ADDITION TO MEDICAL HISTORY FORM

Participant ID ☐☐-☐☐-☐☐☐☐☐-☐☐ *[affix ID label here]*

Acrostic ☐☐☐☐☐☐

Date Form Completed ☐☐/☐☐/☐☐ (Month / Day / Year)

Completed by ☐☐☐

If the participant answered "yes" to question #13 of the Medical History Form, please answer the following two additional items:

1. **Have you ever had phlebotomy (blood removal) for treatment of hemochromatosis or iron overload?**
   - ☐ No
   - ☐ Yes

2. **Have you ever had a liver biopsy?**
   - ☐ No
   - ☐ Yes