

Follow-Up Contact Details
Cervical Artery Dissection in Stroke Study

Centre name	Investigator
Patient identification number	

<p><u>Contact details required for follow up:</u></p> <p>Patient forename and surname:</p> <p>Date of birth.....</p> <p>Address.....</p> <p>.....</p> <p>.....</p> <p>Landline number</p> <p>Mobile number.....</p> <p>Name of next of kin/friend (must be at different address).....</p> <p>Address of next of kin/friend.....</p> <p>.....</p> <p>.....</p> <p>Landline number of next of kin/friend.....</p> <p>Mobile number of next of kin/friend.....</p>
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<p><u>GP contact details</u></p> <p>Name.....</p> <p>Address.....</p> <p>Telephone number</p>
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***Please note that this data sheet should be stored in a secure location separate from each patient's case report form.**

****Please fax to CADISS central office: 020 8725 2950**