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## Cardiac CT Scheduling Forms

The Framingham Heart Study Cardiac CT Scheduling Form

Participant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Your CT Scan has been scheduled at:

**Mass General West Imaging Center  
40 Second Ave.**

The PARC Center

**Suite 120  
Waltham, MA 02451**

Your appointment is scheduled for:

\_\_\_\_\_

**Please arrive 15 minutes before your scheduled appointment.**

Enclosed are directions and map

Any questions or problems, please call Maureen Valintino at 508-935-3417 or 1-800-854-7582 x417.

**The Framingham Heart Study  
Pregnancy Determination Form  
[Required for all Women]**

FHS I.D. Number:

Last Name:

First Name:

Middle Name:

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1. Are you Pregnant?

• Yes → Participant is disqualified from the study

No

Don't Know

2. For women < 55 years old:

2.a Have you had a hysterectomy [removal of the uterus] or tubal ligation [tubes tied]?

Yes → Pregnancy test NOT required

NO → Pregnancy test REQUIRED

3. For women > 55 years old:

3.a Have you had a hysterectomy [removal of the uterus] or tubal ligation [tubes tied]?

Yes → Pregnancy test NOT required

NO

↓

3.b When was your last menstrual period?

• > 6 months ago → Pregnancy test NOT required

• Within 6 months → Pregnancy test REQUIRED

4. Pregnancy Test Required? • Yes → Result • Positive

• Negative

• NO

5. Supplement to Pregnancy Form

• Yes

• No

6. Date of pregnancy interview and pregnancy test [if required]:

••/••/••••

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7. ID number of the person completing this form ••••