



ACTICAL DEVICE

We have asked you to wear the ACTICAL device
on your ankle until _____ at _____ am/pm

You can **shower, swim, bathe**, and do all ***normal activities** without damaging the ACTICAL.

*Please **REMOVE** before having an Ultrasound as it might damage the ACTICAL device.

We ask that you keep on your **normal daily routine** while wearing the ACTICAL device.

KEEP THE DEVICE ON YOU AT ALL TIMES

(Even during bedtime, showers, etc...)

Please note here when you removed the ACTICAL device and return this to the ACNC
along with the device.

_____ @ __:__ am/pm

If you have any questions, please contact our study team:

1-866-423-1311 (toll-free)

501.364.3309 (hotline)