














Midia Study XYZ

Week -5, Visit 1

<input type="checkbox"/>		Obtain Informed Consent
<input type="checkbox"/>		Obtain Medication, Medical and Surgical History
<input type="checkbox"/>		Document Hypertension History
<input type="checkbox"/>		Review Concomitant Medications
<input type="checkbox"/>		Measure Seated Cuff BP and Other Vital Signs
<input type="checkbox"/>		Perform Physical Examination
<input type="checkbox"/>		Perform a 6-lead and 12-lead ECG
<input type="checkbox"/>		Collect Blood and Urine Samples for Clinical Labs
<input type="checkbox"/>		Perform Serum Pregnancy Test for Women of Child-bearing Potential
<input type="checkbox"/>		Review Inclusion/Exclusion Criteria
<input type="checkbox"/>		Contact IVRS and Print Confirmation
<input type="checkbox"/>		Schedule Patient to Return for Next Study Visit at 8am +/- 90 minutes
<input type="checkbox"/>		Patient Reminder: do not take restricted medications on the morning and the next visit, do not take any prohibited con-meds within 48 hrs of the Visit or to Consume caffeine, exercise, or smoke within 2 hrs of the visit

Patient Information

Last Name

First Name

Date of Birth

Person Completing Form

Today's Date