



RESULTS AND ALERT REPORTING FORM

ID NUMBER:

FORM CODE:

DATE: 02/23/2024
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

	Alert Code		Visit		Date notified
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: 2nd 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

	Result Code		Visit		Date sent to participant
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
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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
- S** - Sleep
- T** - Mini Nutritional Assessment

Visit Codes

- 09
- 10
- 11
- 12