**Master Linking Log and participant contact information**

**Data fields:**

Study ID

Last name

First name

Preferred name

Language

Date of birth (DD-MM-YYYY)

Mailing address

Telephone number 1

Telephone number 2

Email

Preferred method of contact (email vs. telephone)

Alternative contact name

Alternative contact telephone number

Primary care provider name

Primary care provider address

Primary care provider telephone number

Ok to contact primary care provider (e.g., incidental findings)? (Y/N)

Clinic (FHT) site

Batch number

Health card number

Usual pharmacy name

Usual pharmacy address

Usual pharmacy telephone number

Ok to contact usual pharmacy for medication list? (Y/N)

Notes