Study ID: __ __ __ __ __ __
Abstractor ID: __ __ __
Study ID Label here➘

CASE DESCRIPTOR SUMMARY

C-1. Is there evidence in the chart that the patient was diagnosed with invasive breast cancer or suspicion of invasive breast cancer on the same date (or within 2 weeks of the date) as it appears on the *Patient Data Cover Sheet*, i.e. "Diagnosis Date", or "SEER" Cancer Registry Diagnosis Date?

If Yes➔ Continue to question C-2.
Record original SEER dx date here: __ __/__ __/__ __ __ __

If No ➔ Is there a breast cancer diagnosis on the same date, but different year, 1995-1999? If so, adjust dates on the *Patient Data Cover Sheet* accordingly and continue to question C-2.
Record modified SEER dx date here: __ __/__ __/__ __ __ __

If you are unable to confirm diagnosis of invasive breast cancer, **STOP REVIEW** and consult with investigator.

C-2. Was the first visit in the study period a breast-related f/u visit?

❒ 01=Yes ➔ *If yes, please go back up to an additional 36 months until the initial visit that prompted the f/u visit is found.*
❒ 02=No ➔ *If no, skip to question C-3.*

C-3. Are any visits abstracted prior to the study period?

❒ 01=Yes
❒ 02=No

C-4. Menopausal status at dx date.

❒ 01=Pre-menopausal
❒ 02=Peri-menopausal
❒ 03=Post-menopausal
❒ 99=Undetermined

C-5. Record parity (# of live births) and gravidity (# of times pregnant) as of the dx date or closest visit prior to dx date.

C-5a. Parity __ __
C-5b. Gravidity __ __
C-5c. Noted in chart on __ __/__ __/__ __ __ __

C-6a. Pregnancy during observation period?

❒ 01=Yes ➔ *If yes, please complete questions C-6b-c.*
❒ 02=No ➔ *If no, skip to question C-7.*

C-6b. # of pregnancies during observation period.

__ __

C-6c. Date of first evidence of most recent pregnancy.

__ __/__ __/__ __ __ __

Outcome of pregnancy:
❒ 01=Term pregnancy
❒ 02=Miscarriage/termination
❒ 99=Undetermined

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C-7. Is there a known family history of breast cancer?

❒ 01=Yes, there is a noted family history
➘ *If yes, complete question C-8.*
❒ 02=No, there is a noted negative family history
➘ *If no, complete date of chart note & skip to question C-9.*
__ __/__ __/__ __ __ __
❒ 99=Undetermined ➔ *If undetermined, skip to question C- 9.*

C-8. # of relatives for each type and date of earliest chart note in study period.

#	SOURCE	DATE OF EARLIEST CHART NOTE
_	Mother	__ __/__ __/__ __ __ __
_	Sister(s)	__ __/__ __/__ __ __ __
_	Daughter(s)	__ __/__ __/__ __ __ __
_	Maternal aunt(s)	__ __/__ __/__ __ __ __
_	Paternal aunt(s)	__ __/__ __/__ __ __ __
_	Aunt(s), unk lineage	__ __/__ __/__ __ __ __
_	Maternal grandmother	__ __/__ __/__ __ __ __
_	Paternal grandmother	__ __/__ __/__ __ __ __
_	Grandmother, unk lineage	__ __/__ __/__ __ __ __
_	Father	__ __/__ __/__ __ __ __
_	Other, *specify:* _____	__ __/__ __/__ __ __ __

C-9. Pt history and date of breast cancer or potentially pre-cancerous lesion.
(Indicate all that apply.)

❑ 00= Chart note states no prior history of breast cancer
❑ 01=Lobular carcinoma in situ__ __/__ __/__ __ __ __
❑ 02=Ductal carcinoma in situ __ __/__ __/__ __ __ __
❑ 03=Atypical hyperplasia __ __/__ __/__ __ __ __
❑ 04=Invasive carcinoma __ __/__ __/__ __ __ __
➘ ***If Invasive carcinoma, consult with principal investigator or project coordinator before proceeding.***
❑ 88=Other, *specify:* _____
__ __/__ __/__ __ __ __
❑ 99=Undetermined, no mention of prior history of breast cancer
__ __/__ __/__ __ __ __

C-10. Using notes recorded during study period, is there a history of breast biopsy prior to study period?

❒ 01=Yes, there is documentation of prior breast biopsy ➔ *If yes, complete question C-11.*
❒ 02=No, there is documentation of no prior breast biopsies ➔ *If no, skip to question C-12.*
❒ 99=Undetermined

C-11. If yes, # of biopsies.
Date of chart note:

__ __
__ __/__ __/__ __ __ __

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C-12. Evidence of pre-existing breast conditions?

- ❒ 00=Chart note states no pre-existing breast conditions
- ❒ 01=Yes, abnormal findings from breast examination
- ❒ 02=Yes, abnormal mammogram
- ❒ 03=Yes, breast symptom
- ❒ 99=Undetermined, no mention of pre-existing breast conditions

If yes, year of abnormal finding or symptom:

_ _ _ _

C-13. Evidence that pt was non-compliant or refused breast care prior to observation period?

- ❒ 00=No evidence
- ❒ 01=Yes, evidence of non-compliance or refusal

C-14. Notation of last mammogram prior to the study period?

- ❒ 01=Less than 2 years prior
- ❒ 02=2 or more years prior
- ❒ 03=Never had a mammogram
- ❒ 99=Notation not found

C-15. # of Paps and dates in the study period.

PLEASE COMPLETE IF THIS IS NOT AVAILABLE THROUGH AUTOMATED DATA AT YOUR SITE, i.e., KPNC, KPSC.

_ _

_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _
_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _
_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _
_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _

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BREAST-RELATED CLINICAL ENCOUNTER SUMMARY

If multiple visits in one day: (Visit # _____)

B-1. Date of visit __ __/__ __/__ __ __ __

B-2. Type of visit
- ❑ 01=Ambulatory care
- ❑ 02=Hospitalization

➘ If "02", please also complete *Hospitalization Summary*.

B-6. Provider gender
- ❑ 01=Female
- ❑ 02=Male
- ❑ 99=Undetermined

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B-7. Reason for visit *(Indicate all that apply.)*

- ❑ 01=Routine well adult, i.e., Pap, physical exam, screening
- ❑ 02=Breast-related f/u visit
- ❑ 03=Breast-related finding by provider
- ❑ 04=Pt report of breast symptom or concern
- ❑ 05=Non-breast related concern, acute illness
- ❑ 06=Chronic care management (f/u of long-term problem)
- ❑ 07=F/u of diagnostic procedure
- ❑ 88=Other, *specify:*_____
- ❑ 99=Undetermined

B-8a. Were pt reported breast symptoms noted?

- ❒ 01=Yes ➔ If yes, please continue with question #B-8b & B-8c.
- ❒ 02=No, explicit mention of no symptoms➔ If no, skip to question #B-9.
- ❒ 99=No comment about symptoms ➔ Skip to question #B-9.

B-8b. Pt Reported Breast Symptoms
(Indicate all that apply.)

L	R	Unk	
❑	❑	❑	01=Lump
❑	❑	❑	02=Pain
❑	❑	❑	03=Nipple discharge
❑	❑	❑	04=Visual change
❑	❑	❑	05=Odor
❑	❑	❑	88=Other, *specify:*_____
❑	❑	❑	99=Unspecified

B-8c. Duration of breast symptoms

- ❒ 01=Zero to 11 months
- ❒ 02=12 months or more
- ❒ 99=Undetermined, no duration noted

B-9. Was a CBE performed?

- ❒ 01=Yes ➔ If yes, please continue with question #B-10.
- ❒ 02=No ➔ If no, skip to question #B-11.
- ❒ 99=Undetermined ➔ Skip to question #B-11.

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B-10. Location, findings and size from CBE
(Indicate all that apply.)

LOCATION	FINDINGS	SIZE
01=Nipple 02=Central 03=Upper inner 04=Lower inner 05=Upper outer 06=Lower outer 07=Axillary tail 08=Overlap 09=Areola 88=Other, *specify:* _____ 99=Undetermined, nothing noted	00=Normal, negative findings 01=Mass or masses 02=Cyst 03=Density 04=Asymmetry 05=Skin changes 06=Dimpling 07=Nodularity 08=Palpable nodes 09=Nipple changes 10=Discharge 11=Tenderness to palpation 88=Other, *specify:* _____ 99=Undetermined	00=0-.99 cm 01=1.0-1.99 cm 02=2.0-2.99 cm 03=3.0-3.99 cm 04= ≥ 4.0 cm 99=Undetermined, nothing noted, n/a

	L/R/B/U	LOC1	LOC2	FIND-INGS	SIZE
1	__	_ _	_ _	_ _	_ _
2	__	_ _	_ _	_ _	_ _
3	__	_ _	_ _	_ _	_ _
4	__	_ _	_ _	_ _	_ _
5	__	_ _	_ _	_ _	_ _
6	__	_ _	_ _	_ _	_ _
7	__	_ _	_ _	_ _	_ _
8	__	_ _	_ _	_ _	_ _
9	__	_ _	_ _	_ _	_ _
10	__	_ _	_ _	_ _	_ _

B-11. Conclusion of CBE *(Indicate highest conclusion; one per breast.)*
(If no explicit conclusion noted, code "99=No conclusion noted")

L	R	Unk	
❑	❑	❑	01=Negative, Normal
❑	❑	❑	02=Benign
❑	❑	❑	03=Indeterminate finding
❑	❑	❑	04=Positive or probably cancer
❑	❑	❑	88=Other, *specify:*_____
❑	❑	❑	99=Undetermined, no conclusion noted

B-12. Recommendations *(Indicate all that apply.)*

L	R	Unk	
❑	❑	❑	01=No further evaluation needed, i.e., f/u PRN, return to usual care
❑	❑	❑	02= Re-exam by provider ➘ *No. of months to re-exam:* _ _
❑	❑	❑	03= Immediate mammogram (0-5 months)
❑	❑	❑	04= Short interval follow-up mammogram (6-11 months)
❑	❑	❑	05= Routine mammogram (≥12 months)
❑	❑	❑	06=Surgical referral
❑	❑	❑	07=Breast biopsy, *specify type:*_____
❑	❑	❑	08=Aspiration
❑	❑	❑	09=Ultrasound
❑	❑	❑	10=Mastectomy
❑	❑	❑	88=Other, *specify:*_____
❑	❑	❑	99= Undetermined, nothing noted

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B-13. Procedure performed
(Indicate all that apply.)

L R Unk
❑ ❑ ❑ 00=No procedure noted
❑ ❑ ❑ 01=Needle used to extract fluid or tissue (fine needle biopsy or aspiration), specimen sent to pathology.
➘ Please complete *Pathology Summary*.
❑ ❑ ❑ 02= Needle used to extract fluid or tissue (fine needle biopsy or aspiration), specimen not sent to pathology.
❑ ❑ ❑ 03=Biopsy ➔ Please complete *Pathology Summary*.
❑ ❑ ❑ 88=Other, *specify:*_____

B-14a. Explicit pt refusal or non-compliance

❒ 00=Nothing noted➔ Skip to question #B-15.
❑ 01=Pt refuses provider advice
❑ 02=Pt seeks 2nd opinion or other **outside** treatment
❑ 03=Pt requests referral for 2nd opinion **within** system
❑ 88=Other, *specify:*_____

B-14b. If pt refusal or non-compliance, what were the reasons?

❒ 01=Avoidance, could not face dx of cancer
❒ 02=Fear of further diagnostic tests
❒ 03=Fear of surgery and/or disfigurement
❒ 04=Belief that cancer treatment would cause or hasten death
❒ 05=Fatalism, medical care irrelevant
❒ 06= Religious beliefs discouraging medical treatment
❒ 07=Modesty, did not wish to be examined/touched by strangers
❒ 08=Sought non-allopathic alternative care
❒ 09=Psychiatric problems
❒ 88=Other, *specify:*_____
❒ 99=Undetermined

B-14c. **Photocopy chart notes containing provider's exact words about pt refusal or non-compliance.**

B-15. Evidence of f/u contact with pt that did not involve in-person contact?

❒ 01=Yes ➔ If yes, please complete *Other Contact Summary*.
❒ 02=No

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MAMMOGRAPHY & ULTRASOUND SUMMARY

M-1. Date of mammogram __ __/__ __/__ __ __ __

M-2. Date of ultrasound __ __/__ __/__ __ __ __

M-3. Facility __ __ __ __

M-4. Reason for procedure *(Indicate all that apply.)*

- ❑ 01=Screening (pt asymptomatic)
- ❑ 02=Evaluation of a clinical finding
- ❑ 03=Evaluation of a reported symptom without clinical finding
- ❑ 04=Work-up of abnormal mammogram
- ❑ 05=Short-interval f/u of mammogram
- ❑ 06=One year f/u of mammogram
- ❑ 07=Evaluation of breast after biopsy
- ❑ 88=Other, *specify:* _____
- ❑ 99=Undetermined

M-5. Imaging used *(Indicate all that apply.)*

- ❑ 01=Mammogram
- ❑ 02=Ultrasound
- ❑ 88=Other, *specify:*_____
- ❑ 99=Undetermined

M-6. Evidence that comparison films were available?

- ❒ 01=Yes
- ❒ 02=No
- ❒ 99=Undetermined

M-7. Mammogram views *(Indicate all that apply for each breast.)*

L	R	Unk	
❑	❑	❑	00=Not applicable, ultrasound only
❑	❑	❑	01=Screening or routine views
❑	❑	❑	02=Diagnostic views
❑	❑	❑	88=Other, *specify:*_____
❑	❑	❑	99=Undetermined

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M-8. Location, findings and size *(Indicate all that apply.)*

LOCATION	FINDINGS	SIZE
01=Nipple	00=Normal	00=0-.99 cm
02=Central	01=Mass	01=1.0-1.99 cm
03=Upper inner	02=Cyst	02=2.0-2.99 cm
04=Lower inner	03=Density	03=3.0-3.99 cm
05=Upper outer	04=Asymmetry	04= ≥ 4.0 cm
06=Lower outer	05=Skin thickening	99=Undetermined
07=Axillary tail	06=Calcifications	
08=Overlap	07=Spiculations	
09=Scattered/ diffuse	08=Architectural distortion	
99=Undetermined /no location noted	09=Nipple retraction	
	10=Indeterminate exam	
	11=Lymph node	
	88=Other, *specify*: _____	
	99=Undetermined, nothing noted	

	L/R/B/U	LOC1	LOC2	FIND-INGS	SIZE
1	__	_ _	_ _	_ _	_ _
2	__	_ _	_ _	_ _	_ _
3	__	_ _	_ _	_ _	_ _
4	__	_ _	_ _	_ _	_ _
5	__	_ _	_ _	_ _	_ _
6	__	_ _	_ _	_ _	_ _
7	__	_ _	_ _	_ _	_ _
8	__	_ _	_ _	_ _	_ _
9	__	_ _	_ _	_ _	_ _
10	__	_ _	_ _	_ _	_ _

M-9. Imaging Assessment
(Indicate the highest assessment per breast. One assessment per breast)

L	R	Unk	
❑	❑	❑	00=Needs additional imaging evaluation
❑	❑	❑	01=Negative
❑	❑	❑	02=Benign finding
❑	❑	❑	03=Probably benign finding
❑	❑	❑	04=Suspicious abnormality
❑	❑	❑	05=Highly suggestive of malignancy
❑	❑	❑	88=Other, *specify:* _____
❑	❑	❑	99=No assessment noted, missing

M-10. Recommendations *(Indicate all that apply.)*

L	R	Unk	
❑	❑	❑	01=Non-surgical clinical evaluation
❑	❑	❑	02=Surgical referral
❑	❑	❑	03=Biopsy *specify type:*_____
❑	❑	❑	08=Aspiration
❑	❑	❑	09=Short-interval f/u mammogram
❑	❑	❑	10=Normal interval f/u
❑	❑	❑	11=Ultrasound
❑	❑	❑	12=Additional mammographic views
❑	❑	❑	13=Short-interval f/u ultrasound
❑	❑	❑	88=Other, *specify:*_____
❑	❑	❑	99=Undetermined, nothing noted

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M-11a. Explicit pt refusal or non-compliance

- ❑ 00=Nothing noted
- ❑ 01=Pt refuses provider advice
- ❑ 02=Pt seeks 2nd opinion or other **outside** treatment
- ❑ 03=Pt requests referral for 2nd opinion **within** system
- ❑ 88=Other, *specify:*_____

M-11b. If pt refusal or non-compliance, what were the reasons?

- ❒ 01=Avoidance, could not face dx of cancer
- ❒ 02=Fear of further diagnostic tests
- ❒ 03=Fear of surgery and/or disfigurement
- ❒ 04=Belief that cancer treatment would cause or hasten death
- ❒ 05=Fatalism, medical care irrelevant
- ❒ 06=Religious beliefs discouraging medical treatment
- ❒ 07=Modesty, did not wish to be examined/touched by strangers
- ❒ 08=Sought non-allopathic alternative care
- ❒ 09=Psychiatric problems
- ❒ 88=Other, *specify:*_____
- ❒ 99=Undetermined

M-11c. **Photocopy chart notes containing provider's exact words about pt refusal or non-compliance.**

M-12. Evidence of f/u contact with pt that did <u>not</u> involve in-person contact?

- ❒ 01=Yes ➔ If yes, please complete *Other Contact Summary*.
- ❒ 02=No

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PATHOLOGY SUMMARY

P-1. Date of procedure __ __/__ __/__ __ __ __

P-2. Department in which tissue was collected

- ❑ 01=Emergency room
- ❑ 02=I.M.
- ❑ 03=F.P.
- ❑ 04=OB/GYN
- ❑ 05=Surgery
- ❑ 06=Oncology
- ❑ 07=Radiology
- ❑ 88=Other, *specify:* _____
- ❑ 99=Undetermined

P-3. Procedure that generated pathology report
(Indicate all that apply.)

L	R	Unk	
❑	❑	❑	01=Fine needle biopsy or aspiration
❑	❑	❑	02=Core biopsy
❑	❑	❑	03=Open biopsy
❑	❑	❑	04=Stereotactic biopsy
❑	❑	❑	05=Mastectomy
❑	❑	❑	88=Other, *specify:*_____

P-4. Method of imaging for localization
(Indicate all that apply.)

L	R	Unk	
❑	❑	❑	01=Mammography
❑	❑	❑	02=Ultrasound
❑	❑	❑	03=Use of wire marker
❑	❑	❑	88=Other, *specify:*_____
❑	❑	❑	99=Undetermined, no localization noted

P-5. Pathology specimen

L	R	Unk	
❑	❑	❑	01=Histology ➔*Complete question P-6.*
❑	❑	❑	02=Cytology ➔ *Complete question P-7.*

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P-6. Results-histology, biopsy of breast tissue
(Indicate all that apply for each breast.)

L	R	Unk	
❑	❑	❑	00=Inconclusive, insufficient
❑	❑	❑	01=Normal breast tissue
❑	❑	❑	02=Atypical hyperplasia
❑	❑	❑	03=Fibroadenoma
❑	❑	❑	04=Cancer *in situ*
❑	❑	❑	05=Invasive ductal carcinoma
❑	❑	❑	06=Invasive lobular carcinoma
❑	❑	❑	07=Mucinous carcinoma
❑	❑	❑	08=Invasive cancer, other or unspecified type
❑	❑	❑	09= Ductal hyperplasia
❑	❑	❑	10=Cystosarcoma phylloides
❑	❑	❑	88=Other, *specify:*_____
❑	❑	❑	99=Undetermined

P-7a. Source of cytology cells

L	R	Unk	
❑	❑	❑	01=Breast aspirate
❑	❑	❑	02=Thoracic fluid
❑	❑	❑	88=Other, *specify:*_____
❑	❑	❑	99=Undetermined

P-7b. Results of cytology
(Indicate all that apply for each breast.)

L	R	Unk	
❑	❑	❑	00=Insufficient sample
❑	❑	❑	01=Normal cells
❑	❑	❑	02=Atypical cells
❑	❑	❑	03=Abnormal cells
❑	❑	❑	04=Malignant cells
❑	❑	❑	88=Other, *specify:*_____
❑	❑	❑	99=Undetermined

P-8. Photocopy pathology report masking any pt identifiers.

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HOSPITALIZATION SUMMARY

H-1. Hospitalization date
Admit __ __/__ __/__ __ __ __
Discharge __ __/__ __/__ __ __ __

H-2. Reason for admission *(Select only one.)*

- ❒ 01=Breast-related concern or symptom
- ❒ 02=Trauma
- ❒ 03=Other, acute illness concern
- ❒ 04=Chronic care management
- ❒ 88=Other, *specify*:_____
- ❒ 99=Undetermined

H-3. Breast-related procedures *(Indicate all that apply.)*

L	R	Unk	
❑	❑	❑	01=CBE
❑	❑	❑	02=Mammogram during hospitalization
❑	❑	❑	03=Ultrasound
❑	❑	❑	04=Fine needle biopsy
❑	❑	❑	05=Stereotactic needle biopsy
❑	❑	❑	06=Localization by mammography
❑	❑	❑	07=Open biopsy
❑	❑	❑	08=Core biopsy
❑	❑	❑	09=Lumpectomy
❑	❑	❑	10=Mastectomy
❑	❑	❑	88=Other, *specify:*_____

➘ Please complete appropriate *Summary* form.

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❖DETECT❖
Breast Cancer Chart Audit

Study ID: _ _ _ _ _ _
Abstractor ID: _ _ _
Study ID Label here➘

OTHER CONTACT SUMMARY

If more than one **Other Contact Summary**: (Series #____)

T-1. Contact Date	**T-2. Visit Date (if contact arose from a visit)**	**T-3. Mode** 01=Phone msg *machine only* 02=Phone msg *left with a person* 03=Direct phone contact 04=Regular mail 05=Certified mail 88=Other, *specify:* _____ 99=Undetermined	**T-4. Initiator** 01=Doctor 02=Nurse 03=Nurse practitioner 04=Other office staff 05=Pt 88=Other 99=Undetermined	**T-5. Reason** *(Indicate all that apply)* 01=To report a symptom for breast-related call 02=Request for screening 03=F/u of clinical encounter or procedure 04=F/u of missed encounter or procedure 05=Pt cancellation of appointment 88=Other, *specify:* _____ 99=Undetermined	**T-6. Recommendation** *(Indicate all that apply)* 01=No further evaluation needed 02=Surgical referral 03=Open biopsy 04=Core biopsy 05=Needle biopsy 06=Stereotactic biopsy 07=Biopsy, unspecified type 08=Aspiration 09=Immediate mammogram 10=Routine mammogram 11=Ultrasound 12=Re-exam by provider 88=Other, *specify:*_____ 99= Undetermined, nothing noted	**T-7. Pt Refusal and f/u** 00=No evidence of pt refusal. 01=Pt refusal with no evidence of attempted f/u. 02=Pt refusal with evidence of attempted f/u.
_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _					
_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _					
_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _					
_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _					
_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _					
_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _					
_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _					

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Study ID: __ __ __ __ __ __
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Study ID Label here➘

MISSED APPOINTMENT SUMMARY

A-1. Appointment date __ __/__ __/__ __ __ __

A-2. Facility __ __ __ __

A-3. Department

- ❑ 01=Emergency Room/Urgent Care
- ❑ 02=Internal Medicine
- ❑ 03=Family Practice
- ❑ 04=OB/GYN
- ❑ 05=Primary care, unspecified
- ❑ 06=Surgery
- ❑ 07=Oncology
- ❑ 08=Radiology
- ❑ 09=Breast Clinic/Breast Center
- ❑ 10=General Health Screening Center
- ❑ 11=Home health
- ❑ 12=Dermatology
- ❑ 88=Other, *specify:* _____
- ❑ 99=Undetermined

A-4. F/u contact codes on missed appointments.
(Indicate all that apply.)

- ❑ 01=Phone msg *machine only*
- ❑ 02=Phone msg *left with a person*
- ❑ 03=Direct phone contact
- ❑ 04=Regular mail
- ❑ 05=Certified mail
- ❑ 88=Other, *specify:* _____
- ❑ 99=Undetermined

DATE(S) OF ATTEMPT
__ __/__ __/__ __ __ __
__ __/__ __/__ __ __ __
__ __/__ __/__ __ __ __
__ __/__ __/__ __ __ __
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A-5. New appointment scheduled?

- ❒ 01=Yes, new date: __ __/__ __/__ __ __ __
- ❒ 02=No
- ❒ 88=Other, *specify:* _____
- ❒ 99=Undetermined

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Study ID: _ _ _ _ _ _
Abstractor ID: _ _ _

Study ID Label here➚

ADDITIONAL INFORMATION SUMMARY

I-1. If the chart information was incomplete or otherwise insufficient, check box and specify below. ❑ 01=Yes

I-2. Record any additional comments about this case:

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