

**Multi-Ethnic Study of Atherosclerosis
Exam 4**



Clinic Reception

Participant ID:

Acrostic:

Birthdate:

QC ID:

Language:

Visit Date:

□□ / □□ / □□□□

Second Visit Date:

□□ / □□ / □□□□

Local Medical Identification Number

□□□□□□□□

Informed Consent

(Record information from the signed Informed Consent)

HIPAA authorization obtained Yes No At prior exam

Date signed: □□ / □□ / □□□□

Release Findings to Physician Yes No N/A

Medical Records Release Yes No N/A

Ancillary Study Consent:

Spirometry Yes No N/A

Aortic CT Yes No N/A

MRI Tagging Yes No N/A

MRI Wall Thickness Yes No N/A

Stress Yes No N/A

Family Yes No N/A

Inflammation Yes No N/A

MESA Air Yes No N/A

Agree to Air Questionnaire Yes No N/A

Consent to Outdoor Monitoring Yes No N/A

Consent to Indoor Monitoring Yes No N/A

Consent to Personal Monitoring Yes No N/A

Sharing of Data and Samples Yes No N/A

Other Research Yes No N/A

Outside Investigation Yes No N/A

Commercial Yes No N/A

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

↓
Reschedule visit

For MESA Field Center use only:

Interviewer ID: □□□□

Reviewer ID: □□□□

Data Entry ID: □□□□