

# 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.

**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. \_\_\_\_\_

**Completed Stroke/TIA Abstraction Forms  
Returned to Field Center**  
 (Investigation ID numbers to be completed by Central Abstractor)

**Confirmation of receipt of completed  
abstraction forms**  
 (to be marked by Field Center)

	Missing/Incomplete	Received/Complete
1. _____	..... <input type="checkbox"/>	..... <input type="checkbox"/>
2. _____	..... <input type="checkbox"/>	..... <input type="checkbox"/>
3. _____	..... <input type="checkbox"/>	..... <input type="checkbox"/>
4. _____	..... <input type="checkbox"/>	..... <input type="checkbox"/>
5. _____	..... <input type="checkbox"/>	..... <input type="checkbox"/>
6. _____	..... <input type="checkbox"/>	..... <input type="checkbox"/>
7. _____	..... <input type="checkbox"/>	..... <input type="checkbox"/>
8. _____	..... <input type="checkbox"/>	..... <input type="checkbox"/>
9. _____	..... <input type="checkbox"/>	..... <input type="checkbox"/>
10. _____	..... <input type="checkbox"/>	..... <input type="checkbox"/>
11. _____	..... <input type="checkbox"/>	..... <input type="checkbox"/>
12. _____	..... <input type="checkbox"/>	..... <input type="checkbox"/>
13. _____	..... <input type="checkbox"/>	..... <input type="checkbox"/>
14. _____	..... <input type="checkbox"/>	..... <input type="checkbox"/>
15. _____	..... <input type="checkbox"/>	..... <input type="checkbox"/>

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