	Other, related or non-related (describe below):								MS?	CIS?	TM?	
									NMO?	ADEM?	ON?	
Place Bar Code Here	Father			Son			Brother		Identical Tuplet			
	Mother			Daughter			Sister		Indicate yes/no for each:			
	Other, related or non-related (describe below):								MS?	CIS?	TM?	
									NMO?	ADEM?	ON?	
Place Bar Code Here	Father			Son			Brother		Identical Tuplet			
	Mother			Daughter			Sister		Indicate yes/no for each:			
	Other, related or non-related (describe below):								MS?	CIS?	TM?	
									NMO?	ADEM?	ON?	
Place Bar Code Here	Father			Son			Brother		Identical Tuplet			
	Mother			Daughter			Sister		Indicate yes/no for each:			
	Other, related or non-related (describe below):								MS?	CIS?	TM?	
									NMO?	ADEM?	ON?	
Place Bar Code Here	Father			Son			Brother		Identical Tuplet			
	Mother			Daughter			Sister		Indicate yes/no for each:			
	Other, related or non-related (describe below):								MS?	CIS?	TM?	
									NMO?	ADEM?	ON?	

Site ID:	Principal Investigator Last Name
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