

OMB#: 0925-0216  
Expiration Date: xx/xxxx

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Physician's Name  
Physician's Mailing Address

Participant's Name:  
Exam Date:  
DOB:  
ID:

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The Heart Study evaluation focuses on cardiovascular disease and is NOT a comprehensive exam. Our research exam does NOT take the place of regular check-ups with a complete physical examination. The following tests are done on a routine basis: Lipids, Glucose, Pulmonary Function, Ankle-brachial BP. Abnormal findings for non-invasive C-V tests will be forwarded separately.

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BLOOD PRESSURE:	FIRST READING	SECOND READING
Systolic Blood Pressure		
Diastolic Blood Pressure		

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ECG DIAGNOSIS:

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SUMMARY OF SIGNIFICANT HISTORY AND PHYSICAL EXAM:

1. No history or physical exam findings to suggest cardiovascular disease.

OMB No = 0925-0216 4/30/2001

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HEART STUDY PHYSICIAN

EXAMINATION REPORT

OMB NO=0925-0216 03-08-2010

OMNI Group 1 Exam #

# The Framingham Heart Study

## LABORATORY

Physician's Name  
Physician's Mailing Address

Participant's Name:  
Exam Date:  
DOB:  
ID:

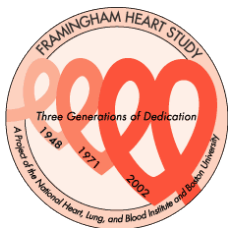
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OMB No = 0925-0216 4/30/2001

HEART STUDY PHYSICIAN

# The Framingham Heart Study

Expiration Date: xx/xxxx

## LABORATORY TEST RESULTS

OMB NO-0925-0216 03-08-2010

### PARTICIPANT INFORMATION

PARTICIPANT NAME:	STUDY ID:	EXAM #:	EXAM DATE:
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### BLOOD TESTS

(FILL IN APPROPRIATE VALUES)

TEST	VALUE MG/DL	DATE OF BIRTH
TOTAL CHOLESTEROL:		
HDL CHOLESTEROL:		
TRIGLYCERIDE (FASTING):		
GLUCOSE (FASTING):		
SERUM CREATININE:		

COMMENTS:

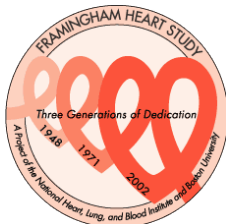

### RESULTS REPORTED

PHYSICIAN NAME:	PHONE:	FAX:
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PHYSICIAN ADDRESS:

CONTACT:	TECH INITIALS:	DATE PHONED:	DATE FAXED:
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**PLEASE BE ADVISED THAT LABORATORY TESTING AT THE FRAMINGHAM HEART STUDY IS DONE FOR RESEARCH PURPOSES ONLY. BLOOD TEST RESULTS PROVIDE A GUIDE TO PARTICIPANTS AND THEIR PHYSICIANS. FRAMINGHAM HEART STUDY LABORATORY RESULTS SHOULD NOT BE USED IN PLACE OF REGULAR CLINICAL CARE AND SHOULD BE REPEATED FOR CONFIRMATION.**



IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR LABORATORY AT 508-935-3408.

LABORATORY TEST RESULTS

OMB NO=0925-0216 03-08-2010

PARTICIPANT INFORMATION

PARTICIPANT NAME:	STUDY ID:	EXAM #:	EXAM DATE:
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BLOOD TESTS  
(FILL IN APPROPRIATE VALUES)

TEST	VALUE	DATE OF BIRTH						
WBC	10 <sup>3</sup> /UL	<p>COMMENTS:</p> <table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>						
RBC	10 <sup>6</sup> /UL							
HEMOGLOBIN	G/DL							
HEMATOCRIT	%							
PLATELET COUNT	10 <sup>3</sup> /UL							

RESULTS REPORTED

PHYSICIAN NAME:	PHONE:	FAX:
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PHYSICIAN ADDRESS:

CONTACT:	TECH INITIALS:	DATE PHONED:	DATE FAXED:
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IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR LABORATORY AT 508-935-3408.

Letter Date \_\_\_\_\_

Exam Date \_\_\_\_\_

OMB No= 0925-0216 Exp. 04/30/2011

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**A report of your recent examination at the Framingham Heart Study has been forwarded to your doctor or health care provider:**

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The examination you had at the Heart Study does not take the place of a medical check-up you would get from your doctor and cannot identify all serious heart and health conditions.

**Any clinical abnormalities requiring that you see your physician are listed below. Some results from tests obtained during your visit are not immediately available; any abnormalities that may have important health and treatment implications will be sent directly to your doctor.**

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**We look forward to seeing you again and appreciate your support. Your participation in the Framingham Heart Study makes possible our efforts to identify the causes of heart disease and stroke and ways of preventing or treating them.**

**Thank you for your continuing support.**

**Sincerely,**

**Daniel Levy, MD  
Medical Director  
Framingham Heart Study**

**Examiner** \_\_\_\_\_