HCHS/ SOL Visit 2 Report Tracking Form

ADMINISTRATIVE INFORMATION
0a. Completion Date (mm/dd/yyyy): [ ] [ ] [ ] [ ] [ ] [ ] [ ] 0b. Staff ID: [ ] [ ] [ ]

Instructions: The participant referral report tracking form should be updated to reflect the date(s) that reports have been sent to the study participant and/or their health care provider if in the case of an alert referral.

1. Participant’s instructions for the release of results to physician or other health care provider (from the Item #2, Informed Consent Tracking (ICT) Form)
   Release no results to HCP 0 □
   Release results to both participant and HCP, as applicable 1 □
   Release partial results to HCP 2 □
   a. If release partial results, specify restrictions: ________________________________
   b. Contact Information for preferred HCP:
      Name of HCP: ________________________________
      Address of HCP: ________________________________
      City, State, Zip code: ________________________________

2. Alert Notifications: Where there any expedited alert notifications?
   No 0 □  Go to Question 3
   Yes 1 □ Enter the date the test result was received at the Field Center (FC), the date the notification was made, and the method of notification used.

<table>
<thead>
<tr>
<th>Reason for Alert Notification</th>
<th>1. Date Measured or Result Received by the Field Center (MM/DD/YYYY)</th>
<th>2. Date of Notification by the Field Center (MM/DD/YYYY)</th>
<th>3. Method(s) used: Not applicable, 0 Phone Call….. 1 Letter ……… 2 Face-to-face….3 Other (specify)4</th>
<th>4. Code of Staff who Made the Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Seated blood pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>B. Triglycerides</td>
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<tr>
<td>C. Fasting glucose</td>
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<tr>
<td>D. Creatinine</td>
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<tr>
<td>E. WBC, Hb, or Platelets</td>
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<tr>
<td>F. Echocardiography scan</td>
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<tr>
<td>G. Other (specify)</td>
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</tbody>
</table>

ID NUMBER: [ ] [ ] [ ] [ ] [ ] [ ] [ ] FORM CODE: RET VERSION: 1 10/09/2014 Contact Occasion 0 2 SEQ # 0 1
3. Was an incomplete participant summary report sent? 

   No   0  Go to Question 4

   Yes  1

   3a. If yes, date an incomplete summary report sent 

   (mm/dd/yyyy)

4. Date Complete (Final) Report of Study Results sent 

   (mm/dd/yyyy)