

**Multi-Ethnic Study of Atherosclerosis
Exam 5**



Clinic Reception

Participant ID:

Acrostic:

Birthdate:

QC ID:

Language:

Interviewer ID:

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Visit Date:

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Second Visit Date:

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Informed Consent

(Record information from the signed Informed Consent)

HIPAA authorization obtained Yes No At prior exam

Date signed:

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	Yes	No	N/A
Release Findings to Physician -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Records Release -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agree to receive gadolinium -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ancillary Study Consent:

MESA Air -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agree to Air Questionnaire -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MESA Lung -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MESA COPD -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epigenetics -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sharing of Data and Samples

Other Research -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside Investigation -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commercial -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Storage of samples -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Local Medical Identification Number

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Reception Interview

Ask participant:

1 At what time did you last eat or drink?

Time _____ : _____

Record in military time (i.e. 5pm = 17:00)

Time Now _____ : _____

Record in military time (i.e. 5pm = 17:00)

If less than 8 hours, reschedule visit or fasting components.

2 Have you been ill in the last seven days (e.g. cold, flu, fever, vomiting)?

Yes No

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Reschedule visit