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: .....
3. Patient name code: .....
4. Clinical Center code number: ..... _ _
5. Form number: .... ___ ___ ___
6. a. Item number: .... ___ ___ ___

   b. Mandat ..... ___(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

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No SAS Dataset Made For This Form

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Data Query Form

For CCC Use Only

1. Type of Query: ..... ___

   1 = Routine/Original
   2 = Retrospective
   3 = 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

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