



RESULTS AND ALERT REPORTING FORM



ID NUMBER:

FORM CODE:

DATE: 03/01/2017
Version 1.0

Instructions: The purpose of this form is to acknowledge receipt of and document notification of local and central alerts that occur as a result of the exam visit, as well as document distribution of results to the participant. Listings of alerts are available in the Alerts Report in CDART.

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

A. DURING VISIT ALERTS

1. Was there a high IOP alert notification at the time of the visit? 1 Yes
0 No **GO TO ITEM 2**

1a. Date alert resolved: / /
Month Day Year

2. Was a copy of the After Clinic Report provided to the participant? 1 Yes
0 No **GO TO ITEM 3**

2a. Date Report provided to participants / /
Month Day Year

B. AFTER VISIT ALERTS (see ERA QxQ for list of ALERT CODES)

3. Were there any alert notifications following image review? 1 Yes
0 No **GO TO ITEM 4**

3a. Date alert resolved: / /
Month Day Year

C. AFTER VISIT RESULTS REPORTING

4. Date final Photo Findings Letter sent to participant: / /
Month Day Year