

# Annual Re-Contact

## Annual Re-Contact Application: Log-in Page

http://64.132.104.58/recontact/      GuLF STUDY Recontact Loo... x

National Institutes of Health - U.S. Department of Health and Human Services  
OMB: 0925-0626  
Exp XX/20XX

# GuLF STUDY

A health study for oil spill clean-up workers and volunteers

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Participants may review and update their contact information by signing in below.

Last Name

Last four of SSN or PIN


Date of Birth Month  Day  Year

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## Annual Re-Contact Application: Page 1

http://64.132.104.58/recontact/verify.jsp

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Participant Information | **Alternate Contact** | Submit Information

Please review your information.

**Name and E-Mail**

Prefix First Middle Last Suffix  
Cai Pareja

Preferred Name E-Mail  
cai\_pareja@sra.com

I live in the US.

**Primary Mailing Address**

Street / PO Box  
598 S. Duper Ave

City / Town State Zip  
Charleston SC 29403

**Phone Numbers**

Type	Number	Ext	Cell	Best
Unknown	(843) 333-4442		<input type="checkbox"/>	<input checked="" type="radio"/>
Unknown	( ) - -		<input type="checkbox"/>	<input type="radio"/>
Unknown	( ) - -		<input type="checkbox"/>	<input type="radio"/>





I live outside the US.

**Primary Mailing Address**

**Phone Numbers**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0626). Do not return the completed form to this address.

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## Annual Re-Contact Application: Page 2

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Participant Information | **Alternate Contact** | Submit Information

Please provide contact information for a person who would know how to reach you in case we have difficulty reaching you in the future.

**Name and E-Mail**

Prefix: First: Middle: Last: Suffix:

Preferred Name: E-Mail:

**Address**

Street Address:

City / Town: State: Zip:

Phone Numbers:

Type: Number: Ext: Cell

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http://64.132.104.58/recontact/conclusion.jsp

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Participant Information | **Alternate Contact** | Submit Information

Please review your information. Press "Submit" to save, or press "Previous" to make changes.

**Participant**  
Cai "Carol May" Pareja  
598 S. Duper Ave  
Charleston, SC SC 29403  
cai\_pareja@sra.com  
Other : (843) 333-4442 Cell  
Work : (919) 313-7533

**Alternate Contact**  
Joe Smith  
2605 Meridian Parkway  
Durham, NC 27703  
Home : (919) 313-7533 Cell

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**Thank you keeping your contact information up to date.**

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