

Patient contact details

The coordinator in your country will contact the patient at 1 month, and therefore needs to know the patient's contact details. Please fill in the patient ID number (above) and contact details (below), print the form and send it to the coordinator in your country:

Norway	Sweden	Denmark
STATICH Coordinating Centre Oslo University Hospital, Ullevål Dept. of Geriatric Medicine Building 20, 4th floor P.O. Box 4950 Nydalen NO-0424 Oslo, Norway	Maria Berlin Kliniskt Forskningscentrum Ålderstigen 2 90737 Umeå Sweden	Dr Christina Kruuse Dept. of Neurology, Stroke Unit N108 Herlev Gentofte Hospital Herlev Ringvej 75 DK-2730 Herlev Denmark

Patient	First and middle names _____ Last name _____ Personal identity number* _____ Address _____ Zip code _____ City/place _____ Tel. number _____
Carer/relative	First and middle names _____ Last name _____ Relation to the patient _____ Address _____ Zip code _____ City/place _____ Tel. number _____
General practitioner	First and middle names _____ Last name _____ Address _____ Zip code _____ City/place _____ Tel. number _____
Local investigator	Name _____ Tel. number _____ Hospital/study centre _____

*Also called Social Security Number, or Civil Personal Registration (CPR) number: 11 digits in Norway, and 10 digits in Sweden and Denmark.

Please also send all the brain scans (CT and MRI) to the Coordinating Centre in Oslo (address above) in DICOM format, together with the Scan Transfer Form (accessible on www.statich.no). CDs should be unidentifiable and marked with the patient ID number and the date and time of the examination(s).

Dr Kristin Tveitan Larsen
 STATICH Trial Manager