



# RESULTS AND ALERT REPORTING FORM

ID NUMBER:

FORM CODE:

DATE: 04/19/2023  
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.

## A. Administrative Items

0a. Most recent completion date

/  /   
Month Day Year

0b. Staff ID

## B. VISIT 9 EXIT INTERVIEW

1. Were there any alert notifications at the time of the visit 9? Yes   
No

2. Seated blood pressure alert: date notified

/  /   
Month Day Year

3. CES-D Depression alert: date notified

/  /   
Month Day Year

4. Was a copy of the Exit Interview results report provided to the participant? Yes   
No

5. Date the Exit Interview results report was provided:

/  /   
Month Day Year

**C. VISIT 10 EXIT INTERVIEW**

6. Were there any alert notifications at the time of the visit 10? Yes   
No

7. Seated blood pressure alert: date notified //  
Month Day Year

8. CES-D Depression alert: date notified //  
Month Day Year

9. Was a copy of the Exit Interview results report provided to the participant? Yes   
No

10. Date the Exit Interview results report was provided: //  
Month Day Year

**D. VISIT 11 EXIT INTERVIEW**

11. Were there any alert notifications at the time of the visit 11? Yes   
No

12. Seated blood pressure alert: date notified //  
Month Day Year

13. CES-D Depression alert: date notified //  
Month Day Year

14. Was a copy of the Exit Interview results report provided to the participant? Yes   
No

15. Date the Exit Interview results report was provided: //  
Month Day Year

**E. VISIT 12 EXIT INTERVIEW**

16. Were there any alert notifications at the time of the visit 12? Yes   
No

17. Seated blood pressure alert: date notified //  
Month Day Year

18. CES-D Depression alert: date notified //  
Month Day Year

19. Was a copy of the Exit Interview results report provided to the participant? Yes   
No

20. Date the Exit Interview results report was provided: //  
Month Day Year

**F. ALERTS**

	<b>Alert Code</b>		<b>Visit</b>		<b>Date notified</b>
21	<input type="text"/> <input type="text"/> <input type="text"/>	21a	<input type="text"/> <input type="text"/>	21b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
22	<input type="text"/> <input type="text"/> <input type="text"/>	22a	<input type="text"/> <input type="text"/>	22b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
23	<input type="text"/> <input type="text"/> <input type="text"/>	23a	<input type="text"/> <input type="text"/>	23b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
24	<input type="text"/> <input type="text"/> <input type="text"/>	24a	<input type="text"/> <input type="text"/>	24b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
25	<input type="text"/> <input type="text"/> <input type="text"/>	25a	<input type="text"/> <input type="text"/>	25b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
26	<input type="text"/> <input type="text"/> <input type="text"/>	26a	<input type="text"/> <input type="text"/>	26b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
27	<input type="text"/> <input type="text"/> <input type="text"/>	27a	<input type="text"/> <input type="text"/>	27b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
28	<input type="text"/> <input type="text"/> <input type="text"/>	28a	<input type="text"/> <input type="text"/>	28b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
29	<input type="text"/> <input type="text"/> <input type="text"/>	29a	<input type="text"/> <input type="text"/>	29b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
30	<input type="text"/> <input type="text"/> <input type="text"/>	30a	<input type="text"/> <input type="text"/>	30b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
31	<input type="text"/> <input type="text"/> <input type="text"/>	31a	<input type="text"/> <input type="text"/>	31b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
32	<input type="text"/> <input type="text"/> <input type="text"/>	32a	<input type="text"/> <input type="text"/>	32b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
33	<input type="text"/> <input type="text"/> <input type="text"/>	33a	<input type="text"/> <input type="text"/>	33b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
34	<input type="text"/> <input type="text"/> <input type="text"/>	34a	<input type="text"/> <input type="text"/>	34b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
35	<input type="text"/> <input type="text"/> <input type="text"/>	35a	<input type="text"/> <input type="text"/>	35b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
36	<input type="text"/> <input type="text"/> <input type="text"/>	36a	<input type="text"/> <input type="text"/>	36b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
37	<input type="text"/> <input type="text"/> <input type="text"/>	37a	<input type="text"/> <input type="text"/>	37b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
38	<input type="text"/> <input type="text"/> <input type="text"/>	38a	<input type="text"/> <input type="text"/>	38b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
39	<input type="text"/> <input type="text"/> <input type="text"/>	39a	<input type="text"/> <input type="text"/>	39b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
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80	<input type="text"/> <input type="text"/> <input type="text"/>	80a	<input type="text"/> <input type="text"/>	80b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year

## ALERT CODES:

Highlighted alert codes must be visit specific

- CAC - CT: Alert from CT scan reading center
- ECH - Echo: Alert from Echocardiography Alerts Notification Form (ECA)
- LGU - Lab: Glucose
- LSC - Lab: Serum Creatinine
- LTG - Lab: Triglycerides
- LAC - Lab: Albumin:creatinine ratio
- LGF - Lab: eGFR
- LSP - Lab: Serum potassium
- LHG - Lab: Hemoglobin
- MRL - MRI: Alert from local radiologist
- MRB - MRI: Alert from brain MRI reading center
- MRV - MRI: Alert from vascular MRI reading center
- Z1a - Ziopatch/ePatch: Wide QRS tachycardia >120 for >30 secs
- Z1b - Ziopatch/ePatch: Complete heart block
- Z1c - Ziopatch/ePatch: 2<sup>nd</sup> degree AV Block, Mobitz II
- Z1d - Ziopatch/ePatch: Pause > 6 seconds
- Z1e - Ziopatch/ePatch: Bradycardia <40 bpm for > 30 seconds
- Z1f - Ziopatch/ePatch: Afib with average HR <40bpm or >180 bpm for 60 seconds
- Z1g - Ziopatch/ePatch: Narrow QRS tachycardia >180 bpm for 60 seconds
- Z1h - Ziopatch/ePatch : Other alert
- FRA - Falls risk

## Visit Codes

- 09
- 10
- 11
- 12

**G. RESULTS REPORTING**

	<b>Result Code</b>		<b>Visit</b>		<b>Date sent to participant</b>
81	<input type="checkbox"/>	81a	<input type="checkbox"/> <input type="checkbox"/>	81b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
82	<input type="checkbox"/>	82a	<input type="checkbox"/> <input type="checkbox"/>	82b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
83	<input type="checkbox"/>	83a	<input type="checkbox"/> <input type="checkbox"/>	83b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
84	<input type="checkbox"/>	84a	<input type="checkbox"/> <input type="checkbox"/>	84b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
85	<input type="checkbox"/>	85a	<input type="checkbox"/> <input type="checkbox"/>	85b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
86	<input type="checkbox"/>	86a	<input type="checkbox"/> <input type="checkbox"/>	86b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
87	<input type="checkbox"/>	87a	<input type="checkbox"/> <input type="checkbox"/>	87b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
88	<input type="checkbox"/>	88a	<input type="checkbox"/> <input type="checkbox"/>	88b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
89	<input type="checkbox"/>	89a	<input type="checkbox"/> <input type="checkbox"/>	89b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
90	<input type="checkbox"/>	90a	<input type="checkbox"/> <input type="checkbox"/>	90b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
91	<input type="checkbox"/>	91a	<input type="checkbox"/> <input type="checkbox"/>	91b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
92	<input type="checkbox"/>	92a	<input type="checkbox"/> <input type="checkbox"/>	92b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
93	<input type="checkbox"/>	93a	<input type="checkbox"/> <input type="checkbox"/>	93b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
94	<input type="checkbox"/>	94a	<input type="checkbox"/> <input type="checkbox"/>	94b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
95	<input type="checkbox"/>	95a	<input type="checkbox"/> <input type="checkbox"/>	95b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
96	<input type="checkbox"/>	96a	<input type="checkbox"/> <input type="checkbox"/>	96b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
97	<input type="checkbox"/>	97a	<input type="checkbox"/> <input type="checkbox"/>	97b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
98	<input type="checkbox"/>	98a	<input type="checkbox"/> <input type="checkbox"/>	98b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
99	<input type="checkbox"/>	99a	<input type="checkbox"/> <input type="checkbox"/>	99b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
...	<input type="checkbox"/>	...	<input type="checkbox"/> <input type="checkbox"/>	...	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year
140	<input type="checkbox"/>	140a	<input type="checkbox"/> <input type="checkbox"/>	140b	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year

## **TYPE OF RESULTS:**

Highlighted result codes must be visit specific.

- A** - Diabetes Lab
- B** - Accelerometer
- C** - Ziopatch / ePatch
- D** - Lipid Lab
- E** - MRI
- F** - PET
- G** - Gait Mat
- H** - CT
- I** - Echo
- J** - PYP
- K** - OH
- L** - ABPM
- M** - CGM
- N** - Audiology
- O** - Peripheral Neuropathy
- P** - Neurocognitive
- Q** - HBPM
- R** - Physical Function

## **Visit Codes**

- 09
- 10
- 11
- 12