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.

ALPHA 1-ANTITRYPSIN DEFICIENCY REGISTRY 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:		rm
	3.	Patient name code:	ic Y	
	4.	Clinical Center code number:	Wiz .	
	5.	Patient Registry ID: Patient name code: Clinical Center code number: a. Item number: b. Manda (1)Initial(2)Follow-Up , description:		
	6.	a. Item number:		
		b. Mandar	(1) Yes	(2) No
	7	nataso		<i></i>
		SVa	month day	year
		(2)Follow-Up	(3)Unrela	ted to Visit
NO 5		, description:		
				·
	۵	a. Response required?:	(1) Yes	(2) No
	9.	If NO, retain form for your files.	(,)	
		b. If YES, response to query:		
			·	
	10.	Date of response to query:	/	<i>_</i> /
				year
		Response Completed By (Name):		
	(21	you have any questions, contact the Clinical Coordinatin 16) 444-2980. Please return corrected response to the eeks of receipt of query.	ig Center (CC CCC within to	C) at wo

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

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	CCC Use Only					
1.	Type of Query:					
	1 = Routine/Original2 = Retrospective3 = Rekey Verification	4 = Matching Hardcopy to Database 5 = Missing Forms 6 = Other				
2.	Query Originator:	(1)S. Sherer(2)K. McCarthy				
		(3)Other (Specify)				
3.	How was query answered:	(1)Telephone(2)Mail				
		(3)Other				
4.	Actual Database Change:					
	a. Form Number:					
	b. Item Number:					
	c. Value/Correction					
5.	Date Database Updated:	month day year				
6.	Date Paper Form Corrected:	month day year				

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