

PVDOMICS Study Participant Information

These informational items are for local center adaptation only and NOT entered into the PVDOMICS Study database. Note: information on this sheet should be reviewed with the participant, ideally, at the beginning of the study.

PVDOMICS Identification Number
PVDOMICS Alphacode
Participant's Name (Last, First, Middle/Maiden)
Participant title preference (Mr., Mrs., Ms, no preference)
Social Security Number
Age, Birth date
Preferred Method of Contact/Best Time(s)
Check if Medical Records Release Form is signed/HIPAA Release signed
MRN (other medical establishment)

Note that several of these identifiers will be needed for NIH Globally Unique Identifier (GUID) number assignment. This number is assigned using NIH website and completed locally.

Contact Information

Pt complete addresses (home and alternate)
 Pt telephone numbers (home, work, cell, alternate, fax #s)
 (pt communicate by telephone? TTY phone may be an option)
 Pt email addresses: (home, work, alternate)
Spouse or Significant Other: (Last, First, Middle/Maiden), title preference
 Telephone numbers: (home, work, cell, alternate, fax #s)
 Additional Notes
Alternate Contact (Last, First, Middle/Maiden, title preference, relationship to pt)
 Telephone numbers (home, work, cell, alternate, fax #s)
Emergency Contact (Last, First, Middle/Maiden, title preference, relationship to pt)
 Telephone numbers (home, alternate numbers)

Health Care Information: *(Be sure to identify participant's preference as to which physician should receive any incidental findings identified by the PVDOMICS DCC Cores. Incidental findings will be sent to the local PVDOMICS site only.)*

Primary Care/Referring Physician Name
 Address (Street, Bldg/Floor/Suite, Box/Dept, City, State, Zip)
 Telephone numbers (office, fax #s)
 Notes
Other Physicians, Pulmonologist or Cardiologist:
 Address (Street, Bldg/Floor/Suite, Box/Dept, City, State, Zip)
 Telephone numbers (office, fax #s)
 Notes

Notes