

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
LOCAL ECG RESPONSE FORM # 161**

This form is completed for each participant who has a Form 116 (Local ECG Form) where Q13 (Is there a clinical alert on this ECG?) coded as "yes." If you answered "yes" and now recognize that the item was not a clinical alert, please do a clinical center initiated data change and request the value be changed to "no".

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1. Identification Number...

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2. Name Code...

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3. Date: mm/dd/yyyy...

4. What was the clinical alert?

5. What action was taken?

200. Date this form completed (mm/dd/yyyy) _ _ / _ _ / _ _ _ _

201. Certification ID of person completing this form _ _ _ _ _

202. Certification ID of person entering this form _ _ _ _ _

For Clinical Center Use Only

Date Entered _ _ / _ _ / _ _ _ _