

Online Supplementary Material

Jimbo M, Myers RE, Meyer B, et al. Reasons patients with a positive fecal occult blood test result do not undergo complete diagnostic evaluation. *Ann Fam Med.* 2009;7(1):11-16.

<http://www.annfammed.org/cgi/content/full/7/1/11/DC1>

Supplemental Appendix. Sample Internal Chart Audit Form

Dear Dr. «Doctors»:

Screening program records indicate that «FNAME» «LNAME» («MEMBRID»), a patient in your office, had a positive fecal occult blood test (FOBT) result on «FOBTDT». As a participant in "The CDE Study," an NCI-funded study on colorectal cancer screening and follow-up, your office is asked to record the information requested below for the patient.

Please fax the completed form to (XXX) XXX-XXX, a secure fax line, within two weeks of receipt. Alternatively, send a copy of the completed form by mail using the enclosed addressed, postage-paid envelope.

«First_Name» «Last_Name»			
FOBT_Date			
FOBT+ FOLLOW-UP FORM			
Flexible Sigmoidoscopy (FS)	Barium Enema X-Ray (BE)	Colonoscopy (CX)	Reason(s) why both FS and BE or CX not advised or not done
<input type="radio"/> Not advised <input type="radio"/> Advised, but not done <input type="radio"/> FS done Date: __/__/__	<input type="radio"/> Not advised <input type="radio"/> Advised, but not done <input type="radio"/> BE done Date: __/__/__	<input type="radio"/> Not advised <input type="radio"/> Advised, but not done <input type="radio"/> CX done Date: __/__/__	<input type="radio"/> Procedure(s) completed just prior to FOBT+ result date. <input type="radio"/> Patient not known to practice at time of FOBT+ result. <input type="radio"/> Patient left practice before procedure(s) could be done. <input type="radio"/> Patient medical condition contraindicated use of procedure. <input type="radio"/> Patient referred to specialist, but procedure(s) not done. <input type="radio"/> Patient deceased. <input type="radio"/> Other:
Diagnosis:			
<input type="radio"/> Colon cancer <input type="radio"/> Diverticulitis <input type="radio"/> No pathology found <input type="radio"/> Rectal cancer <input type="radio"/> Peptic ulcer disease <input type="radio"/> Other <input type="radio"/> Polyp <input type="radio"/> Diverticulosis <input type="radio"/> Arteriovenous malformation <input type="radio"/> Hemorrhoids			