

**ALPHA 1-ANTITRYSPIN DEFICIENCY REGISTRY  
DATA QUERY FORM**

**Form Completion Instructions:**

Whenever the Clinical Coordinating Center identifies a discrepancy or clarification is needed, a query form will be completed.

Queries may be initiated in a number of ways:

- through the pulmonary function quality control process
- visual inspection of data prior to entry into the computer
- during data entry
- through edit checks in the computer system
- retrospectively as analysis occurs

The Clinical Coordinating Center will complete items #1-8. In item #8, an explanation of the problem will be written. In many instances, these issues may be discussed over the phone first and then the data query form will be completed.

The form will then be sent via U.S. Mail to the Clinical Center. The problem should be researched, an appropriate response developed and PRINTED clearly in item #9. The date of the response and the name of the person completing the form MUST be entered.

It is VERY important that this be a TIMELY process.

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Data Query Form

This form is initiated by the Clinical Coordinating Center identifying problems with incoming data. The response section is completed by information from the Clinical Center identifying how to correct the problem.

1. Date query report prepared: ..... / ..... / .....  
month day
2. Patient Registry ID: .....
3. Patient name code: .....
4. Clinical Center code number:.....
5. Form number:.....
6. a. Item number:.....
- b. Mandate ..... (1) Yes \_\_\_ (2) No
7. .... / ..... / .....  
month day year  
..... (1)Initial \_\_\_ (2)Follow-Up \_\_\_ (3)Unrelated to Visit  
description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. a. Response required?: ..... (1) Yes \_\_\_ (2) No  
If NO, retain form for your files.
- b. If YES, response to query: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Date of response to query:..... / ..... / .....  
month day year
11. Response Completed By (Name): \_\_\_\_\_

If you have any questions, contact the Clinical Coordinating Center (CCC) at (216) 444-2980. Please return corrected response to the CCC within two weeks of receipt of query.

White/Yellow: Clinical Coordinating Center, Pink: Clinical Center

PWO 1877

No SAS Dataset Made For This Form

