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
   Test ID (TS) ________________ T
   Certification (CT) ________________ C

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: ____________