



# HOSPITAL RECORD ABSTRACTION FORM - ENDPOINTS

ID NUMBER:									
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FORM CODE: HRA  
VERSION: 2.0 11/25/2020

Event \_\_\_\_\_ Occurrence # \_\_\_\_\_

0a) Collection Date:   /   /

0b) Staff Code

**Instructions:** Responses are derived from the medical records received. Do not complete this form until all records are received (or classified as unobtainable) as indicated on the Event Tracking Form. This form should be completed if the death occurred in the hospital or death occurred within 28 days of a hospitalization or ED visit.

## A. GENERAL INFORMATION

1) Where did the event occur?

ED, ED Observation or 23hr Observation<sub>1</sub> → **Go to 3**

Hospitalization (with or without preceding ED visit)<sub>2</sub>

2) Was the hospital stay less than 24 hours?

No<sub>0</sub>

Yes<sub>1</sub>

Not Recorded<sub>2</sub>

3) Date of arrival (mm/dd/yyyy)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3a) Date of admission

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4) Date of discharge (mm/dd/yyyy)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5) What was the admitting diagnosis code?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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6) What was the primary discharge diagnosis code?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**END OF FORM**