



# HCHS/ SOL Visit 2 Report Tracking Form

ID NUMBER:

FORM CODE: RET  
VERSION: 1 10/09/2014

Contact  
Occasion

0  2

SEQ #

0  1

## 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.

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

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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)									