



Alliance 182

Plate #003

Visit #003

Cohort # [ ][ ]

MR centre # [ ][ ]

Participant # [ ][ ][ ][ ]

Participant Initials

[ ][ ][ ]

Cohort #

MR centre #

Participant #

F M L

**PHYSICAL MEASUREMENTS**

a) Right arm blood pressure

1. [ ][ ][ ]

Systolic

[ ][ ][ ]

Diastolic

2. [ ][ ][ ]

Systolic

[ ][ ][ ]

Diastolic

b) Heart rate

1. [ ][ ][ ]

beats/minute

2. [ ][ ][ ]

beats/minute

c) Waist

[ ][ ][ ] . [ ] cm

no/minimal clothing

full clothing

d) Hip

[ ][ ][ ] . [ ] cm

no/minimal clothing

full clothing

e) Weight

[ ][ ][ ] . [ ] kg

no/minimal clothing

full clothing

f) Height

[ ][ ][ ] . [ ] cm

g) % Body Fat

[ ][ ] . [ ] %

Blood sample obtained?

No

Yes

Date and time of blood sample acquisition:

20 [ ][ ] [ ][ ] [ ][ ]  
year month day

Time [ ][ ] : [ ][ ]  
(00:00-23:59)

Please print Blood Kit # to confirm label:

[ ][ ][ ][ ][ ][ ]

Place Blood label here

Participant date of birth:

[ ][ ][ ][ ]  
year

[ ][ ]  
month

[ ][ ]  
day

Form completed by: \_\_\_\_\_  
(please print)

Last Name

First Initial

Date of completion: 20

[ ][ ] [ ][ ] [ ][ ]  
year month day