



# HCHS/SOL V3 Report Tracking (RET)

ID NUMBER:

FORM CODE: RET  
VERSION: 2, 11/1/2019

Contact Occasion  Occurrence

## ADMINISTRATIVE INFORMATION

0a. Completion Date:

0b. Staff ID:

**Instructions:** Update report tracking form 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, the method of notification used, and the ID of staff member making the notification.

### 2a. Seated blood pressure

a1. Date Measured or Result Received by the Field Center

a2. Date of Notification by the Field Center

a3. Notification Method used: Not applicable  0  Phone call  1  Letter  2   
Face-to-face  3  Other  4

a3a. If other, Specify \_\_\_\_\_

a4. Staff code  who made the SBP notification

### 2b. Triglycerides

b1. Date Measured or Result Received by the Field Center

b2. Date of Notification by the Field Center

b3. Notification Method used: Not applicable  0  Phone call  1  Letter  2   
Face-to-face  3  Other  4

b3a. If other, Specify \_\_\_\_\_

b4. Staff code  who made the triglycerides notification

ID NUMBER:

**2c. Fasting glucose**

c1. Date Measured or Result Received by the Field Center   /   /

c2. Date of Notification by the Field Center   /   /

c3. Notification Method used: Not applicable 0  Phone call 1  Letter 2   
Face-to-face 3  Other 4

c3a. If other, Specify \_\_\_\_\_

c4. Staff code    who made the fasting glucose notification

**2d. Creatinine**

d1. Date Measured or Result Received by the Field Center   /   /

d2. Date of Notification by the Field Center   /   /

d3. Notification Method used: Not applicable 0  Phone call 1  Letter 2   
Face-to-face 3  Other 4

d3a. If other, Specify \_\_\_\_\_

d4. Staff code    who made the creatinine notification

**2e. WBC, Hb, or Platelets**

e1. Date Measured or Result Received by the Field Center   /   /

e2. Date of Notification by the Field Center   /   /

e3. Notification Method used: Not applicable 0  Phone call 1  Letter 2   
Face-to-face 3  Other 4

e3a. If other, Specify \_\_\_\_\_

e4. Staff code    who made the WBC, Hb, or Platelets notification

**2f. Other (Specify) \_\_\_\_\_**

f1. Date Measured or Result Received by the Field Center   /   /

f2. Date of Notification by the Field Center   /   /

f3. Notification Method used: Not applicable 0  Phone call 1  Letter 2   
Face-to-face 3  Other 4

f3a. If other, Specify \_\_\_\_\_

f4. Staff code    who made the other notification

3. Was an incomplete participant summary report sent? No 0  **Go to Question 4** Yes 1

3a. If yes, date the incomplete summary report was sent   /   /     (mm/dd/yyyy)

4. Date Complete (Final) Report of Study Results sent   /   /     (mm/dd/yyyy)