## HEI RS PARTI CI PANT CONTACT I NFORMATI ON



We are asking for your name and contact information so that we can send your test results to you. Also, if you are eligible, we will invite you to take part in the second part of the HEI RS Study. About 5 in 100 people will be invited to take part in the second part of the study.


Mailing Address (street address or P.O. Box)
$\square$
$\square$
City
State/ Province Zip Code/ Postal Code
$\square$
$\square$
$\square$

Home Phone Number




$\square$

Work Phone Number
$\square \square \square \cdot \square \square \square \cdot \square \square \square \square$

Cell Phone/ Other Phone Number
$\square$

## E-mail Address

$\square$

| What are the best days or times to contact you? Days | Tim | 1ロ AM |
| :---: | :---: | :---: |

What number is the best to call? ${ }_{1} \square$ Home $\quad 2 \square$ Work $\quad{ }_{3} \square$ Cell/Other

| Name of friend or relative who <br> can reach you: <br> Home Phone <br> $\square$$\|=\square-\square \square \square-\square\| \square \square$ |
| :--- |


| May we send your test results to your physician? $1 \square$ Yes $\quad 2 \square$ No <br> Physician's Name:  <br> Physician's  <br> Address:  <br>   |  |
| :--- | :--- | :--- |

$\square$
Medical Record Number Office Use Only

