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| **HEADING INFORMATION REQUIRED FOR REACH IDI TRANSCRIPTS** | |
| **PTID:** | 123-12345-1 |
| **Interview date:** | Date of IDI |
| **Transcriber:** | Staff Name |
| **Translator:** | Staff Name |
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**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:*