

PODCAST

Fax Cover Sheet

ANY PROBLEMS PLEASE CONTACT THE TRIAL OFFICE

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Centre number:	
Form submitted by:	
Contact Telephone:	
Contact Email address:	
Patient's Initials:	
Patient's Trial Number:	
Number of Pages: (Including this header)	

This fax cover sheet is for faxing the following documents:

Participant Details Form	<input type="checkbox"/>
Informant Details Form	<input type="checkbox"/>
Participant Screening Consent	<input type="checkbox"/>
Participant Consent Form - Main	<input type="checkbox"/>
Participant Consent Form-Sub studies	<input type="checkbox"/>
Informant Consent Form	<input type="checkbox"/>
ECG	<input type="checkbox"/>
Ambulatory BP Report-if performed	<input type="checkbox"/>
Index Stroke CT/MRI Report	<input type="checkbox"/>
Additional CT/MRI Report	<input type="checkbox"/>
Clinic Letters	<input type="checkbox"/>
Carotid Ultrasound Report	<input type="checkbox"/>