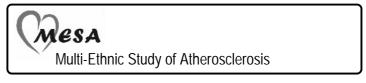
Affix label with Investigation ID here	
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This single investigation contains the

following admission(s)

Discharge Date

Admission Date



Types of events in this investigation

(check all that apply, not necessarily just cerebrovascular)

Hospitalized Cardiac/PVD Non-fatal

Hospitalized Cardiac Death

DO NOT SCAN THIS FORM

Stroke/TIA Hospital Abstraction Coversheet

Hospitalization Dates and Event Types to be filled in by Field Center

The Field Center will attach a separate coversheet to each individual investigation to be abstracted.

1	Documents already	Hospitalized Cerebrovascular Non-fatal Hospitalized Cerebrovascular Death Out-of-Hospital Cardiac/PVD Non-fatal Out-of-Hospital Cardiac Death Out-of-Hospital Cerebrovascular Non-fatal Out-of-Hospital Cerebrovascular Death Non-CVD Non-fatal Hospitalization Non-CVD Death Unknown y scanned by Field Center	
(Field Center completes this section before sending records to Central Abstractor. If extra lines are needed, attach separate sheetbe sure to label with full investigation ID number.)			
Ocument scanned (use document code)	Date on Document	Any Relevant Notes	
Date FC sent to Central Abstr	actor FC sta	ff ID 8713237146	
02.42.04		0/1323/140	