Attachment 20a.

**Multi-site Study**

**Advance Clinical Test Report Tracking Form**

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| --- |
| Study ID No. |*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*| (Adult or Parent for child clinical test reporting)Study ID No. |*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*| (Child)Adult or Parent is the *Target Person*Contact Information Label |

|  |  |  |
| --- | --- | --- |
| NW = Non-working NumberNH = No One HomeTN = Target Person Not HomeTY = Target Person Home | CN = Call Not ScheduledCS = Call ScheduledCR = Call Rescheduled Scheduled (note date/time)VC = Verbal Report Complete | VI = Verbal Report IncompleteLR = Letter Report Mailed O = Other (explain) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | DATEmm/dd/yy | TIMEhh:mm | OUTCOMECODE(S) | COMMENTS | INTERVIEWER |
| 1 | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | AMPM |  |  |  |
| 2 | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | AMPM |  |  |  |
| 3 | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | AMPM |  |  |  |
| 4 | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | AMPM |  |  |  |
| 5 | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | AMPM |  |  |  |
| 6 | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | AMPM |  |  |  |
| 7 | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | AMPM |  |  |  |
| 8 | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | AMPM |  |  |  |
| 9 | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | AMPM |  |  |  |
| 10 | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | AMPM |  |  |  |
| 11 | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | AMPM |  |  |  |
| 12 | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | AMPM |  |  |  |