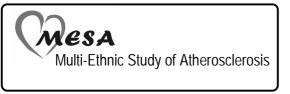
Receipt of Completed Stroke/TIA Hospital Abstraction Forms



This sheet is to be filled out by the Field Center and faxed to the MESA Central Abstractor in Minnesota to confirm the receipt of completed Stroke/TIA Hospital Abstraction Forms returned by mail to the Field Center. If the Central Abstractor believes additional or other completed abstraction forms were mailed, s/he will contact the Field Center to resolve the situation.

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DO NOT SCAN THIS FORM

To:	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	
From:	MESA Field Center		
	FAX No Phone No		
(Iı	Completed Stroke/TIA Abstraction Forms Returned to Field Center nvestigation ID numbers to be completed by Central Abstract	Confirmation of receipt of completed abstraction forms (to be marked by Field Center)	
		Missing/Incomplete	Received/Complete
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