

Time tracking format

General Information:

Participant ID: _____

Facility ID: _____

Time tracking format used to capture patient waiting time from the time of image referred/uploaded for consultation by the primary hospitals consulting clinicians to the time of radiography report completion and submission by the radiologist

Instruction: The assigned data collector/interviewer is required to fill the date and time in each respective column

	To be filled at the referring hospital's side		To be filled at the referral hospital					
MRN	Date and time of referral for image consultation		Date & time of referral hospital arrival		Date & time of referral hospital imaging unit visit		Date & time of radiography report completion	
	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY

N.B: The patient ID (code) was assigned by using their Medical Record Number (MRN) plus the prefix

No	Code of Hospitals	Prefix
1	Hospital-A	NMPH-
2	Hospital-B	AZPH-
3	Hospital-C	MEPH-
4	Hospital-D	ANPH-
5	Hospital-E	WOPH-
6	Hospital-F	DAPH-
7	Hospital-G	EBPH-

Name of Time Tracker: _____

Date: _____

Signature: _____