

**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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Release Findings to Physician

Yes No N/A

☐ ☐ ☐

Medical Records Release

☐ ☐ ☐

Agree to gadolinium

☐ ☐ ☐

Ancillary Study Consent:

MESA Air ☐ ☐ ☐

Agree to Air Questionnaire ☐ ☐ ☐

MESA Lung ☐ ☐ ☐

MESA COPD ☐ ☐ ☐

Epigenetics ☐ ☐ ☐

Sharing of Data and Samples

Other Research ☐ ☐ ☐

Outside Investigation ☐ ☐ ☐

Commercial ☐ ☐ ☐

Storage of samples ☐ ☐ ☐

Local Medical Identification Number

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Reception Interview

Ask participant:

1 ¿A que hora usted comió o bebió por última vez?

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 ¿Se ha enfermado en los últimos siete días (ejemplo: resfriado, gripe, fiebre, vómito)?

Yes ☐ No ☐



Reschedule visit