Phantom Form

ID NUMBER: ☐☐☐☐☐☐☐   CONTACT YEAR: ☐☐

LAST NAME: ☐☐☐☐☐☐☐☐☐☐☐☐   INITIALS: ☐☐

INSTRUCTIONS: This form should be completed before completing phantom type for CHD Abstraction, Heart Failure Abstraction, Data entry, Test IDs, and Certification. Phantom Event ID must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeros where necessary to fill all boxes. For "multiple choice" and "yes/no" type questions, answer the letter corresponding to the most appropriate response.

A. PHANTOM

1. Phantom ID: ....……........ ….. ☐☐☐☐☐☐☐

2. Date of abstraction of phantom ID: ☐☐ / ☐☐ / ☐☐☐☐
   Month   Day   Year

3. Abstractor number for phantom ID: .... ☐☐☐

4. Phantom type: (choose either H, D, T, or C)

   HFA and/or HRA Reabstraction (HF/HR) .... H

   Data Entry (DE)..........……......……………........ D ◄—— Skip Item 4b.1 & 4b.2

   Test ID (TS)...........…….……......…….................. T ◄—— Skip Item 4b.1 & 4b.2

   Certification (CT)........……....….................……..... C ◄—— Skip Item 4a. 4b.1& 4b.2

4a. Original Event ID: ....…............. ☐☐☐☐☐☐☐

4b. Hospital Reabstraction type:

   If HFA or HRA Reabstraction (H), is this phantom ID for :

                       Yes   No

   4b.1. HFA Reabstraction …………………... ☐   ☐

   4b.2. HRA Reabstraction……………………. ☐   ☐

B. ADMINISTRATIVE INFORMATION

5. Date of data collection: .... ….. ..... ☐☐ / ☐☐ / ☐☐☐☐
   Month   Day   Year

7. Code number of person completing this form: .... ☐☐☐