

General Hints

1. **The paper forms are our only means of validation. When what is entered into the database does not exactly match with what is written on the paper form then we have to query the discrepancies. Please annotate on a copy of the error log sent the action taken.**
2. **Remember to attach labels to all forms**
3. **Remember to use the defaults ‘-‘ not applicable ‘X’ not done and ‘?’ unknown**
4. If chest X rays(Swachman, Chrispin Norman and Northern Score) not done use **X**. If you use 0's then that looks like that patient has a bad X Ray score
5. If patient does not attend work or school then use the ‘-‘ not applicable default rather than 0
6. Elective investigations seem to cause a problem!! If patient is coming for ‘elective investigation’ then you should note why. However if you know the patient has for example, a chest infection, then you should note this under the chest infection option although they may come in electively for investigation in the first place. If you note that the patient has come in electively but also choose the chest infection option then it looks as though the patient has had 2 admissions not one. Elective investigation means for any admission which has been pre arranged for example for IV's Gasstroscopy etc
7. **All** clinic visit dates must be completed
8. **Remember** to include Clinician details on paper forms and database
9. New Biography form – where genotype is ‘NOT IDENTIFIED’ the database should have a ? entered into it