



**Instructions: Investigator should complete and fax this coversheet along with the Serious Adverse Event Report form(s) to the CC and NHLBI.**

**A. Clinic use (For transmission from clinic to the CC and NHLBI)**

**1. To: SHHS Coordinating Center  
Attention: Nancy Prusakowski  
Fax number: 410-955-0932**

**NHLBI  
Michael Twery  
SHHS Project Officer  
Fax number: 301-480-3557**

**2. From: SHHS Clinic:** \_\_\_\_\_

**Sent by (print name):** \_\_\_\_\_

**3. Today's date:** \_\_\_\_\_

**4. Comments:**

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