

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION  
AASK COHORT STUDY  
PARTICIPANT TRANSFER FORM # 146

This form is completed whenever a participant transfer to another AASK clinical center occurs. This form is completed at the clinical center and is faxed to the DCC at 216-445-2781 for data entry.

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1. Identification Number...

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2. Name Code...

3. Date of transfer (mm/dd/yyyy) .....           /          /           *TRNFR-DT*

4. Transfer to Clinical Center # .....            *TRNFR-CC*

5. Participant's new address: (do not key enter)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

200. Date this form completed (mm/dd/yyyy) .....           /          /           *COMPL-DT*

201. Certification ID of person completing this form .....            *COMPL-BY*

**For DCC Use Only:**

Date received at the DCC:           /          /          

Certification ID of DCC person entering this form: