INSTRUCTIONS: The purpose of this form is to map an original event abstraction to an event selected for Quality Control (QC). Events are selected for quality control re-abstraction. This form should be completed before the re-abstraction for QC is done. Starting September 2014, a separate CDART database for certification/re-certification data was established. Therefore, the PTM is not entered into the study database for certification/re-certification/practice/training purposes.

A. PHANTOM

1. Phantom ID: .........................

2. Date phantom ID assigned .............
   Month / Day / Year

3. Abstractor number for phantom ID ...

4. Phantom type (choose one):
   Re-abstraction QC .................H
   Supplemental ECG QC ............E → Complete 4a, then go to item 7

4a. Original Event ID: ....................

4b. Hospital re-abstraction event type:
   Yes  No
   4b.1. HFA Reabstraction
   4b.2. HRA Reabstraction
   4b.3. STR Reabstraction

B. ADMINISTRATIVE INFORMATION

5. Date of data collection: ....................
   Month / Day / Year

7. Code number of person completing this form: ................