



[www.solmedx.com](http://www.solmedx.com)

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201 953 1719

Sample Number \_\_\_\_\_

Date \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

1. Pain levels (check the one that closest fits you)

Essentially no Pain \_\_\_\_\_

Pain mostly treatable with medication \_\_\_\_\_

Pain not treatable with medication \_\_\_\_\_

2. Medical condition, if any (such as ALS, DMD, diabetes, any other conditions or comments)

None (healthy) \_\_\_\_\_

Condition(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**RUTGERS** APPROVED  
THE STATE UNIVERSITY OF NEW JERSEY

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