

PSYCHOPHYSIOLOGICAL INVESTIGATIONS OF MYOCARDIAL ISCHEMIA
 STUDY OF REFERENCE GROUP WITH NO EVIDENCE OF HEART DISEASE
 ENROLLMENT FORM

Clinic No.			-			
ID No.			-			
Visit Type	Q	V	0	0		

1. NAME CODE: -----
 2. Enrollment date: -----
 Day Month Year
 3. Gender: ----- (1) (2)
 Male Female
 4. Age: -----
 5. Participant is eligible: ----- Yes No
 (1) (INEL)
 6. Research Coordinator: _____
- Signature: _____ PIMI Staff No.: -----

FAX THIS FORM TO THE PIMI CLINICAL COORDINATING CENTER
 FAX NO. (410) 323-7694

WILL BE COMPLETED BY CCC AND RETURNED BY FAX	
7.	Order of Mental Stress Procedures Speech - Stroop NORM-ORD Stroop - Speech

ID No.			-			
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