

Multi-site Study

Advance Clinical Test Report Tracking Form

| | |
|---|---|
| Study ID No. _____ | (Adult or Parent for child clinical test reporting) |
| Study ID No. _____ | (Child) |
| Adult or Parent is the <i>Target Person</i> | |
| Contact Information Label | |

| | | |
|-----------------------------|--|-------------------------------|
| NW = Non-working Number | CN = Call Not Scheduled | VI = Verbal Report Incomplete |
| NH = No One Home | CS = Call Scheduled | LR = Letter Report Mailed |
| TN = Target Person Not Home | CR = Call Rescheduled Scheduled (note date/time) | O = Other (explain) |
| TY = Target Person Home | VC = Verbal Report Complete | |

| No. | DATE mm/dd/yy | TIME hh:mm | OUTCOME CODE(S) | COMMENTS | INTERVIEWER |
|-----|------------------|----------------|--------------------|----------|-------------|
| 1 | ____/____/____ | ____:____ _ | AM PM | | |
| 2 | ____/____/____ | ____:____ _ | AM PM | | |
| 3 | ____/____/____ | ____:____ _ | AM PM | | |
| 4 | ____/____/____ | ____:____ _ | AM PM | | |
| 5 | ____/____/____ | ____:____ _ | AM PM | | |
| 6 | ____/____/____ | ____:____ _ | AM PM | | |
| 7 | ____/____/____ | ____:____ _ | AM PM | | |
| 8 | ____/____/____ | ____:____ _ | AM PM | | |
| 9 | ____/____/____ | ____:____ _ | AM PM | | |
| 10 | ____/____/____ | ____:____ _ | AM PM | | |
| 11 | ____/____/____ | ____:____ _ | AM PM | | |
| 12 | ____/____/____ | ____:____ _ | AM PM | | |