

# FAX Transmittal

From: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Pages: \_\_\_\_\_

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To: Lupus Genetic Linkage Study  
Attn: \_\_\_\_\_  
Fax: 405-271-3045  
Phone: 1-888-655-8787

I have spoken with the patient and he/she is interested in being contacted by the Lupus Genetic Studies for possible participation in lupus genetic research.

The following lupus patient(s) states that  
\_\_\_\_\_ he/she would be interested in participating in a SLE genetic study.  
\_\_\_\_\_ an additional member of the family has SLE & might also be interested in a SLE genetic study.

Name	Phone #	Address

Additional Notes or Helpful Information:

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