



# fax

TO: Samantha Auslander/KCHC Nutrition Offices FROM:  
FAX: 718-245-4345 PAGES: 1  
PHONE: 718-245-4343 or 347-992-2448 DATE:  
RE: SHINE Patient Enrolled CC: Kitchen (fax #: 718-613-8017)

Urgent     For Review     Please Comment     Please Reply     Please Recycle

Comments: Please note, the following patient has been enrolled in the SHINE Research Protocol (BRANY IRB Approval – 12-02-260(HHC)-202).

The patient Below **REQUIRES** the SHINE Approved Protocol Diet\* (60 grams carbohydrates/meal x 3 days).

**Patient Name:** \_\_\_\_\_

**Patient MRN:** \_\_\_\_\_

**Date of Enrollment:** \_\_\_\_\_

Patient is cleared for:

PO, Solids     PO, Liquids     Bolus Tube Feeds     Not currently cleared

\*Please see speech and swallowing recommendations for type of diet (e.g. tube feeds, liquid, thickened, solids).

**ALL MEALS SHOULD BE DELIVERED TO NURSING STATION.**

Any questions please contact the research hotline at: 347-220-8585 or,

Coordinator, Marijayne Bushey : 718-245-2973

Coordinator, Sarah Zelonis: 718-270-1263, cell: 215-514-8486

PI, Jennifer Martindale: 617-470-2292