

PHANTOM EVENT ID:

FORM CODE:

P	T	M
---	---	---

VERSION: C 09/28/2015

INSTRUCTIONS: The purpose of this form is to map an original event abstraction to an event selected for Quality Control (QC). Events are selected for quality control re-abstraction. This form should be completed before the re-abstraction for QC is done. Starting September 2014, a separate CDART database for certification/re-certification data was established. Therefore, the PTM is **not** entered into the study database for certification/re-certification/practice/training purposes.

A. PHANTOM

1. Phantom ID:

2. Date phantom ID assigned.....

		/			/				
Month			Day			Year			

3. Abstractor number for phantom ID...

4. Phantom type (choose one):
 Re-abstraction QC.....H
 Supplemental ECG QC.....E → Complete 4a, then go to item 7

4a. Original Event ID:

4b. Hospital re-abstraction event type:

	Yes	No
4b.1. HFA Reabstraction	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
4b.2. HRA Reabstraction	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
4b.3. STR Reabstraction	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

B. ADMINISTRATIVE INFORMATION

5. Date of data collection:.....

		/			/				
Month			Day			Year			

7. Code number of person completing this form: