The General Communication Memo is completed by the site (1) when a protocol/calendar required item is unavailable or unable to be submitted to ACRIN requiring calendar suppression; (2) to communicate information pertinent to a forms due request; or (3) to communicate case-specific information, not data, that is not collected on a data form. Each submitted GCM must be case specific, one case number per GCM. Retain the GCM in the case study file and fax/mail a copy to ACRIN Headquarters at (215) 717-0936. A completed ACRIN Case Specific Label should be affixed to each form. In lieu of a label, the Participants Initials, Case Number, Institution Number, and Institution Name can be recorded in the space provided.

**Study Form:** Required data field if GCM is related to a calendar-required item. Please indicate the item (data form, report, imaging) by the two-character Form ID (i.e., C1, QL, etc.) in the box provided.

**Calendar Due Date:** Required data field if GCM is related to a calendar-required item. Indicate the applicable form due date in the space provided; record date as month, day, year.

**Reason Code:** Required data field if GCM is submitted to report non-submission of a calendar-required item. Choose a reason code from the list provided on the lower portion of the form, list of codes and descriptions on following page. A reason is required for each form type listed. If reporting ‘other’ or ‘unknown’ provide a short explanation in the additional comments section of the form.

1 = **Physical illness/cognitive impairment:**
The participant refuses to complete a data collection form or study activity because s/he has a physical illness or cognitive impairment. This code may also be selected if the participant’s family member or health care provider reports that s/he is unable to participate in study activities due to a physical illness or cognitive impairment.

2 = **Unable to be contacted:**
Site is unable to locate the participant during the activity period, despite multiple attempts (as outlined by NLST guidelines).

3 = **No translator:**
Participant does not speak English. Participant is unable to complete a data collection form or study activity because there is no translator available.

4 = **Institutional error:**
Study site failed to administer a calendared data form or study activity.

5 = **Institution refused**

6 = **Participant refused – no reason given:**
The participant refuses to complete a data collection form or study activity and would not cite a specific reason for her/his refusal.

7 = **Other:**
Calendared data item will not be submitted due to a reason not identified in this code table.

8 = **CODE NOT IN USE FOR NLST**

9 = **Unknown:**
If reason is unknown please provide comment.

10 = **No show for scheduled appointments:**
The study site has scheduled study visits but s/he repeatedly fails to show up for visits.
11 = No response:
The participant was contacted multiple times (as outlined by NLST guidelines), but did not respond to site requests and/or contact.

12 = Incorrect exam/study activity performed:
The site performed the wrong (per randomization) imaging exam or study activity so the calendared data form will not be submitted.

13 = Participant refused randomized arm:
The participant refused the imaging exam or study activity to which they were assigned.

14 = Refused repeat study activity - technical factors:
Study activity WAS performed but needs to be repeated due to technical factors (incorrect imaging protocol, non-diagnostic exam, inadequate test). Participant refuses the repeat study activity.

15 = Refused to re-schedule study activity - study site factors:
Participant refuses to re-schedule a study activity that was NOT performed, as originally scheduled, due to study site factors (equipment malfunction, lengthy wait, etc.).

16 = Images Lost:
Images will not be submitted to ACRIN because the study site lost the images and is unable to recreate the study exam.

17 = Transportation problems:
The participant refuses to schedule a study visit because s/he does not have transportation to/from the screening center.

18 = Concerned about privacy:
The participant refuses to complete a data collection form or schedule a study activity because s/he is concerned about privacy.

19 = Family responsibilities:
The participant refuses to complete a data collection form or schedule a study activity because s/he has family responsibilities that preclude participation.

20 = Work demands:
The participant refuses to complete a data collection form or schedule a study activity because s/he has work demands that preclude participation.

21 = Concerned about medical cost responsibility:
The participant refuses to schedule a study activity because s/he is concerned about associated medical costs (additional exams, f/u procedures).

22 = Concerned about health effects of participation:
The participant refuses to schedule a study activity because s/he is concerned about negative health effects of participant.

23 = Participating in other research study:
The participant refuses to complete a data collection form or schedule a study activity because s/he is currently participating in another research study.

24 = Loss of interest in study:
The participant refuses to complete a data collection form or schedule a study activity because s/he has lost interest in the study.
**25 = Dissatisfied with study:**
The participant refuses to complete a data collection form or schedule a study activity because s/he is dissatisfied with the study.

**26 = Out of area:**
The participant was contacted but is unable or unwilling to complete a data collection form or schedule a study activity because s/he is out of the area.

**27 = Refuses to release medical records:**
The medical records necessary for completion of study form(s) cannot be obtained because the participant, family or provider/facility refuses to release the records/reports.

**28 = No response to record requests:**
The medical record(s) necessary for completion of the study form(s) and/or submission to ACRIN cannot be obtained because the health care provider/facility does not respond to study site requests for records.

**Explanation / Comments:** Optional element, provide comments as appropriate (this is not entered into database).

**If GCM is in reference to a Forms Due Report, date of report:** Required data field if GCM is in response to FDR; report date of FDR as month, day, year.

**Additional Comments / Reporting Other Case Specific Information:** Optional element, provide comments, as appropriate, in support of the information reported above (this is not entered into the database).

**Person responsible for GCM data:** Required element. Legible signature of the study staff responsible for the interview data or for reviewing the completeness of the participant completed data.

**Date GCM completed:** Record the date that the GCM was completed; record date as month, day, year.