



HCHS/SOL V3 Report Tracking (RET)

ID NUMBER:								
------------	--	--	--	--	--	--	--	--

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

Contact
Occasion

0	3
---	---

Occurrence

0	1
---	---

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:						
------------	--	--	--	--	--	--

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

Contact
Occasion

0	3
---	---

occurrence

0	1
---	---

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 ☐

Face-to-face 3 ☐

Phone call 1 ☐

Letter 2 ☐

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 ☐

Face-to-face 3 ☐

Phone call 1 ☐

Letter 2 ☐

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 ☐

Face-to-face 3 ☐

Phone call 1 ☐

Letter 2 ☐

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 ☐

Face-to-face 3 ☐

Phone call 1 ☐

Letter 2 ☐

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)