

**ACRIN 4701**

Randomized Evaluation of Patients with Stable Angina  
Comparing Utilization of Noninvasive Examinations

**Participant Contact Information Sheet**

**ACRIN Study 4701**  
**PLACE LABEL HERE**

Institution \_\_\_\_\_ Institution No. \_\_\_\_\_  
Participant Initials \_\_\_\_\_ Case No. \_\_\_\_\_

**Reminder:** Foreign sites are not participating in the Quality of Life (QoL) sub-study and do not need to fax to Brown University.

VA sites will use this form as a worksheet to obtain participant contact information but it is not faxed to Brown University.

US non-VA sites are participating in the QoL sub-study and need to complete and fax to Brown and ACRIN DM.

**Instructions to Participants:** Please complete all items and return to Research Associate. A copy will be given to you upon request. This information is needed to contact you for study related follow-up. If your participating institution is part of the Quality of Life (QoL) sub-study, page 1 of this form will be faxed over a dedicated fax line to ACRIN RESCUE personnel at Brown University. ACRIN RESCUE personnel from Brown University may contact you at some time in the near future by mail or telephone to ask about health status issues relating to your cardiac care.

**Instructions to Research Associates:** For all participants this worksheet is retained at the participant study site in a locking file cabinet.

US non-VA sites only: Upon registration fax worksheet to Brown dedicated fax line (401-863-9635) and to ACRIN DM dedicated fax line (215-940-8922). Also for any MACE event and when a change in information at follow-up timepoint occurs, fax worksheet to ACRIN DM (215-940-8922).

Name: \_\_\_\_\_ [1] Birthdate: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *mm-dd-yyyy* [2]  
Address: \_\_\_\_\_ [3]  
City: \_\_\_\_\_ [4] State: \_\_\_\_\_ [5] Zip: \_\_\_\_\_ [6]  
Job/Occupation: \_\_\_\_\_ [7] Telephone #: Evening: (\_\_\_\_\_) \_\_\_\_\_ [8]  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ [9] Telephone #: Daytime: (\_\_\_\_\_) \_\_\_\_\_ [10]  
Social Security # (optional): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ [11] Best time to call: \_\_\_\_\_ [12]  
E-mail address: \_\_\_\_\_ [13]  
Fax number: (\_\_\_\_\_) \_\_\_\_\_ [14]

**Husband/Wife, Next of Kin, Other Close Family Member or Friend who will know how to contact you, if necessary.**

Name: \_\_\_\_\_ [15] Relationship: \_\_\_\_\_ [16]  
Address: \_\_\_\_\_ [17] Telephone #:  Work [18]  Home [19] (\_\_\_\_\_) \_\_\_\_\_ [20]  
\_\_\_\_\_ [17] Best time to call: \_\_\_\_\_ [21]  
City: \_\_\_\_\_ [22] State: \_\_\_\_\_ [23] Zip: \_\_\_\_\_ [24] E-mail address: \_\_\_\_\_ [25]

**Who, other than your immediate family, will know how to contact you? These should be relatives or acquaintances not living within your household. Provide two (2) contacts.**Contact # 1:

Name: \_\_\_\_\_ [26] Relationship: \_\_\_\_\_ [27]  
Address: \_\_\_\_\_ [28] Telephone #:  Work [29]  Home [30] (\_\_\_\_\_) \_\_\_\_\_ [31]  
\_\_\_\_\_ [28] Best time to call: \_\_\_\_\_ [32]  
City: \_\_\_\_\_ [33] State: \_\_\_\_\_ [34] Zip: \_\_\_\_\_ [35] E-mail address: \_\_\_\_\_ [36]

Contact # 2:

Name: \_\_\_\_\_ [37] Relationship: \_\_\_\_\_ [38]  
Address: \_\_\_\_\_ [39] Telephone #:  Work [40]  Home [41] (\_\_\_\_\_) \_\_\_\_\_ [42]  
\_\_\_\_\_ [39] Best time to call: \_\_\_\_\_ [43]  
City: \_\_\_\_\_ [44] State: \_\_\_\_\_ [45] Zip: \_\_\_\_\_ [46] E-mail address: \_\_\_\_\_ [47]

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**Primary Care Physician to be notified of results:**

Name of physician: \_\_\_\_\_ [48] Telephone #: (\_\_\_\_) \_\_\_\_\_ [49]

Address: \_\_\_\_\_ [50]  
\_\_\_\_\_  
\_\_\_\_\_

**Other Physicians Whom You See Regularly For Your Heart:**

Other Physician # 1: \_\_\_\_\_ [51] Telephone #: (\_\_\_\_) \_\_\_\_\_ [52]

Address: \_\_\_\_\_ [53]  
\_\_\_\_\_  
\_\_\_\_\_

Other Physician # 2: \_\_\_\_\_ [54] Telephone #: (\_\_\_\_) \_\_\_\_\_ [55]

Address: \_\_\_\_\_ [56]  
\_\_\_\_\_  
\_\_\_\_\_

**Hospitals or Clinics Where You May Be Seen:**

Name: \_\_\_\_\_ [57] Telephone #: (\_\_\_\_) \_\_\_\_\_ [58]

Address: \_\_\_\_\_ [59]  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ [60] Telephone #: (\_\_\_\_) \_\_\_\_\_ [61]

Address: \_\_\_\_\_ [62]  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ [63] Telephone #: (\_\_\_\_) \_\_\_\_\_ [64]

Address: \_\_\_\_\_ [65]  
\_\_\_\_\_  
\_\_\_\_\_