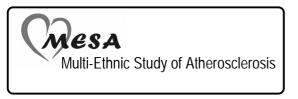
Packing List & Confirmation of Receipt for Stroke/TIA Hospital Abstraction Materials



DO NOT SCAN THIS FORM

This sheet is to be filled out by the Field Center and mailed (along with all records and to-be-completed abstraction forms) to the MESA Central Abstractor in Minnesota. Upon receipt of this form, accompanying records, and to-be-completed abstraction forms, the Central Abstractor will fax this list back to the Field Center to confirm receipt of all materials or to notify the Field Center of missing records.

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(Field Center Events Staff should fill in lines below so that Central

Abstractor can fax form back to FC.) To: MESA Field Center. ATTENTION: Events Staff. _____ Phone No. _____ FAX No. From: MESA Central Abstractor for Stroke/TIA University of Minnesota, School of Public Health, Division of Epidemiology 1300 South 2nd Street, Suite 300 Minneapolis, MN 55454-1015 Ph (612) 626-8876, Fax (612) 624-0315 Date____ **Confirmation of receipt of** completed abstraction forms **Investigations sent for abstraction** (to be marked by Central Abstractor) (Investigation ID numbers to be completed by Field Center) Missing/Incomplete **Received/Complete** 1. ______ _____ 4. _____ 5. _____ ______ ·..... _____ 11 12. __

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