

Attachment 11

Agency for Toxic Substances and Disease Registry  
Pease Study

Study ID No.  -----	Order Assigned by Coordinator	Comments	Completed		Clinic or In-field
			Date mm/dd/yy	Time hh:mm	0 clinic 1 home
Informed Consent	1.		_ _ / _ _ / _ _	_ _ : _ _  AM PM	0 1
Update Contact Information	2.		_ _ / _ _ / _ _	_ _ : _ _  AM PM	0 1
Blood Draw/ Urine Collection	<input type="checkbox"/>		_ _ / _ _ / _ _	_ _ : _ _  AM PM	0 1
Assess Current Medication	<input type="checkbox"/>		_ _ / _ _ / _ _	_ _ : _ _  AM PM	0 1
Body Measurements	<input type="checkbox"/>		_ _ / _ _ / _ _	_ _ : _ _  AM PM	0 1
Blood Pressure Measurements	<input type="checkbox"/>		_ _ / _ _ / _ _	_ _ : _ _  AM PM	0 1
Questionnaire	<input type="checkbox"/>		_ _ / _ _ / _ _	_ _ : _ _  AM PM	0 1
Neurobehavioral Battery	<input type="checkbox"/>		_ _ / _ _ / _ _	_ _ : _ _  AM PM	0 1
Received Gift Card	9.	<u>TOTAL AMOUNT RECEIVED:</u> <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <u>SIGNATURE:</u>	_ _ / _ _ / _ _	_ _ : _ _  AM PM	0 1