To be completed by the study investigator

1. Do you know if the participant/subject has had a molecular study performed to determine their number of CAG repeats? [ ]  Yes [ ]  No

If Yes, what were the results?

1. Number of CAG repeats on larger allele
2. Number of CAG repeats on smaller allele
3. What was the source of this information?

[ ]  Medical record [ ]  You ordered the test/molecular study [ ]  Other, specify:

1. Indicate the name of laboratory that completed the molecular study

## General Instructions

Note: All data elements on this form are considered Supplemental-Highlight Recommended

This form is collecting sensitive information about the participant’s/ subject’s CAG repeats. All information collected on this form should be maintained with strict confidentiality.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

The CRF includes all instructions available for the data elements at this time. More detailed instructions will be added in Version 3.0 of this CRF Module.