INTERNATIONAL STROKE GENETICS CONSORTIUM INFORMATION FORM

Note: Returning this form implies no commitment of any kind. We are simply seeking an expression of interest in participating.

**INVESTIGATOR INFORMATION**

Investigator Name(s):

Address:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:

What are your current or future plans for stroke genetics: My current research interest includes the etiology of small vessel disease/lacunar stroke and I would like to use genetics to explore possible disease mechanisms.

I am interested in learning more about joining the International Stroke Genetics Consortium.

Can you or a designee attend one of our next ISGC workshops? These meetings will take place:

April 28-29 2016 in Boston, USA.

 Yes\_\_\_\_\_ No\_\_\_\_\_

 November 3-4 2016 Milan, Italy

 Yes\_\_\_\_\_ No\_\_\_\_\_

**SAMPLE INFORMATION**

# of ischemic stroke cases with DNA or blood available for analysis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of intracerebral hemorrhage cases with DNA or blood available for analysis: \_\_\_\_\_\_\_\_

# of controls with DNA or blood available for analysis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What phenotyping data is available for your cases and could be used in analyses by the consortium?

1. TOAST stroke subtype: Yes\_\_\_\_\_ No\_\_\_\_\_
2. MRI reports: Yes\_\_\_\_\_ No\_\_\_\_\_
3. MRI images: Yes\_\_\_\_\_ No\_\_\_\_\_
4. CT scan reports: Yes\_\_\_\_\_ No\_\_\_\_\_
5. CT scan images: Yes\_\_\_\_\_ No\_\_\_\_\_
6. Longitudinal follow-up for recovery: Yes\_\_\_\_\_ No\_\_\_\_\_
7. Longitudinal follow-up for stroke recurrence: Yes\_\_\_\_\_ No\_\_\_\_\_
8. Medical history: Yes\_\_\_\_\_ No\_\_\_\_\_
9. Family history: Yes\_\_\_\_\_ No\_\_\_\_\_

Is there any distinctive information about these cases and/or controls you would like to share? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_