|  |
| --- |
| **HEADING INFORMATION REQUIRED FOR REACH IDI TRANSCRIPTS** |
| **PTID:** | 123-12345-1 |
| **Interview date:** | Date of IDI  |
| **Transcriber:** | Staff Name |
| **Translator:** | Staff Name |
| **Site reviewer:**  | [ ] **No**: If “no,” reason why not[ ] **Yes**: If “yes,” initials of reviewer |

**I**, translator/transcriber, **certify on** date of transcription **that this transcript is an accurate and complete representation of the original audio file.**

**Note: certification statement completed before transcript undergoes quality control procedures.**

**Interview Text:**

1. I:
2. *R:*