

Manual for the Completion
of the
NCI / CCR / C³D
Case Report Forms

Prepared by:

The Harris Enterprise Services

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Manual for the Completion of the NCI / CCR / C³D Case Report Forms

Disclaimer:

This manual was developed by Harris Enterprise Services for the National Cancer Institute's Center for Cancer Research (CCR). The material contained in it is solely for assisting data entry into CCR's Cancer Central Clinical Database (C³D) electronic case report forms.

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Introduction

At the end of 2003, the National Cancer Institute's Center for Cancer Research (CCR) developed and started using the Cancer Central Clinical Database (C³D) - a client-server computer system - to capture data for oncology clinical trials research trials conducted at the CCR.

This manual contains the instructions for the completion of the NCI's standard Case Report Forms used in C³D.

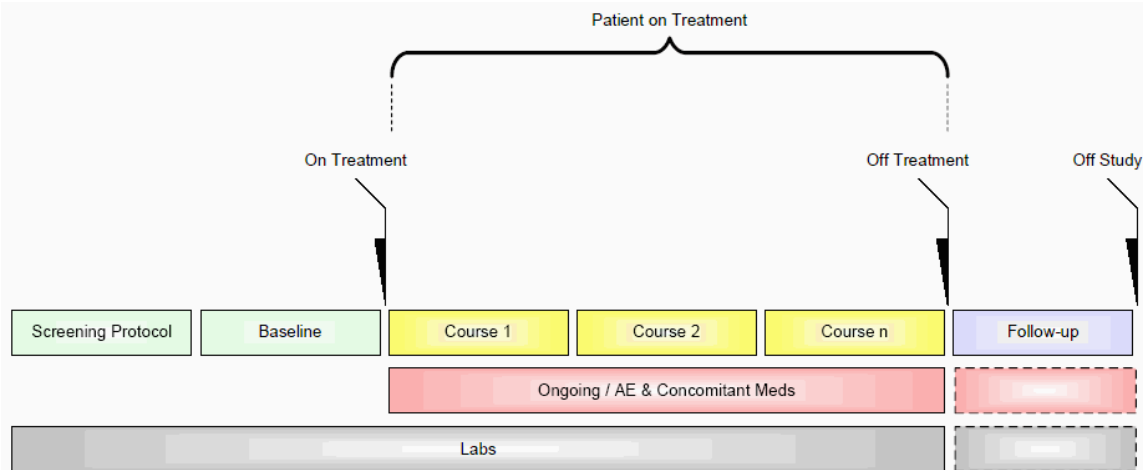
The eCRF instruction manual is preceded by a General Instructions section which describes topics applicable to all eCRFs. This is followed by instructions for each form which include how to complete each field, what the validation rules are for the CRF, and what fields will be derived by the database. The Appendices include conversion tables and useful Internet and Intranet references and standard lab panels.

General Instructions

Data Entry Chronology

Case Report Forms should be created and completed in chronological order as follows:

1. Screening CRFs and any labs needed to support eligibility.
2. Each course in sequential order including:
 - Course Initiation,
 - Study Medication Administration,
 - Pharmacokinetics, if applicable
 - Physical Exam,
 - Course Assessment, and
 - Any additional cycle specific CRFs.
3. At completion of patient's treatment, Off Treatment CRF.
4. If the protocol specifies a follow-up period after the treatment, complete the Follow-up and any other applicable follow-up CRF - manually complete the labs CRFs done after the date off treatment since those will no longer be automatically loaded.
5. At end of study, when the follow-up period is completed, enter the Off Study CRF.
6. If the patient dies during treatment or follow-up period, complete the Survival, Off Treatment and Off Study CRFs.



Data Reporting

Complete the CRFs according to the protocol and in a timely manner. Studies reporting to CTMS submit data every two weeks. Studies reporting to CDUS submit data every three months. Other studies might have different reporting requirements.

General Instructions

Electronic Case Report Forms

An electronic CRF in Oracle Clinical is called a DCI - data collection instrument. In C3D, these CRFs always have three fields at the top:

1. Visit Date (see Entering Dates below)
2. Blank check box (see Blank Case Report Forms below)
3. Comments (see Blank Case Report Forms below)

Below these fields, there are at least two tabs (also known as DCM - data collection module). For example: In the Prior Radiation CRF, the first tab is used to collect information about the patient's prior radiation treatments while the second tab is used to collect comments about the prior radiation treatments.

Blank Case Report Forms

Mark a complete CRF blank whenever there is no information to enter in it. For example: Place a check on the Prior Radiation CRF Blank check box to indicate that a patient has never received radiation treatment prior to enrollment. Optionally, enter some explanation, in the Comments field next to the Blank check box, to indicate why the entire CRF is blank.

Entering Comments

Each CRF has a section for entering multiple comments about the data entered in the CRF. This area is always the last tab in the CRF. Enter the date and the applicable comments.

Entering Dates

Ongoing CRFs:

Visit date is an optional field (can be left blank).

Course-specific CRFs:

Refer to each eCRF's instructions for specific directions on what must be entered as visit date. A visit date **cannot** be a partial date.

Note: The current version of Oracle Clinical does not permit the removal or change of the label of the visit date.

Complete dates (day, month, year):

Entered in the U.S. format: month, day and year. That is the default date format in the Oracle Clinical RDC. Dashes (-) and slashes (/) do not need to be entered, simply the numbers. To enter the year in a century format use YYYY, since years

General Instructions

higher than the current one default to the previous century. The recommended entry format for complete dates is: MMDDYYYY.

Partial dates (month and year or simply year):

Only acceptable in a few places such as baseline symptoms and patient's history.

- For year only, use 00-00-YYYY.
- For month and year, use 00-MON-YYYY.

Partial dates are not acceptable for dates that fall within the date of registration and date off study since the complete dates for events occurring during the study are known.

Future dates:

Not allowed.

Entering Time

All times are to be recorded on a 24 hour clock. Enter 1:00 PM as 13:00 and midnight as 00:00.

Using Pick Lists

A pick list is a selection of acceptable values for a particular field. Once you place the cursor in the field where you will enter data, an ellipsis ("...") is displayed to the right of the field which indicates there is a pick list available for you to use. Click on the ellipsis to display the pick list. Whenever possible, select from a pick list to assure accurate and consistent data entry. If a pick list does not contain the entry you need, type in the information. If the entry should be on the pick list or you are typing in a value that is not on the pick list repeatedly, request it to be added to the pick list.

Mandatory Fields

Some fields in a CRF are defined as mandatory. That means information must be entered in them when the form is created. Each CRF instruction sheet will identify mandatory items as a superscript to the right of the field name. (i.e.: ^(m))

Filler Page

Case Report Forms

Adverse Events

Purpose

This eCRF is an ongoing form to capture all adverse events experienced by the patient regardless of the course.

An adverse event is any unfavorable or unintended sign, including abnormal laboratory findings, symptom or disease having been absent at baseline, or if present at baseline, appears to worsen, that has a temporal association with a medical treatment or procedure regardless of the relationship of the event to the medical treatment or procedure.

All adverse events will be coded using either the NCI Common Toxicity Criteria (CTC) version 2.0 or the NCI Common Terminology Criteria for Adverse Events (CTCAE) version 3.0, as indicated in the protocol. Every attempt to code the adverse event to a term using the standard terminology will be made before selecting the "other" term in a category.

Record all adverse events experienced by the patient, including laboratory abnormalities, regardless of relationship to the study medication.

An adverse event entry is composed of both the adverse event term plus the grade. Complete a separate row for each adverse event entry to be recorded using the appropriate adverse event term and the appropriate codes for "grade", "attribution(s)", "serious", "action", "therapy", and "outcome" in the respective column for each event.

If an adverse event has not been resolved, leave the Resolved Date blank. The Resolved Date can be filled at a later time when the adverse event is considered resolved. Resolution means a change in grade to a higher or lower grade.

How to record baseline symptoms:

- If a pre-existing condition improves, no entry is made on the AE eCRF. See BL eCRF for instructions.
- If a pre-existing condition worsens (i.e.: the grade of the baseline symptom increases), that constitutes an adverse event entry.

Adverse Events (cont'd)

Adverse Events eCRF

Patient X1 Page 76 (Adv Event for Ongoing) Page 1 of 1, Repeat 1 of 1.

Visit Date: 08-May-2007 Blank Comment:

AE1 AE2 AE3 AE4 AE5 COM

Type: AE1 Blank

#	Course	Prior AE?	Date of Onset	Date Resolved	CTC Term	CTC Category	Adverse Event							
							Description	Grade	Research	IND	IDE	Comme		
<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The following screen shot is the portion to the right of the Attribute to IDE.

Patient X1 Page 76 (Adv Event for Ongoing) Page 1 of 1, Repeat 1 of 1.

Visit Date: 08-May-2007 Blank Comment:

AE1 AE2 AE3 AE4 AE5 COM

Type: AE1 Blank

Attribution to					In Informed					Expedited Report to					
Commercial	Radiation	Surgery	Disease	Other	Other, Specify	Consent	DLT	Serious	Action	Therapy	Outcome	IRB	Sponsor	FDA	OBA
<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


Adverse Events (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date	The Visit Date is optional on this case report form. Hit the "Tab" key to leave it empty and move to the Prior Course Adverse Event field.	DD-MMM-YYYY
Course # ^(d)	Indicates the course number that this adverse event started in as derived from the course initiation start date. Late adverse event (For CTMS and CDS monitored studies, it means the adverse event observed after the date of off treatment) have no associated Course #.	5 digits
Day in Course ^(d)	Indicates the day since the beginning of course that this adverse event started as derived from the course initiation start date.	5 digits
Prior Course Adverse Event ^(c) ...	For adverse events that begin on the first day of a course, indicate if related to the prior course by entering: Y- Related to a prior course N- Not related to a prior course For an adverse event that begins on the first day of the course PRIOR to any study medications being given, select "Y". For an adverse event that begins on the first day of the course AFTER study medications have been given, select "N". <i>Note: This field is optional for non-CTEP sponsored studies.</i>	Use pick list.
Date of Onset ^(m)	Enter the date of first observation of the adverse event and grade.	DD-MMM-YYYY

Adverse Events (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Date Resolved	<p>Enter the date of resolution of the adverse event and grade. Leave this field as well as the Outcome field blank if the adverse event is ongoing.</p> <p>Resolution means a change in grade to a higher or lower grade.</p>	DD-MMM-YYYY
CTC Term ^(m) ...	<p>Using either the Common Toxicity Criteria (CTC) version 2.0 or the Common Terminology Criteria for Adverse Events (CTCAE) version 3.0 as indicated in the protocol, select the appropriate general category with the appropriate adverse event term.</p> <p>Note: For CTCAE version 3.0, several terms are classified as supraordinate terms that have a select value associated with the term, both are included for selection of the Adverse Event term. Visit CTEP website for further explanation of supraordinate categories and usage of the select term (http://ctep.cancer.gov).</p> <p>In the absence of a specific adverse event term, choose the "Other" term from the appropriate general category and be sure a meaningful adverse event description is entered in the "adverse event description" field.</p>	Use pick list.
CTC Category ^(d)	<p>Broad classification of adverse events based on anatomy and/or pathophysiology. Within each category there is the adverse event term/CTC Term Description.</p> <p><i>Note: This field is derived from the selected CTC Term.</i></p>	40 Characters
Adverse Event Description	<p>Enter a succinct clinical description of the adverse event.</p> <p><i>Note: This field is mandatory, unless the CTCAE term is the same as the description (e.g. nausea,</i></p>	100 characters (Only 33 characters are reported for CTMS monitored studies.)

Adverse Events (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
	<p><i>diarrhea</i>).</p> <p>DO NOT enter raw data (i.e.: lab result). Use the term increase or decrease.</p> <p>DO NOT enter the attribution in this field. Use the Attribution field for this purpose.</p> <p>For CTC 2.0: Enter the diagnosis, e.g. flu, and not each specific symptom (e.g. chills fever, muscle aches). For CTC 3.0: Use the syndrome category when appropriate (e.g.: Flu-like syndrome).</p> <p>For example:</p> <ul style="list-style-type: none"> • Enter 'Low back pain' when selecting the term 'Pain: Back'. • Enter 'Intermittent headache' when selecting the term 'Pain Head/Headache' • Enter 'Left arm pain' when selecting the term 'Pain-Other' 	
Grade ^(m) 	<p>Grade adverse events using either the Common Toxicity Criteria (CTC) version 2.0 or the Common Terminology Criteria for Adverse Events (CTCAE) version 3.0 as indicated in the protocol.</p> <p><i>Note: Some grades are disallowed for some categories in the CTC/CTCAE. In the CTC/CTCAE tables this will be noted by the use of an em-dash "—" . For example, Hair loss/Alopecia can only be graded as a 1 or 2, so grade 3, 4, and 5 do not exist and will be noted in the table with a "—" verses a description.</i></p> <p>If the protocol does not use either CTC or CTCAE, grade according to the following general criteria:</p> <ol style="list-style-type: none"> 0. <u>Normal</u> – no adverse event or within normal limits 1. <u>Mild</u> – barely noticeable, does not influence functioning 2. <u>Moderate</u> – makes subject uncomfortable, 	Use pick list.

Adverse Events (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
	<p>influences functioning</p> <ol style="list-style-type: none"> 3. <u>Severe</u> – severe discomfort, treatment given 4. <u>Life threatening</u> – immediate risk of death 5. <u>Fatal</u> – causes death of the patient – Outcome must be 4-Died. 	
Attribution to Research ...	<p>Evaluate the adverse event’s relationship to the subject’s participation in the study, including study-related therapy and procedures. Select one of the following codes to record this evaluation:</p> <ol style="list-style-type: none"> 1. <u>Unrelated</u> – clearly not related 2. <u>Unlikely</u> – doubtfully related 3. <u>Possible</u> – may be related 4. <u>Probable</u> – likely related 5. <u>Definite</u> – clearly related 	Use pick list.
Attribution to IND ^(m) ...	<p>Evaluate the adverse event’s relationship to the investigational agent. Select one of the following codes to record this evaluation:</p> <ol style="list-style-type: none"> 1. <u>Unrelated</u> – clearly not related 2. <u>Unlikely</u> – doubtfully related 3. <u>Possible</u> – may be related 4. <u>Probable</u> – likely related 5. <u>Definite</u> – clearly related 	Use pick list.
Attribution to IDE ...	<p>Evaluate the adverse event’s relationship to the investigational device exemption. Select one of the following codes to record this evaluation:</p> <ol style="list-style-type: none"> 1. <u>Unrelated</u> – clearly not related 2. <u>Unlikely</u> – doubtfully related 3. <u>Possible</u> – may be related 4. <u>Probable</u> – likely related 5. <u>Definite</u> – clearly related <p><i>Note: This field is optional for some studies.</i></p>	Use pick list.

Adverse Events (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Attribution to Commercial ...	Evaluate the adverse event's relationship to the commercial agent. Select one of the following codes to record this evaluation: 1. <u>Unrelated</u> – clearly not related 2. <u>Unlikely</u> – doubtfully related 3. <u>Possible</u> – may be related 4. <u>Probable</u> – likely related 5. <u>Definite</u> – clearly related <i>Note: This field is optional for some studies.</i>	Use pick list.
Attribution to Radiation ...	Evaluate the adverse event's relationship to the Radiation therapy. Select one of the following codes to record this evaluation: 1. <u>Unrelated</u> – clearly not related 2. <u>Unlikely</u> – doubtfully related 3. <u>Possible</u> – may be related 4. <u>Probable</u> – likely related 5. <u>Definite</u> – clearly related <i>Note: This field is optional for some studies.</i>	Use pick list.
Attribution to Surgery ...	Evaluate the adverse event's relationship to the surgery. Select one of the following codes to record this evaluation: 1. <u>Unrelated</u> – clearly not related 2. <u>Unlikely</u> – doubtfully related 3. <u>Possible</u> – may be related 4. <u>Probable</u> – likely related 5. <u>Definite</u> – clearly related <i>Note: This field is optional for some studies.</i>	Use pick list.

Adverse Events (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Attribution to Disease ...	<p>Evaluate the adverse event's relationship to the disease. Select one of the following codes to record this evaluation:</p> <ol style="list-style-type: none"> 1. <u>Unrelated</u> – clearly not related 2. <u>Unlikely</u> – doubtfully related 3. <u>Possible</u> – may be related 4. <u>Probable</u> – likely related 5. <u>Definite</u> – clearly related <p><i>Note: This field is optional for some studies.</i></p>	Use pick list.
Attribution to Other ...	<p>Evaluate the adverse event's relationship to other causes not listed above. Select one of the following codes to record this evaluation:</p> <ol style="list-style-type: none"> 1. <u>Unrelated</u> – clearly not related 2. <u>Unlikely</u> – doubtfully related 3. <u>Possible</u> – may be related 4. <u>Probable</u> – likely related 5. <u>Definite</u> – clearly related <p><i>Note: This field is optional for some studies.</i></p>	Use pick list.
Other, Specify	Enter an explanation when 'Attribute to Other' is selected.	40 Characters
In Informed Consent? ^(m) ...	<p>Indicate if the adverse event is described or not in the consent form, by entering:</p> <p>Y- Yes N- No</p>	Use pick list.

Adverse Events (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
DLT ^(m) ...	<p>Indicate if the adverse event is dose limiting, as defined in the protocol, by entering:</p> <p style="padding-left: 40px;">Y- Yes N- No</p> <p><i>Note: Refer to the protocol for the definition of a dose limiting toxicity which should include the grade of the events and the duration of the event.</i></p> <p><i>Note: Mandatory for Phase I Clinical Trials.</i></p>	Use pick list.
Serious ^(m) ...	<p>Indicate if the adverse event was a "serious" event by selecting from the following codes, as per the Code of Federal Regulations 21 Part 312. If multiple categories are applicable, select the worst.</p> <ol style="list-style-type: none"> 1. Not serious. 2. Life-threatening. 3. Death as a result of the adverse event. 4. Disability: significant, persistent or permanent. 5. Hospitalized or prolonged hospitalization (not including emergency room visits). 6. Caused congenital anomaly in child of patient. 7. Jeopardizes patient / requires intervention to prevent permanent impairment or damage to patient. 	Use pick list.

Adverse Events (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Action ^(m) ...	<p>Indicate any changes made to the study regimen in response to the adverse event using the following codes. "Action" refers to the decision to reduce or continue the investigational medication.</p> <ol style="list-style-type: none"> 1. None 2. Dose Reduced 3. Regimen Interrupted 4. Therapy Discontinued 5. Interrupted & Reduced <p>If the "Action" for any adverse event is recorded as 2, 3, 4, or 5, the changes in medication administration must be reflected on the Study Medication Administration form.</p> <p><i>Note: Interrupted also means therapy was delayed.</i></p>	Use pick list.
Therapy ^(m) ...	<p>Indicate if additional therapy is required to treat the adverse event.</p> <ol style="list-style-type: none"> 1. None 2. Symptomatic (i.e.: required medications to treat event) 3. Supportive (i.e.: required medications and/or IV fluids, blood products) 4. Vigorous Supportive (i.e.: required surgery, intubation) <p>A corresponding entry of the therapy given to treat the adverse event must be recorded on the Concomitant Measures/Medication form.</p>	Use pick list.

Adverse Events (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Outcome <input type="text"/>	<p>Select the final status of the patient when the adverse event is considered "resolved".</p> <p>1- <u>Recovered</u> – the event (CTCAE term + grade) has resolved to normal or changed to a lower or higher grade. The recovery may be due to the suspension of study treatment or due to concomitant treatments that have ended.</p> <p>4- <u>Died</u> - Record outcome of death only for adverse events that resulted in the patient's death.</p> <p><i>Note: For ongoing adverse events, leave this and the Resolution Date fields empty.</i></p> <p><i>Note: For deaths on study, only the events which caused the death should have the outcome coded as a "4." The events that were still continuing at the time of the death would still be ongoing. Do not enter a resolved date, and outcome.</i></p>	Use pick list.
Expedited Report to IRB ^(m) <input type="text"/>	<p>Indicate if an expedited adverse event report was sent to IRB by entering:</p> <p>Y- Yes N- No</p>	Use pick list.
Expedited Report to Sponsor ^(m) <input type="text"/>	<p>Indicate if an expedited adverse event report was sent to sponsor by entering:</p> <p>Y- Yes N- No</p> <p>For CTEP-sponsored studies, this means that an expedited adverse event report was sent to CTEP via CTEP's Adverse Event Expedited Reporting System (AdEERS).</p> <p><i>Note: This field is optional for some studies.</i></p>	Use pick list.

Adverse Events (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Expedited Report to FDA ^(...)	<p>Indicate if an expedited adverse event report was sent to FDA by entering:</p> <p style="padding-left: 40px;">Y- Yes N- No</p> <p>For studies where the PI holds the IND, this means that the PI has sent an IND Safety Report to FDA.</p> <p><i>Note: This field is optional for some studies.</i></p>	Use pick list.
Expedited Report to OBA ^(...)	<p>Indicate if an expedited adverse event report was sent to OBA (Office of Biotechnology Activities) by entering:</p> <p style="padding-left: 40px;">Y- Yes N- No</p> <p><i>Note: This field is optional for some studies.</i></p>	Use pick list.
<p>Legend: ^(...) pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.</p>		

Validations		
Code	Description	Resolutions
AE01	Date Resolved is before Date of Onset.	Correct either the Date of Onset or Date Resolve.
AE03	Two Adverse Event records have identical values for Date of Onset, CTC Term and Grade.	If duplicate, delete one of the records. If not, manually resolve the discrepancy.
AE04, AE05, AE06, AE07	Two Adverse Event records with the same CTC Term and/or Description have overlapping Date of Onset and Date Resolved ranges.	Correct the Onset and Resolution Dates for the Adverse Events in question or review/correct the CTC term/description.

Adverse Events (cont'd)

Validations		
Code	Description	Resolutions
AE08	Adverse Event Description missing for some certain CTC terms that require a clinical description.	Enter the Adverse Event Description or review/correct the CTC term/description.
AE09	A Baseline Symptom exists with the same CTC term and Grade as the Adverse Event and the Baseline Symptom has not been resolved.	Verify the Baseline Symptom resolution date, the Adverse Event onset date, or CTC Term. An Adverse Event with the same grade and CTC Term as the Baseline Symptom is only acceptable when the Baseline Symptom has been resolved and the AE onset date is after the Baseline Symptom resolution date.
AE10	The CTC Term for the ongoing Adverse Event has a specified lab, but a lab record with lab date = AE onset date and lab grade = AE grade does not exist.	Verify that the Averse Event is supported by appropriate lab test result.
AE11	Adverse Event is resolved and there is no supporting lab test result.	Review Adverse Event and related lab test result and their grades. A supporting lab result is one with the same date as the Adverse Event resolution date but with a different grade.
AE14, AE15	The Adverse Event Date of Onset or Date Resolved is in the future.	Correct the Onset or Resolution Dates. No future dates should be recorded.
AE16	The Adverse Event Date of Onset is less than the first Course Start Date.	Correct the Adverse Event Date of Onset to be equal to or after the first Course Start Date.
AE17	The Adverse Event CTC Grade is invalid.	Enter a Grade that is permissible for the CTC Term.
AE19	Resolution date has been entered, but Outcome is not provided or vice-versa.	A Date Resolved must be accompanied by an Outcome and vice-versa.

Adverse Events (cont'd)

Validations		
Code	Description	Resolutions
AE20	Adverse Event is the cause of death but Grade is not 5-Fatal and/or Outcome is not 4-Died and/or Seriousness is not 3-Death.	Change the Adverse Event Grade, Outcome and Seriousness.
AE21	Prior Course checked 'Y', but there is no Course with a Start Date the same as the Adverse Event Onset Date.	Change the Adverse Onset Date, the Prior Course or the Course Initiation Start Date.
AE22	Adverse Event 'Attribute to Other' and 'Other, Specify' are not present together.	Enter 'Other, Specify' if 'Attribute to Other' is associated.

Derivations		
Code	Field Name	Description
AE1002	Course #	Course number is derived based on the course initiation start dates.
AE1003	Day in Course	Number of days since the beginning of the course is derived from the course initiation start date.
AE1004	CTC Category	Broad classification of the CTC Adverse Event Term derived from the pick list selection.

(ADVERSE-EVENTS)

Baseline Medical History

Purpose

Record a brief description of major medical and surgical events during the patient's lifetime, excluding the events related to their cancer therapy.

Screening Physical Exam findings should be entered on the Screening Physical Exam eCRF.

Baseline Medical History eCRF

Patient X1 Page 4 (Medhist for Screening) Page 1 of 1.

Visit Date Blank Comment



Bmeh Blank

BASELINE MEDICAL HISTORY

Date of Examination

Body System	Finding Results	Medical History If Abnormal
H/E/E/N/T	<input type="checkbox"/>	<input type="text"/>
NECK	<input type="checkbox"/>	<input type="text"/>
RESPIRATORY	<input type="checkbox"/>	<input type="text"/>
CARDIOVASCULAR	<input type="checkbox"/>	<input type="text"/>
GASTROINTESTINAL	<input type="checkbox"/>	<input type="text"/>

Baseline Medical History (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date (^m)	Enter the date the form was completed (i.e. the date information was gathered).	DD-MMM-YYYY
Date of Examination (^m)	Enter the date that the patient was examined and the medical history was documented. Since only one Baseline Medical History form is used, if the information has been assembled over a period of time, enter the date of the latest examination.	DD-MMM-YYYY
Finding Results (^m) 	<p>Indicate whether the finding results for the particular body system were either:</p> <p style="margin-left: 40px;">N- Normal A- Abnormal Z- Not Assessed</p> <p>Comments are required for abnormal finding results.</p> <p><i>Note: Do not select 'Normal' if the body system was not specifically assessed (i.e.: not mentioned in the progress note in the medical record). 'Not Assessed' means a discussion on the body system was not raised or the body system was not assessed.</i></p>	Use pick list.
Medical History if Abnormal	<p>Enter a brief description of major medical and surgical events during the patient's lifetime (i.e.: hypertension under cardiovascular, appendectomy as child under abdomen).</p> <p>Enter the history for the appropriate body system to which the information refers. For "Other" indicate the body or organ system in the history.</p>	128 characters
Legend:  pick list available, (^d) derived field, (^m) RDC mandatory, (^c) for CTEP reporting only.		

Baseline Medical History (cont'd)

Validations		
Code	Description	Resolution
MH01	Date of Examination is in the future.	Enter a date that is earlier or equals to the current date.
MH02	Date of Examination is after the first Course Initiation Start Date.	Review the Date of Examination and/or the first Course Initiation Start Date.
MH03	'Finding Result's is marked abnormal and 'Medical History if Abnormal' details were not provided.	Enter the details of the 'Medical History if Abnormal' or change the 'Finding Results' selection.
MH04	'Medical History if Abnormal' details were specified and 'Finding Results' is not marked abnormal.	Change the 'Finding Results' to abnormal or remove the provided 'Medical History if Abnormal' details.

(BASELINE-MEDICAL-HISTORY)

Filler Page

Baseline Symptoms

Purpose

Record the patient's baseline symptoms **prior to starting treatment.**

Baseline Symptoms eCRF

Patient X1 Page 10 (Symptom for Screening) Page 1 of 1, Repeat 1 of 1.

Visit Date: 11-Dec-2006 Blank Comment:

Bsym: COM Blank

BASELINE SYMPTOMS

Date of Onset	Date Resolved	CTCAE Term	Symptom Description	Grade	Related To Disease?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Baseline Symptoms (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date (^m)	Enter the date the form was initiated. <i>Note: If a new baseline symptom is revealed once treatment has begun, do not change the visit date. Record the new symptom information in the appropriate fields as indicated below.</i>	DD-MMM-YYYY
Date of Onset (^m)	Enter the date that the symptom was first observed/experienced.	DD-MMM-YYYY, MMM-YYYY
Date Resolved	Enter the date the baseline symptom was resolved. (i.e.: no longer exists at any grade).	DD-MMM-YYYY
CTCAE Term (^m) ...	Using either the Common Toxicity Criteria (CTC) version 2.0 or the Common Terminology Criteria for Adverse Events (CTCAE) version 3.0 as indicated in the protocol, select the appropriate general category with the appropriate adverse event term. <i>Note: For CTCAE version 3.0, several terms are classified as supraordinate term that has a select value associated with the term; both are included for selection of the Adverse Event term. Visit CTEP website for further explanation of supraordinate categories and usage of the select term (http://ctep.cancer.gov).</i>	Use pick list.
Symptom Description	Enter a succinct clinical description of the symptom. <i>Note: This field is mandatory for 'Other' CTCAE terms, but may be used to further describe symptom such as “left arm pain”. For example: Allergy/Immunology - Other (Specify, ___).</i> For CTC 2.0: Enter the diagnosis, e.g. flu, and not each specific symptom (e.g. chills fever, muscle aches). For CTC 3.0: Use the syndrome category when appropriate (e.g.: Flu-like syndrome).	33 characters

Baseline Symptoms (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
	<p>For example:</p> <ul style="list-style-type: none"> • Enter 'Low back pain' when selecting the term 'Pain: Back'. • Enter 'Intermittent headache' when selecting the term 'Pain Head/Headache' • Enter 'Left arm pain' when selecting the term 'Pain-Other' 	
Grade ^(m) ...	<p>Enter the severity of the symptom by using the protocol specified version of CTC version 2.0 or CTCAE version 3.0. If the symptom is not explicitly mentioned it should be coded in the appropriate "other" category and graded according to the general criteria:</p> <ol style="list-style-type: none"> 1. <u>Mild</u> – barely noticeable, does not influence functioning 2. <u>Moderate</u> – makes subject uncomfortable, influences functioning 3. <u>Severe</u> – severe discomfort, treatment given 4. <u>Life threatening</u> – immediate risk of death 	Use pick list.
Related to Disease? ^(m) ...	<p>Indicate whether or not the symptom is related to the study disease by selecting one of the following options:</p> <p style="margin-left: 40px;">Y- Yes N- No U- Unknown</p>	Use pick list.
<p>Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.</p>		

Baseline Symptoms (cont'd)

Validations		
Code	Description	Resolution
BS01	Date of Onset is in the future.	Enter a Date of Onset that is equal or earlier than the current date.
BS02	Baseline Symptom CTC/CTCAE Term Grade is not valid or is missing.	Select a Grade from the pick list.
BS03	Date of Onset is after the first Course Initiation Start Date.	Date of Onset must be earlier than or equal to the first Course Initiation Start Date.
BS09	Resolved Date is prior to Date of Onset.	Resolved Date must be after or equals to the Date of Onset.
BS10	Symptom Description missing for CTCAE Term that requires a description. (Allergy/Immunology - Other (Specify, __))	Enter a Symptom Description for the corresponding CTCAE Term.

(BASELINE-SYMPTOMS)

Cardiac

Purpose

Record the patient's cardiac ejection fraction.

Cardiac eCRF

Patient X1 Page 80 (Cardiac for Ongoing) Page 1 of 1, Repeat 1 of 1.

Visit Date Blank Comment

Cardiac Blank

CARDIAC

Course #	Day in		Evaluation		Pre-Ejection	LV	LV
	Course	Date	Time	Procedure	Period	Ejection Time	Ejection Fraction (%)
<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date (m)	Enter the start date of the first course in this field.	DD-MMM-YYYY
Course # ^(d)	Indicates the course number the cardiac ejection fraction results are related to based on their date and time.	5 digits
Day in Course ^(d)	Indicates the day since the beginning of course the cardiac ejection fraction results are related to based on their date and time.	5 digits
Evaluation Date ^(m)	Enter the date the procedure was performed.	DD-MMM-YYYY
Evaluation Time ^(m)	Enter the time the procedure was performed.	HH(24):MM
Procedure ^(m) ...	Select on of the following procedures from the pick list: <ul style="list-style-type: none"> • MUGA • MRI • Echocardiogram • Cardiac Catheterization. • Nuclear stress test. 	Use pick list.
Pre-Ejection Period	Enter the Pre-Ejection Period.	8 digits and 3 decimals
LV Ejection Time	Enter the Left Ventricular Ejection Time.	4 digits
LV Ejection Fraction (%) ^(m)	Enter the Left Ventricular Fraction percentage.	3 digits
Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Cardiac (cont'd)

Validations		
Code	Description	Resolution
CAR01	Evaluation Date is in the future.	Enter a date that is equal to or prior to the current date.
CAR02	Check for duplicate Cardiac evaluation entries – Same Date, Time and Procedure.	Correct the Evaluation Date, Time and Procedure.

Derivations		
Code	Field Name	Description
CAR1001	Course #	Course number is derived based on the course initiation start dates and the Evaluation Date.
CAR1002	Day in Course	Number of days since the beginning of the course is derived from the course initiation start date and the Evaluation Date.

(CARDIAC)

Filler Page

Chimerism

Purpose

Record the transplant date and related pre and post test results.

Chimerism eCRF

Patient X1 Page 82 (Chimerism for Ongoing) Page 1 of 1.

Visit Date Blank Comment

Chimr Blank

CHIMERISM

Date of Transplant

Course #	Course	Day in	Date of Test	Time of Test	Days Post Transplant	Specimen	Result (%)	Comments
<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"/>
<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"/>
<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"/>

Chimerism (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date (m)	Date the first test was performed.	DD-MMM-YYYY
Date of Transplant (m)	Date the transplant was performed.	DD-MMM-YYYY
Course # ^(d)	Indicates the course number the test is related to based on their date and the Course Initiation start dates.	5 digits
Day in Course ^(d)	Indicates the day since the beginning of course the test is related to based on their date and the Course Initiation start dates.	5 digits
Date of Test (m)	Date the test was performed.	DD-MMM-YYYY
Time of Test	Time the test was performed.	HH(24):MM
Days Post Transplant (d)	Number of days before or after the transplant that the test was done. It will be a negative number if test was done before the transplant.	5 digits
Specimen ^(m) ...	Select a specimen from the pick list. A- Apheresis Cells B- Whole Blood C- CSF D- CD33 Myeloid Cells L- CD33 Lymphoid Cells M- PBMC O- Bone Marrow P- Plasma S- Serum T- Tumor Tissue U- Urine V- Saliva Y- CD14/15 Myeloid	Use pick list.
Result (%) (m)	Test results in percentage.	12 digits and 5 decimal

Chimerism (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Comments	Enter comments applicable to the test.	200 characters
Legend: <input type="checkbox"/> pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Chimerism (cont'd)

Validations		
Code	Description	Resolution
CHM01	Duplicate Specimen, Date of Test and Time of Test.	A Specimen must have a unique Date of Test and Time of Test. Review the Specimen and/or the Date of Test and Time of Test.
CHM02	Result (%) is out of range.	Result % must be between 0 and 100%.

Derivations		
Code	Field Name	Description
CHM1001	Course #	Course number is derived based on the course initiation start dates and the Date of Test.
CHM1002	Day in Course	Number of days since the beginning of the course is derived from the course initiation start date and the Date of Test.
CHM1003	Days Post Transplant	Number of days before or after the transplant that the test was done. It will be a negative number if test was done before the transplant.

(CHIMERISM)

Concomitant Measures / Medications

Purpose

Record all concomitant medications, including therapies given to treat adverse events.

If a patient is taking a medication PRN, do not use a separate line for each time the medication is taken, instead report the first and last dates taken.

Concomitant Measures / Medications eCRF

Patient X1 Page 73 (Conmed for Ongoing) Page 1 of 1, Repeat 1 of 1.

Visit Date: 12-Dec-2006 Blank Comment: _____

Conmed1 Conmed2 Conmed3 Conmed4 Conmed5 COM

Type: CM1 Blank

CONCOMITANT MEASURES/MEDICATION - CONMED1

Course #	Course	Start Date	Stop Date	Agent Name	Procedure

The following screen shot is the portion to the right of the Procedure field.

Patient X1 Page 73 (Conmed for Ongoing) Page 1 of 1, Repeat 1 of 1.

Visit Date: 12-Dec-2006 Blank Comment: _____

Conmed1 Conmed2 Conmed3 Conmed4 Conmed5 COM

Type: CM1 Blank

Total

Daily Dose	UOM	Schedule	Route	Reason

Concomitant Measures / Medications (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date	The Visit Date is optional on this case report form. Hit the "Tab" key to leave it empty and move to the Start Date field.	DD-MMM-YYYY
Course # ^(d)	Indicates the course number that this concomitant measure / medication started in as derived from the course initiation start date.	5 digits
Day in Course ^(d)	Indicates the day since the beginning of course that this concomitant measure / medication started as derived from the course initiation start date.	5 digits
Start Date _(m)	Enter the start date of the measure or medication. <i>Note: Partial date is only acceptable for baseline measure or medication.</i>	DD-MMM-YYYY or MMM-YYYY
Stop Date ...	Enter the stop date of the measure / medication. <i>Note: Partial date is only acceptable for baseline measure or medication.</i>	DD-MMM-YYYY or MMM-YYYY
Agent Name ...	In the case of agents, state the generic name of the medication administered, or, in the case of combinations such as trimethoprim / sulfamethoxazole, state the brand name (i.e., Bactrim). <i>Note: Pre and post medications specified in the protocol and administered as part of the patient's treatment, must be entered in the Study Medication Administration case report form.</i> <i>Note: Do not select an agent name if a procedure has been entered.</i>	Use pick list.
Procedure ...	If a procedure/measure, state e.g., oxygen administration, pleural tapping, etc. <i>Note: Do not select a procedure if an agent name has been entered.</i>	Use pick list.

Concomitant Measures / Medications (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Total Daily Dose	<p>Enter the total daily dose of the agent as appropriate. In the case of combinations such as Bactrim, enter the total number of combination tablets taken daily.</p> <p>Enter the maximum possible dose in a 24-hour period when the schedule is PRN. For example: enter 12 when taking 2 tabs of Percocet PRN every four hours.</p> <p>This field is mandatory for CTMS studies.</p> <p><i>Note: If a procedure/measure, leave blank.</i></p>	8 characters
UOM ...	<p>Select the total daily dose units of measurement.</p> <p><i>Note: If a procedure/measure, leave blank.</i></p>	Use pick list.
Schedule ...	<p>Select the frequency of medication administration or measure under schedule.</p>	Use pick list.
Route ...	<p>Select the route given:</p> <ul style="list-style-type: none"> IM- intramuscular ID- intradermal IV- intravenous bolus (less than 30 minutes) IVI- intravenous infusion (greater than 30 minutes, but less than 24 hours) CIV- continuous intravenous infusion (greater than 24 hours) IA- intra-arterial IT- intrathecal IP- intraperitoneal IH- intrahepatic IHI- intrahepatic infusion SC- subcutaneous T- topical PO- oral RT- radiation <p>or other route as specified in the protocol.</p>	Use pick list.

Concomitant Measures / Medications (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Reason ^(m) ...	<p>Select the reason the medication is being administered or why measure done. For example, if Bactrim is being given as a prophylactic, select "pneumocystis prophylaxis".</p> <p><i>Note: Do not enter the pharmacological classification of the medication (e.g. antibiotic, analgesic, etc.)</i></p>	Use pick list.
<p>Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.</p>		

Concomitant Measures / Medications (cont'd)

Validations		
Code	Description	Resolution
CM01	Agent and Procedure are missing.	An Agent or Procedure must be present.
CM02	Both Agent and Procedure are filled.	Agent and Procedure cannot be both selected at the same time.
CM03	Stop Date is before the Start Date.	Stop Date must not be earlier than Start Date.
CM04	Agent entered and Total Daily Dose and/or Units of Measurement are/is missing.	If Agent is entered, Total Daily Dose and Unit of Measurement must be present.
CM05	Total Daily Dose and/or Unit of Measurement entered and Procedure also entered.	If Procedure is entered, Agent, Total Daily Dose and Unit of Measurement must not be present.
CM06, CM07	Start and/or Stop Date are/is in the future.	Enter a date that is equal to or prior to the current date.
CM10, CM11	Partial Start Date and/or Stop Date are/is after the first Course Initiation Date.	Partial Start and Stop Dates are only acceptable for baseline measures and/or procedures.
CM12	Total Daily Dose is not a valid numeric value.	Enter a valid numeric value.

Concomitant Measures / Medications (cont'd)

Derivations		
Code	Field Name	Description
CM1001	Course #	Course number is derived based on the course initiation start dates and the concomitant measure / medication start date.
CM1002	Day in Course	Number of days since the beginning of the course is derived from the course initiation start date and the concomitant measure / medication start date.

(CONCOMITANT-MEASURES-MEDICATIONS)

Course Assessment

Purpose

Record the course assessment information when the course is completed, and the patient is evaluated or taken off treatment.

Course Assessment eCRF

The screenshot displays a web-based form for 'Course Assessment'. At the top, there is a 'Visit Date' field with the value '14-May-2008', a 'Blank' checkbox, and a 'Comment' text input field. Below this, there are two tabs: 'Cass' and 'COM', with 'COM' being the active tab. A 'Blank' checkbox and a small square icon are located in the top right corner of the form area. The main section is titled 'COURSE ASSESSMENT' and contains several input fields: 'Start Date of Course' (a date picker), 'Dose Change from TAC Entered on Course Initiation CRF' (a dropdown menu), 'Course Disposition' (a dropdown menu), 'Response Assessment' (a dropdown menu), 'Response Notes' (a large text area), 'Date of Response' (a date picker), 'Date of Progression' (a date picker), and 'Any Adverse Events in this Course?' (a dropdown menu). The form has a light blue background and a standard browser window border.

Field Descriptions / Instructions		
Field Name	Description / Instructions	Format
Visit Date ^(m)	Enter the date the course started.	DD-MMM-YYYY
Start Date of Course ^(d)	Shows the Start Date of Course entered in the Course Initiation case report form.	DD-MMM-YYYY
Dose change from TAC entered on Course Initiation CRF ^(m) ...	<p>Indicate if the patient's treatment was different from that specified by the Treatment Assignment Code (TAC) for this course as entered on the Course Initiation CRF. If the treatment was different, indicate whether this was planned or unplanned, and record the reason, e.g. dose reduction due to toxicity, on the Comments tab of this CRF.</p> <p><i>Note: optional for non-CTEP sponsored studies.</i></p> <ol style="list-style-type: none"> 1- Yes, Planned - change in treatment had been decided before the start of the course, e.g., due to toxicity on a previous course. 2- Yes, Unplanned - change was not intended at the start of the course, e.g., shortening the course (and thus lowering the dose level) due to adverse events or if there was a drug administration error. 3- No - patient received the treatment specified in the Course Initiation TAC. 9- Unknown - only when the actual treatment cannot be determined, e.g., when the patient is uncooperative in reporting self-administration of study medication. 	Use pick list.

Course Assessment (cont'd)

Field Descriptions / Instructions		
Field Name	Description / Instructions	Format
Course Disposition (m) ...	A "completed" course is one that has been conducted in accordance with the protocol with respect to length including the observation period (two day variance allowed). A course is regarded as "discontinued" if it was shorter than specified in the protocol. Select one of the following values: <div style="display: flex; justify-content: space-around;"> Comp- Completed Dis- Discontinued </div>	Use pick list.
Response Assessment (m) ...	Select the patient's best disease state as assessed during the course. This determination must be adequately documented in the patient's medical record. NE- Not Evaluable - State the reason in the "Response Note" field. NA- Not Assessed - State the reason in the "Response Note" field. NP- Protocol does not require a response assessment during the specific course. TE- Too Early to confirm a response. Unless the protocol includes specific response evaluation criteria, the following guidelines should be observed: CR- Complete Response - There is a disappearance of all evidence of disease as assessed relative to the <u>baseline at start of treatment</u> , not to previous courses. They must be confirmed by repeat assessments to demonstrate a disappearance of all evidence of disease. PR or MR- Partial Response or Marginal Response - Response is assessed relative to the <u>baseline at start of</u>	Use pick list.

Course Assessment (cont'd)

Field Descriptions / Instructions		
Field Name	Description / Instructions	Format
	<p style="text-align: center;"><u>treatment</u>, not to previous courses. They must be confirmed by repeat assessments. Subsequent evaluations at which tumor sizes are substantially unchanged should be assessed again as the same PR/MR.</p> <p>PD- Progressive Disease - Response relative to the <u>best disease status</u> (smallest tumor measurement) since treatment began. Thus a tumor re-growth after a PR would be assessed as PD not an MR. A PR or MR cannot follow a complete response "CR".</p> <p>SD- Stable Disease - Tumor growth or shrinkage <u>since the start of treatment</u> is not enough to justify a CR/PR/MR response or a PD progression. Once an actual CR/PR/MR response or PD progression has occurred, an SD assessment is not valid.</p> <p>DU- Disease Unchanged - Patient's disease is unchanged relative to the previous assessment. This code may be used when a CR/PR/MR/PD response is not merited but SD is inappropriate.</p> <hr/> <p>RECIST: Many protocols specify that the following RECIST criteria are to be used in assessing response. Please use the following selections when assessing response using RECIST criteria only.</p> <p><u>Evaluation of target lesions:</u></p> <p>CR- Complete Response - Disappearance of all target lesions.</p> <p>PR- Partial Response At least a 30% decrease in the sum of the LD (longest dimension) of</p>	

Course Assessment (cont'd)

Field Descriptions / Instructions		
Field Name	Description / Instructions	Format
	<p>target lesions, taking as reference the baseline sum LD.</p> <p>PD- Progressive Disease - At least a 20% increase in the sum of the LD of target lesions, taking as reference the smallest sum LD recorded since the treatment started or the appearance of one or more new lesions.</p> <p>SD- Stable Disease - Neither sufficient shrinkage to qualify for PR nor sufficient increase to qualify for PD, taking as reference the smallest sum LD since the treatment started.</p> <p><u>Evaluation of non-target lesions:</u></p> <p>CR- Complete Response - Disappearance of all non-target lesions and normalization of tumor marker level.</p> <p>SD- Incomplete Response/Stable Disease - Persistence of one or more non-target lesion(s) or/and maintenance of tumor marker level above the normal limits.</p> <p>PD- Progressive Disease - Appearance of one or more new lesions and/or unequivocal progression of existing non-target lesions.</p>	
Response Notes	Enter the reason why the Response Assessment is Not Evaluable (NE) or Not Assessed (NA). Some examples could include: protocol not followed, poor quality of scan, patient already treated.	32 characters

Course Assessment (cont'd)

Field Descriptions / Instructions		
Field Name	Description / Instructions	Format
Date of Response	<p>Enter the date of the earliest evaluation which, upon confirmation, justifies an assessment of CR, PR, MR, or SD/DU. This date will be the same date as the scan, or other method of disease assessment.</p> <p>For NE, record the date the patient's disease was assessed and deemed to be Not Evaluable.</p> <p><i>Note: The original date of onset of response should be used for responses that persist through several courses.</i></p>	DD-MMM-YYYY
Date of Progression	<p>Enter the date of the evaluation used to determine the patient's disease status of progressive disease. Enter a date of progression if the disease progression occurred after an assessed better response (i.e. PR, CR, SD).</p>	DD-MMM-YYYY
Any Adverse Events in this Course? ^(m) ...	<p>Select "Yes" if any adverse event has occurred during this course. This includes adverse events with onset date belonging to a previous course that resolved during this course or that remain ongoing at the conclusion of this course.</p> <p>Select "No" if no adverse events occurred during this course.</p> <p><i>Note: The event(s) must be recorded on the Adverse Events case report form.</i></p>	Use pick list.
<p>Legend: ...pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.</p>		

Course Assessment (cont'd)

Validations		
Code	Description	Resolution
CAS02, CAS03	Date of Response or Onset Date of Progress must not be future dates.	Change the date to a value no later than the current date.
CAS05	Response Notes entered and Response Assessment is different than "Not Evaluable" and "Not Assessed".	Remove the Response Notes if Response Assessment is different than "Not Evaluable" and "Not Assessed". Otherwise change the Response Assessment to "Not Evaluable" and "Not Assessed".
CAS06	Response Assessment is "Not Evaluable" or "Not Assessed" and no Response Notes were entered.	Enter the Response Notes if Response Assessment is "Not Evaluable" or "Not Assessed". Otherwise change the Response Assessment to a selection other than "Not Evaluable" and "Not Assessed".
CAS07	Date of Response is required when Response Assessment is CR, PR, MR, SD, or DU.	Enter the Date of Response or Review the Response Assessment.
CAS08	Date of Progression is required when Response Assessment is PD.	Enter the Date of Progression or Review the Response Assessment.
CAS09	Course Assessment marked as having adverse events, but there are no adverse events with an onset date that falls within this course start and end dates.	Change the field "Any Adverse Events in this Course?" to "NO" if no related adverse events exist. Otherwise enter the appropriate adverse events or adjust the appropriate adverse events dates.
CAS10	Course Assessment marked as not having adverse events, but there is at least one adverse event with an onset date that falls within this course start and end dates.	Change the field "Any Adverse Events in this Course?" to "YES" if the related adverse events are appropriate. Otherwise remove the adverse events or correct the adverse events dates.

Course Assessment (cont'd)

Derivations		
Code	Field Name	Description
CAS1001	Start Date of Course	The Start Date of Course entered in the Course Initiation case report form.
CAS1002	End Date of Course	The day before the start date of the following course or the off treatment date.

(COURSE-ASSESSMENT)

Course Initiation

Purpose

Record course initiation Start Date, Arm, Treatment Assignment Code (TAC) and Treating Institution.

Course Initiation eCRF

The screenshot shows a web-based form titled "Patient X1 Page 11 (Initiation for Course 1) Page 1 of 1." The form has a blue header and a light blue background. At the top, there is a "Visit Date" field with the value "11-Dec-2006" and a "Blank" checkbox. Below this, there are two tabs: "Cinit" and "COM". To the right of the tabs is another "Blank" checkbox. The main content area is titled "COURSE INITIATION" and contains five input fields: "Course #", "Start Date of Course", "Arm", "CTEP Treatment Assignment Code", and "Treating Institution". The "Course #" field is currently empty and has a grey background. The other fields are white with black text. The form is displayed in a window with a standard operating system border.

Field Descriptions / Instructions		
Field Name	Description / Instructions	Format
Visit Date (m)	Enter the date the course started.	DD-MMM-YYYY
Course # ^(d)	Sequential number of this course of treatment: first course = 1, second course = 2, etc.	5 digits
Start Date of Course (m)	Enter the date on which the course was started. This is the date on which a protocol stipulated medication (or treatment) was first administered.	DD-MMM-YYYY
Arm ^(m) ...	Select the "Arm" of the protocol-specific treatment regimen the patient is to receive, as designated in the activation letter. <i>Note: Only mandatory for CTMS monitored, CTEP - sponsored studies.</i>	Use pick list.
Treatment Assignment Code ^{(m)(c)} ...	Select the appropriate code for the patient's treatment assignment as specified. For non-CTEP studies, "Treatment Assignment" codes are based on the treatment schedules described in the protocol. Please contact the Informatics team for advice on TAC formulation and modification. For CTEP sponsored studies, "Treatment Assignment" codes are provided by CTEP to the investigator, in the form of a coding letter, at the time of protocol approval, and are updated as required following approval of protocol amendments. Advice on TACs is available from the CTEP's Protocol and Information Office (pio@ctep.nci.nih.gov).	Use pick list.

Treating Institution <small>(m)</small> ...	Select the unique CTEP institution code where the patient actually receives this course of treatment. <i>Note: Optional for non-CTEP sponsored studies.</i>	Use pick list.
Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Course Initiation (cont'd)

Validations		
Code	Description	Resolution
CINI01	Start Date of Course cannot be in the future.	Change the Start Date of Course to a date no later than the current date.
CINI03, CINI04	Course start dates must be unique and in order.	Ensure that no course start dates are repeated and that they appear in the correct chronological order (from the oldest to the more recent).

Derivations		
Code	Field Name	Description
CINI1002	Course #	Course number derived by the system based on the dates the courses started.

(COURSE-INITIATION)

ECG

Purpose

Record the patient's ECG.

ECG eCRF

Patient X1 Page 85 (ECG for Ongoing) Page 1 of 1, Repeat 1 of 1.

Visit Date Blank Comment

ECG COM

Blank

DIAGNOSTIC ECG

Course #	Day in Course	Date of Exam	Time	QRSD Interval	QT Interval	QTC Interval	PR Interval	ECG Impression	Rate	Rhythm
<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The following screen shot is the portion to the right of the Rhythm filed.

Patient X1 Page 85 (ECG for Ongoing) Page 1 of 1, Repeat 1 of 1.

Visit Date Blank Comment

ECG COM

Blank

Arrhythmia Type	QRS		ST	Comments
	P Wave	Complex	Segment	
<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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ECG (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date	The Visit Date is optional on this case report form. Hit the "Tab" key to leave it empty and move to the Date field.	DD-MMM-YYYY
Course # ^(d)	Indicates the course number the ECGs are related to based on their date and time.	5 digits
Day in Course ^(d)	Indicates the day since the beginning of course the cardiac ejection fraction results are related to based on their date and time.	5 digits
Date of Exam ^(m)	Enter the date the ECG was performed.	DD-MMM-YYYY
Time	Enter the time the ECG was performed.	HH(24):MM
QRSD Interval	Enter the QRS duration (QRSD) interval in milliseconds.	8 digits.
QT Interval	Enter the QT interval in milliseconds.	3 digits.
QTC Interval	Enter the QTC interval in milliseconds.	3 digits.
PR Interval	Enter the PR interval in milliseconds.	3 digits.
ECG Impression ^(m) ...	Select one of the following summary finding: A- Abnormal B- Borderline N- Normal	Use pick list.
Rate ^(m)	Enter the patient's pulse rate.	3 digits.
Rhythm ^(m) ...	Select one of the following rhythm finding: A- Abnormal N- Normal	Use pick list.

ECG (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Arrhythmia Type ...	Select the patient's arrhythmia type.	Use pick list.
P Wave ...	Select one of the following P Wave finding: A- Abnormal N- Normal	Use pick list.
QRS Complex ...	Select one of the following QRS Complex finding: A- Abnormal N- Normal	Use pick list.
ST Segment ...	Select one of the following ST Segment finding: A- Abnormal N- Normal	Use pick list.
Comments	Enter comments applicable to the ECG.	200 characters
Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

ECG (cont'd)

Validations		
Code	Description	Resolution
ECG01	Date of Exam is in the future.	Enter a date that is equal to or prior to the current date.

Derivations		
Code	Field Name	Description
ECG1001	Course #	Course number is derived based on the course initiation start dates and the Evaluation Date.
ECG1002	Day in Course	Number of days since the beginning of the course is derived from the course initiation start date and the Evaluation Date.

(ECG)

Eligibility Checklist

Purpose

Record the patient's status for each item of the eligibility checklist.

Each activated protocol has a customized eligibility checklist.

Eligibility Checklist eCRF

Inclusion Criteria tab (sample criteria)

The screenshot displays the 'Eligibility Checklist' eCRF interface. At the top, it shows 'Patient X1 Page 1 (Elig for Screening) Page 1 of 1.' Below this, there are input fields for 'Visit Date' (11-Dec-2006), 'Blank' (checkbox), and 'Comment'. There are also tabs for 'Eliginc', 'Eligex', and 'COM'. A section for 'Inclusion or Exclusion' has a dropdown menu set to 'INCLUSION' and a 'Blank' checkbox. The main section is titled 'ELIGIBILITY CHECKLIST' and contains fields for 'Checklist #' (0), 'Effective Date' (01-FEB-2006), and 'Waiver #' (empty). Below these are five inclusion criteria, each with a 'Response' checkbox and a 'Seq.' number.

Inclusion Criteria	Response	Seq.
IS THIS A SPECIAL EXEMPTION PATIENT?	<input type="checkbox"/>	1
HAS A SIGNED INFORMED CONSENT/ASSENT BEEN OBTAINED BY THE PATIENT OR PARENT/LEGAL GUARDIAN?	<input type="checkbox"/>	2
IS \geq 6 MONTHS AND $<$ 18 YEARS OF AGE?	<input type="checkbox"/>	3
HAS HISTOLOGICALLY CONFIRMED DIAGNOSIS OF ONE OF THE FOLLOWING?	<input type="checkbox"/>	4
HAS EVIDENCE OF CD25 POSITIVITY BY AT LEAST ONE OF THE FOLLOWING CRITERIA?	<input type="checkbox"/>	5

Eligibility Checklist (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date ^(m)	Enter the date the form was completed (i.e. the date information was gathered).	DD-MMM-YYYY
Checklist Number	<p>Checklists are numbered sequentially based on NCI approval of amendments that change the eligibility criteria. The eligibility checklist from the original protocol must number 0. Each time the eligibility criteria for a protocol are amended, the checklist number is incremented. (The checklist number may not be the same as the amendment number, since some amendments do not affect the criteria.) The appropriate checklist number is provided by CTMS along with a new customized CRF each time a revised protocol-specific Eligibility Checklist is formulated.</p> <p><i>Note: This field cannot be modified by the user.</i></p>	2 digits
Effective Date	<p>Date of approval of the eligibility criteria by NCI. For the original protocol, the effective date is the date of NCI approval of the study. For revised eligibility criteria, the effective date is the date of NCI approval of the relevant amendment. This date is updated by CTMS at the time the protocol specific checklist is completed or amended by CTMS.</p> <p><i>Note: This field cannot be modified by the user.</i></p>	DD-MMM-YYYY
Waiver Number	<p>The waiver number when the patient is not formally eligible, but is admitted to the study. A reason must be entered in "Eligibility Waiver Reason" field of the Exclusion Criteria tab.</p> <p><i>Note: Not applicable for NCI/DCTD/CTEP sponsored studies.</i></p>	12 characters

Eligibility Checklist (cont'd)

Criterion Response ^(m) ☐☐☐	Select the patient's status relative to the eligibility inclusion criterion. Y- Yes N- No X- Not Applicable <i>Note: Do not leave this field empty. Select one of the above responses.</i>	Use pick list.
Sequence	The inclusion criterion sequence number. <i>Note: This field cannot be modified by the user.</i>	2 digits
Legend: ☐☐☐ pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Validations		
Code	Description	Resolution
EC01	Waiver Number provided but no Eligibility Waiver Reason has been provided and vice-versa.	An Eligibility Waiver Reason must accompany a Waiver Number.

Filler Page

Eligibility Checklist eCRF

Exclusion Criteria tab (sample)

Patient X2 Page 1 (Elig for Screening) Page 1 of 1, Repeat 1 of 11.

Visit Date **31-Aug-2004** Blank Comment

Eliginc Eligex COM

Inclusion or Exclusion **EXCLUSION** Blank

ELIGIBILITY CHECKLIST

Exclusion Criteria	Response	Criteria	Seq.
HAS CNS LEUKEMIA OR LYMPHOMA AS MANIFESTED BY ONE OF THE FOLLOWING: CSF WBC > 5/UL AND CONFIRM	<input type="checkbox"/>	...	13
HAS ISOLATED TESTICULAR ALL?	<input type="checkbox"/>		14
HAS CLINICALLY SIGNIFICANT UNRELATED SYSTEMIC ILLNESS THAT IN THE JUDGMENT OF THE PI WOULD LIKELY	<input type="checkbox"/>		15
HAS SERUM NEUTRALIZES > 75% OF THE ACTIVITY OF 1 UG/ML OF LMB-2 IN TISS	<input type="checkbox"/>		16
HAS A KNOWN HISTORY OF HIV INFECTION? TO	<input type="checkbox"/>		17
HAS AN ACTIVE HEPATITIS B OR C AS DEFINED BY SEROPOSITIVE FOR HEPATITIS B OR HEPATITIS C AND ELEVAT	<input type="checkbox"/>		18
IS CURRENTLY RECEIVING OTHER INVESTIGATIONAL AGENTS	<input type="checkbox"/>		19
IS PREGNANT?	<input type="checkbox"/>		20
IS LACTATING?	<input type="checkbox"/>		21
HAS A HIGH RISK OF INABILITY TO COMPLY WITH TRANSPLANT PROTOCOL AS D	<input type="checkbox"/>		22
IS REQUIRING ANTICOAGULATION FOR DISEASE-RELATED CONDITIONS?	<input type="checkbox"/>		23

In the Opinion of the Investigator, Is the Patient Eligible?

Eligibility Waiver Reason

Eligibility Checklist (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Criterion Response ^(m) ...	Select the patient's status relative to the eligibility exclusion criterion. Y- Yes N- No X- Not Applicable <i>Note: Do not leave this field empty. Select one of the above responses.</i>	Use pick list.
Sequence	The exclusion criterion sequence number. <i>Note: This field cannot be modified by the user.</i>	2 digits
In the opinion of the investigator, is the patient eligible? ^(m) ...	Select the investigator's decision. Y- Yes N- No X- Not Applicable	Use pick list.
Eligibility Waiver Reason	Patients who are not eligible as per protocol criteria should not be entered on study. If after an appropriate review of the patient's status it is determined that the patient violates one or more of the eligibility criteria, or if no information is available for some of the criteria, the Principal Investigator should state concisely and clearly why the patient has been admitted to the study. <i>Note: since CTEP does not issue or approve any waivers, providing this explanation will not make the patient eligible for the study.</i>	64 characters
Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Eligibility Checklist (cont'd)

Validations		
Code	Description	Resolution
EC01	Waiver Number provided but no Eligibility Waiver Reason has been provided and vice-versa.	An Eligibility Waiver Reason must accompany a Waiver Number.

(ELIGIBILITY-CHECKLIST)

Filler Page

Enrollment

Purpose

Record the patient's enrollment information at the time of study entry.

For studies that require de-identified patient data, fields such as Date of Birth (year only is acceptable), Patient Initials, Date from which to Start Including Labs, Primary ID, Country Code, Postal Code, Method of Payment will not be used.

Enrollment eCRF

The screenshot shows the 'Enrollment' section of an eCRF form. At the top, there is a header bar with 'Patient X2 Page 2 (Enroll for Screening) Page 1 of 1'. Below this, there are fields for 'Visit Date' (14-May-2008), 'Blank' (checkbox), and 'Comment'. The main form area is titled 'ENROLLMENT' and contains several sections of input fields: 'Gender' (dropdown), 'Date of Birth' (text), 'Age at Entry' (text), 'Patient Initials' (text), and 'Date from which to Start including labs' (text). Below these are two columns of checkboxes for 'Race' (White, Black or African American, Native Hawaiian or other Pacific Islander, Asian, American Indian or Alaska Native, Race Not Reported, Race Unknown) and 'Ethnicity'. Further down are fields for 'Primary Disease Site', 'Disease Term', 'Disease Stage at Entry' (with sub-fields for T, N, and M stages), and 'Histology/Cytopathology'.

The following screen shot is the portion under Histology/Cytopathology.

The screenshot shows the 'Histology/Cytopathology' section of the eCRF form. It features a header bar with 'Patient X2 Page 2 (Enroll for Screening) Page 1 of 1'. Below this, there are fields for 'Visit Date' (06-Jun-2008), 'Blank' (checkbox), and 'Comment'. The main form area contains several input fields: 'Date of Confirmation of Histology', 'Grade of Histology', 'Date of Diagnosis', 'Treatment Assignment Code', 'Date Informed Consent Signed', and 'Date of Informed Consent Version'.

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date ^(m)	Enter the patient's registration date.	DD-MMM-YYYY
Gender ^(m) ...	Select the patient's gender: M- Male F- Female U- Unknown	Use pick list.
Date of Birth ^(m)	Enter the patient's date of birth.	DD-MMM-YYYY
Age at Entry ^(d)	Age is derived from the patient's birth date at the enrollment and it remains the same throughout the study. Note: For children less than 5, a fractional age (rounding to one decimal place is sufficient) will be derived to indicate the number of months since the last birthday. (For example, a child with a birth date of January 1 having passed his fourth birthday and entering the study on July 1 would have his age recorded as 4.5 years.)	5 digits and 2 decimal
Patient Initials ^(m)	Enter the patient's initials. Usually 3 characters – first, middle and last name initials.	4 characters
Date from which to Start Including Labs ^(m)	Enter the date indicating when lab results data should be start being loaded from the centralized lab. Usually prior to the patient's informed consent.	DD-MMM-YYYY

Enrollment (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Race ^(m) ...	<p>Select Yes or No for the following OMB race categories (when subject is multi-racial, answer YES to all the apply and No to the other race categories):</p> <ul style="list-style-type: none"> • <u>White</u>: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. • <u>Black or African American</u>: a person having origins in any of the black racial groups of Africa. • <u>Asian</u>: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (including the Philippine Islands). • <u>American Indian or Alaska Native</u>: a person having origins in any of the original peoples of North, South, and Central America and who maintains tribal affiliation or community attachment. • <u>Native Hawaiian or other Pacific Islander</u>: a person having origins in any of the original peoples of Hawaii, or other Pacific Islands. • <u>Not Reported</u>: patient refused or data not available. • <u>Unknown</u>: patient is unsure of their race(s) <p><i>Note: If "Not Reported" or "Unknown" is selected, then no other race can be selected.</i></p>	Use pick list.

Enrollment (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Ethnicity ^(m) ...	Select one of the following OMB ethnicity categories: <ul style="list-style-type: none"> • <u>Hispanic or Latino</u>: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. • <u>Non-Hispanic or Latino</u>: a person not meeting the definition for Hispanic or Latino. • <u>Unknown</u>: a person of unknown ethnicity. • <u>Not Reported</u>: Not provided or available 	Use pick list.
Registering Institution ^(m) (c) ...	Enter the unique CTEP institution code where the patient was originally registered on study (e.g., institution where the patient signed the informed consent form). <i>Note: This field is not mandatory for non-CTEP studies.</i>	Use pick list.
Primary ID ^(m)	Enter the patient's medical record number for the selected Institution. The Clinical Center's medical record numbers have the following format:: 99-99-99-9 For non clinical center patients, enter the 900-xx-xxxx number provided by the Central Registration Office. These medical record numbers are used to load the patient's lab data.	12 characters

Enrollment (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Patient Subgroup ^(c) ...	Select the appropriate unique code for identification of uniform groups of patients for separate analysis or treatment as defined in the Clinical Data System (CDS) . Patient "Subgroup" codes are provided by CTEP to the investigator at the time of protocol approval, and are updated as required following approval of protocol amendments.	Use pick list.
Registering Group ^(c) ...	Enter the unique CTEP Group code (as listed on the CTEP Web site) from which the patient was originally registered on study. <i>Note: This is required for Inter-Group trials only – otherwise leave blank.</i>	Use pick list.
Country Code ^(c) ...	Required for non-US residents. For patients from outside the U.S., enter the foreign country code. Please use the International Standards Organization (ISO) Country codes which can be found at CTEP web site for Country codes list .	Use pick list.
Postal Code ^(c)	For U.S. residents, enter the patient's home 5 digit zip code. Do not enter the last 4 digits of the complete zip code to assure patient confidentiality. Also do not enter the dash "-".	10 characters

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Method of Payment ^(c) ...	<p>Select the patient's primary method of payment using the following codes:</p> <ul style="list-style-type: none"> 1- Private Insurance 2- Medicare 3- Medicare and Private Insurance 4- Medicaid 5- Medicaid and Medicare 6- Military or Veterans Sponsored NOS 6A- Military (including CHAMPUS or TRICARE) 6B- Veterans Sponsored 7- Self pay (no insurance) 8- No means of payment (no insurance) 98- Other 99- Unknown <p><i>Note: Currently the only acceptable entry is "98-Other".</i></p>	Use pick list.
Primary Disease Site ^(m) ...	Select the primary disease site of the malignancy from the pick list.	Use pick list.
Disease Term ^(m) ...	Select a disease term. Use the list of Disease Terms ("MedDRA") as listed on the CTEP Web site.	Use pick list.
Disease Stage at Entry ...	Select the stage of the disease at the time of study entry if appropriate. Otherwise, leave it blank.	Use pick list.
Disease T Stage ...	Select the stage of disease based on the primary tumor.	Use pick list.
Disease N Stage ...	Select the stage of disease based on the nodes present.	Use pick list.
Disease M Stage ...	Select the stage of disease based on the metastases present.	Use pick list.

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Histology / Cytopathology	State briefly the type of histology or cytopathology found at the time of original diagnosis. Do not state broad categories (e.g., "lymphoma", but rather state "Non-Hodgkin's lymphoma").	50 characters (40 reported)
Date of Confirmation of Histology	Enter the date when the patient's disease status was confirmed, at the treating institution, prior to study entry (if required by the protocol).	DD-MMM-YYYY
Grade of Histology	Enter the grade of histology at study entry, if appropriate. Leave it blank otherwise.	10 characters (4 reported)
Date of Diagnosis	Enter the first date of original diagnosis (e.g., when a positive biopsy or surgical result was obtained). Do not give the start date of symptoms as the date of diagnosis.	DD-MMM-YYYY or MMM-YY
Treatment Assignment Code ^(m) ^(c) ...	Select the appropriate code for the patient's treatment assignment as specified. For non-CTEP studies, "Treatment Assignment" codes are based on the treatment schedules described in the protocol. Please contact the Informatics team for advice on TAC formulation and modification. For CTEP sponsored studies, "Treatment Assignment" codes are provided by CTEP to the investigator, in the form of a coding letter, at the time of protocol approval, and are updated as required following approval of protocol amendments. Advice on TACs is available from the CTEP's Protocol and Information Office (pio@ctep.nci.nih.gov).	Use pick list.
Date Informed Consent Signed ^(m)	Enter the date the patient signed the informed consent form.	DD-MMM-YYYY

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Date of Informed Consent Version ^(m)	<p>Enter the date of the informed consent version of the IRB-approved informed consent form that was signed by the patient at the time of study entry.</p> <p>This will be the date that is displayed on page one of the consent form in the section entitle: "Latest Amendment Approved:" or the date displayed on the "Latest IRB Review" when the amended date is N/A.</p>	DD-MMM-YYYY
<p>Legend: <input type="checkbox"/> pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only, ^(u) for CDS reporting only.</p>		

Validations		
Code	Description	Resolution
ENR01	Date Informed Consent Signed is before Date of Birth.	Change the Date Informed Consent Signed to be after the Date of Birth.
ENR02, ENR04, ENR05, ENR06, ENR17	Date of Birth, Date of Confirmation of Histology, Date of Diagnosis, Date Informed Consent Signed, Date of Informed Consent Version are in the future.	Enter a date that is prior or equals to today's date.
ENR07	All Races are unchecked.	Select at least one Race.
ENR09, ENR10, ENR11, ENR12	Birth Date is after the Date from which to include labs, Date of Confirmation of Histology, Date of Diagnosis, Date Informed Consent Signed, Informed Consent Version Date.	Correct the Date of Birth or the other date fields.
ENR14	Date of Diagnosis is after Date of Histology Confirmation (if provided).	Correct Diagnosis Date or Date of Histology Confirmation.
ENR15, ENR16	Cannot select another Race when "Unknown" or "Not Reported" Race is selected.	Unselect the other Races and select only "Unknown" or "Not Reported". Or unselect both "Unknown" or "Not Reported" and select other Races.
ENR18	Registering Institution not found on the patient's Medical Record Numbers case report form.	Please review the Institutions on both case report forms.
ENR20	Enrollment only has part of the TNM Disease Stage information available	If one of the TNM fields is answered, the rest should be available.

Enrollment (cont'd)

Derivations		
Code	Field Name	Description
DM1001	Age	The age is derived from the patient's Informed consent signed date and the date of birth. Note: Age is expressed in decimals to accommodate patients under the age of 5.

(ENROLLMENT)

Extent of Disease

Purpose

Record all sites of disease, even if they will not be followed for response.

Extent of Disease eCRF

Patient X2 Page /5 (Ext Dis for Ongoing) Page 1 of 1, Repeat 1 of 1.

Visit Date: 06-Jun-2008 Blank Comment:

Extdis: COM Type: XT Blank

EXTENT OF DISEASE

Lesion #	Anatomic Site	Description of Location	Description of Lesion	Previously Irradiated	Measurable/Non-Measurable	Target/Non-Target
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lesion #	Course #	Day in Course	Date of Evaluation	How Measured	Measurement (1st Longest)	Measurement (2nd Longest)	Measurement (3rd Longest)	Product	Total Tumor Volume
<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"/>	<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"/>	<input type="text"/>	<input type="text"/>

Extent of Disease (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date	The Visit Date is optional on this case report form. Hit the "Tab" key to leave it empty and move to the Lesion # field.	DD-MMM-YYYY
Lesion # ^(m) ...	Select a unique number for each lesion. Once a lesion number is designated for a specific lesion, that number may not change or be used to denote a different lesion. <i>Note: This lesion number must appear at least once on the bottom repeating group.</i>	Use pick list.
Anatomic Site ^(m) ...	Select the anatomic position where the lesion is located, i.e. Lung, Skull, etc.	Use pick list.
Description of Location ^(m) ...	Select a brief description of the lesion location.	Use pick list.
Description of Lesion	If applicable, enter a brief description of each lesion, e.g. cystic, well-defined, encapsulated, necrotic appearing center.	32 characters
Previously Irradiated ^(m) ...	If the site or lesion has previously been irradiated, enter "Y" for Yes, otherwise enter "N" for No.	Use pick list.
Measurable / Non-Measurable ^(m) ...	Enter "M", for measurable, and "N" for non-measurable, as defined in the protocol.	Use pick list.
Target / Non-Target ^(m) ...	Enter "Target" for target lesions that will be assessed for response (e.g. using the RECIST response criteria). Enter "NonTarget" for non target lesions. <i>Note: Only applicable for studies that use RECIST criteria. It applies to the first time the lesion is detected. It should not be changed based on the subsequent evaluations. For CTMS studies, 'Target' will be submitted as 'Y', 'NonTarget' will be submitted as 'N'.</i>	Use pick list.

Extent of Disease (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Lesion # ^(m)	Select a lesion number from the pick list. <i>Note: This lesion number must appear in the description section (top repeating group).</i>	Use pick list.
Course # ^(d)	Indicates the course number that this lesion evaluation was done in as derived from the course initiation start date.	5 digits
Day in Course ^(d)	Indicates the day since the beginning of course that this lesion evaluation was done as derived from the course initiation start date.	5 digits
Evaluation Date ^(m)	Enter the date of the evaluation (i.e.: date of CT scan). Do not enter the date of the report or when the results were received.	DD-MMM-YYYY
How Measured ^(m) ...	Select how the lesion measurement was determined. The same method should be used to measure a specific lesion throughout the study. For example, if the measurements were determined by a chest x-ray, enter CXR.	Use pick list.
First Longest Measurement	Enter the longest lesion measurement in centimeters. <i>Note: for studies that use RECIST criteria, it should always measure the longest diameter of the lesion even if the actual axis is different from the one used to measure the lesion initially.</i>	6 digits and 2 decimals
Second Longest Measurement	Enter the second longest lesion measurement in centimeters. <i>Note: not applicable for studies that use RECIST criteria.</i>	6 digits and 2 decimals
Third Longest Measurement	Enter the third longest lesion measurement in centimeters. <i>Note: not applicable for studies that use RECIST criteria.</i>	6 digits and 2 decimals

Extent of Disease (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Product	Enter the tumor product.	8 digits and 2 decimals
Total Tumor Volume	Enter the total tumor volume.	8 digits and 2 decimals
Evaluation # (^m)	<p>Number each evaluation sequentially for each lesion. Use 0 for the baseline evaluation, 1 for the first evaluation, 2 for the second evaluation, etc.</p> <p><i>Note: this is the number of the set of scans done after the baseline. For example, if a new lesion was found on the third set of scans that occurred at the end of the course 4, the evaluation number should be 3.</i></p>	2 digits
Evaluation Code ...	<p>Select the status of non-measurable lesions at the time of each evaluation.</p> <p style="padding-left: 40px;">B- Baseline (use for the initial lesion evaluation that was when the treatment started.)</p> <p style="padding-left: 40px;">D- Decreasing</p> <p style="padding-left: 40px;">I- Increasing</p> <p style="padding-left: 40px;">N- New (use for lesions that appear after treatment has started.)</p> <p style="padding-left: 40px;">R- Resolved</p> <p style="padding-left: 40px;">S- Stable</p> <p style="padding-left: 40px;">X- Not Evaluable</p>	Use pick list.
<p>Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.</p>		

Extent of Disease (cont'd)

Validations		
Code	Description	Resolution
EXT01	Lesion Number appears more than once on the description section (top repeating group).	Extent of Disease Lesion Number should be unique in the description section (top repeating group).
EXT02	Lesion Number in the measurement section (bottom repeating group) does not have a corresponding number in the description section (top repeating group).	Verify that lesion number in the measurement section is recorded in the description section (top repeating group).
EXT03	Evaluation Number of a measurable lesion is "0" and Evaluation Code is not "B-Baseline" or "N-New". And vice-versa.	If Evaluation Number of a measurable lesion is "0", Evaluation Code should be "B-Baseline" or "N-New".
EXT12	Lesion is marked as "Measurable" and longest measurement do not exist.	Enter the lesion's longest measurement.
EXT05	Date of Evaluation is in the future.	Enter a date that is equal to or prior to the current date.
EXT09	Lesion is marked as "Non-Measurable" and Evaluation Code was not provided.	Lesion is marked as "Non-Measurable" should have an Evaluation Code.
EXT13	The lesion has an Evaluation Code of "B-Baseline" and the Evaluation Date is not prior to Start Date of the first course.	Correct the lesion's Evaluation Date or the Evaluation Code.
EXT14	Evaluation Date for New lesion is prior to the Start Date of first course.	Enter a date that is equal or after the first course Start Date.
EXT15	Evaluation number for New lesion (with Evaluation Code 'N-New') is 0.	Enter a correct sequential number.
EXT16	New lesion (with Evaluation Code 'N-New') does not have the lowest evaluation number for the corresponding lesion.	Enter a correct sequential number.

Extent of Disease (cont'd)

Derivations		
Code	Field Name	Description
EXT1001	Course #	Course number is derived based on the course initiation start dates and the extent of disease evaluation date.
EXT1002	Day in Course	Number of days since the beginning of the course is derived from the course initiation start date and the extent of disease evaluation date.

(EXTENT-OF-DISEASE)

Follow-up

Purpose

Record each follow-up contact as identified in the protocol.

Follow-up eCRF

Patient X1 Page 84 (Followup for Offstudy) Page 1 of 1, Repeat 1 of 1.

Visit Date Blank Comment

Flwu Blank

FOLLOW-UP

Date of Last Contact	Type of Contact	Received Treatment Since Last Contact?	Patient Status	Explain 'Unknown' Patient Status
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Follow-up (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date	The Visit Date is optional on this case report form. Hit the "Tab" key to leave it empty and move to the Date of Last Contact field.	DD-MMM-YYYY
Date of Last Contact ^(m)	Enter the date the patient was last contacted. If the patient is being considered lost to follow-up (i.e.: unsuccessful contact with the patient / family / health care provider), please indicate the date that no further follow-up will be attempted.	DD-MMM-YYYY
Type of Contact ^(m) ...	Select how the information was obtained: <ol style="list-style-type: none"> 1. Telephone contact with patient 2. Telephone contact with patient's family 3. Telephone contact with patient's local physician 4. Social Security Death Index (SSDI) 5. Clinic Appointment 6. Mail contact with the patient 7. E-Mail contact with the patient 	Use pick list.
Received Treatment Since Last Contact? ^(m) ...	If the patient has received further treatment since the last contact, select Y- Yes N- No <i>Note: When answering 'Yes' and the patient has died during the follow-up period, only the Date of Death, entered on the Survival case report form, is sent to CTMS. Cause of Death and Autopsy information are not sent.</i>	Use pick list.

Follow-up (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Patient Status ^(m) ...	<p>Select one of the options below that indicates the patient's last known status. If the patient has died, enter the date in the Date of Death field. If status is unknown, enter some explanation on the field labeled "Unknown (explain)".</p> <ol style="list-style-type: none"> 1. Alive with disease 2. Alive with no evidence of disease 3. Alive disease status unknown 4. Unknown (Explain) 5. Died 	Use pick list.
Explain 'Unknown' Patient Status	If Patient Status is unknown, enter some explanation here. Include what attempts were made and how many attempts were made in order to obtain the patient's status (i.e.: no response to 5 messages left).	24 characters
Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Follow-up (cont'd)

Validations		
Code	Description	Resolution
FLW05	Date of Last Contact is in the future.	Enter a date earlier than, or equals to, the current date.
FLW06	Date of Last Contact is not within the Date Off Treatment and Date Off Study.	Date of Last Contact must fall between the Date Off Treatment and Date Off Study.
FLW07	Duplicate Date of Last Contact.	Date of Last Contact must be unique.
FLW08	Patient Status is "Unknown" and explanation is missing.	Patient Status "Unknown" requires an explanation.
FLW09	Explain "Unknown" Patient Status was provided, but Patient Status is not "Unknown".	Patient Status "Unknown" is required if an explanation for "Unknown" Patient Status is provided.

(FOLLOW-UP)

Infection Episode

Purpose

Record information summarizing episodes of infection associated with treatment. **This case report form is only to be used when the primary endpoint for the study is to assessing infectious episodes, either types and or number of events.** Additional comments may, if needed, be reported in the comment tab.

Infection Episode eCRF

The screenshot shows a web-based form titled "Patient X1 Page 76 (Infection for Ongoing) Page 1 of 1, Repeat 1 of 1." The form includes a "Visit Date" field with the value "12-Dec-2006", a "Blank" checkbox, and a "Comment" text area. Below these are tabs for "Inep" and "COM". A "Blank" checkbox and a grey square are also present. The main section is titled "INFECTION EPISODE" and contains a table with the following columns: "Course #", "Day in Course", "Date of Onset", "Date Resolved", "Infection Type", and "Primary Site". The table has three rows of input fields.

Course #	Day in Course	Date of Onset	Date Resolved	Infection Type	Primary Site
<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"/>	<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"/>

The following screen shot is the portion to the right of the Primary Site field.

This screenshot shows a zoomed-in view of the right side of the form. It includes the "Visit Date" field with "12-Dec-2006", the "Blank" checkbox, and the "Comment" field. The "Inep" and "COM" tabs are visible. Below the "Primary Site" field, there is a "Blank" checkbox and a grey square. The main section contains a table with the following columns: "Infectious Agent", "Treatment", "Procedure", and "Outcome". The table has three rows of input fields.

Infectious Agent	Treatment	Procedure	Outcome
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Infection Episode (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date	The Visit Date is optional on this case report form. Hit the "Tab" key to leave it empty and move to the Date of Onset field.	DD-MMM-YYYY
Course # ^(d)	Indicates the course number that this infection episode occurred in as derived from the course initiation start date.	5 digits
Day in Course ^(d)	Indicates the day since the beginning of course that this infection episode occurred in as derived from the course initiation start date.	5 digits
Date of Onset ^(m)	Enter the date the infection episode began.	DD-MMM-YYYY
Date Resolved	Enter the date the infection episode resolved.	DD-MMM-YYYY
Infection Type ^(m) ***	Select the infection type. For example: pneumonia, UTI, URI, etc.	Use pick list.
Primary Site ^(m) ***	Select the primary site of the infection.	Use pick list.
Infectious Agent ***	Select the actual infectious agent, determined from culture or other appropriate test.	Use pick list.
Treatment ***	Select the treatment (or lack of) given for this infection. This treatment should also be recorded on the Concomitant Measures / Medications case report form.	Use pick list.
Procedure ***	Select the procedure (or lack of) done for this infection. This procedure should also be recorded on the Procedures case report form.	Use pick list.
Outcome ***	Select the outcome of this episode. 1. Recovered 4. Died	Use pick list.
Legend: *** pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Infection Episode (cont'd)

Validations		
Code	Description	Resolution
IFE01	Date of Onset of the Infection Episode is greater than the Resolve Date.	Date of Onset must be prior than Resolve Date
IFE02, IFE03	Date of Onset and/or Date Resolved are/is in the future.	Enter a date that is equal to or prior to the current date.
IFE05	Date of Onset, Infection Type, Treatment and Procedure appear more than once.	An Infection Type, Treatment and Procedure can only be entered once for a particular Date of Onset.
IFE06	Resolved Date provided, but Outcome is missing.	Outcome must be entered if Date Resolved is provided.
IFE07	Date Resolved is missing, but Outcome was provided.	Date Resolved must be entered if Outcome is provided.
IFE08	A Concomitant Measure / Medication with an Agent matching the Infection Episode Treatment with the same Start Date and Date of Onset was not found.	An Infection Episode Treatment must have an entry in the Concomitant Measure / Medication case report form with the Start Date the same as the Date of Onset.
IFE09	A Concomitant Measure / Medication with a Procedure matching the Infection Episode Procedure with the same Start Date and Date of Onset was not found.	An Infection Episode Procedure must have an entry in the Concomitant Measure / Medication case report form with the Start Date the same as the Date of Onset.

Infection Episode (cont'd)

Derivations		
Code	Field Name	Description
IFE1001	Course #	Course number is derived based on the course initiation start dates and the infection episode Date of Onset.
IFE1002	Day in Course	Number of days since the beginning of the course is derived from the course initiation start date and the infection episode Date of Onset.

(INFECTION-EPIISODES)

Labs

Purpose

Record the patient's lab results.

Patients on intramural studies who have their labs drawn at the Clinical Center will have the lab results automatically loaded onto the CRF overnight from another system. It is common to have several forms of the same kind of lab for a patient. Click on the C3D RDC worksheet column header labeled "Show unplanned visit" to see all these extra lab results.

The following lab CRFs collect the same data as is automatically loaded and are documented here as a group. The appendix III has a list of the standard lab tests applicable for each lab.

<ul style="list-style-type: none"> • Blood Chemistries • Blood Gases • Bone Marrow • Coagulation • CSF • Hematology • Lymphocyte Phenotype 	<ul style="list-style-type: none"> • Other Serum Chemistries • Other Urinary Results • Respiratory Functions • Serology • Serum Electro • Urinalysis • Urine Immune Electro
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Labs eCRF

Patient X1 Page 59 (Blood Chem for Blood Chemistry) Page 1 of 1, Repeat 1 of 22.

Visit Date: 12-Dec-2006 Blank Comment:

Lab_Bc: COM

Lab: DIm Blank Time: 09:30

BLOOD CHEMISTRIES

Course #: Day in Course:

Lab Test	Value	UOM	Normal Range (e.g. 1.5-5)	Range Indicator	Grade	Value (Numeric)	Value in Preferred UOM	Preferred UOM
SODIUM_SER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POTASSIUM_SER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CHLORIDE_SER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Labs (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date (m)	Enter the date the lab sample was collected.	DD-MMM-YYYY
Time (m)	Enter the time the lab sample was collected. Enter midnight as 24:00 since 00:00 is used when time is not known.	HH(24):MM
Lab ...	Select the source of the lab results. Dlm- Lab results automatically loaded from another system. Dlm\$Diabetic- Not in use. Do not use. Outside- Outside lab results entered manually. Respfunc- Not in use. Do not use.	Use pick list.
Course # (d)	Indicates the course number this lab is related to.	5 digits
Day in Course (d)	Indicates the day since the beginning of course this lab is related to.	5 digits
Lab Test (d)	Pre-defined name of the lab test. Each lab panel has a different set of tests which are listed at the appendix III.	20 characters
Value	Enter the lab test result value as reported.	20 characters.
UOM ...	Select the appropriate lab test value unit of measurement.	Use pick list.
Normal Range	For labs loaded from the MIS/CRIS system, the range is automatically populated. For labs obtained outside the NCI Clinical Center, enter the appropriate normal range.	30 characters

Labs (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Range Indicator ^(d)	<p>Indicates how the lab result value compares to the lab test normal range.</p> <p style="margin-left: 40px;"> NORMAL- Falls within the normal range. HIGH- Above the normal range. LOW- Below the normal range. NONNUM- Not a valid number (e.g. "No Data"). NORANG- No normal values are provided. </p>	6 characters
Grade ^(d)	<p>Derived from the lab test result value and the lab test ranges from the NCI Common Toxicity Criteria (CTC) version 2.0 or the NCI Common Terminology Criteria for Adverse Events (CTCAE) version 3.0.</p> <p><i>Note: The age and gender are also factors in some cases.</i></p>	13 characters
Value (Numeric) ^(d)	Derived from lab test result value	12 characters
Value in Preferred UOM ^(d)	Derived the lab test result value in the preferred unit of measurement which is pre-defined by the institute.	12 characters
Preferred UOM ^(d)	The preferred unit of measurement for the specified lab test.	20 characters
Legend: ■ pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Labs (cont'd)

Validations		
Code	Description	Resolution
LB01	Lab test has grade higher than zero or than the most recent baseline lab test grade but no relevant Adverse Event exists.	Correct the lab grade or make sure a relevant Adverse Event exists.
LB03	Two labs exist for the same date and time.	Review both labs and delete/correct one of them.

Derivations		
Code	Field Name	Description
LBAL1003	Course #	Course number is derived from the course initiation start date and the lab date (visit date).
LBAL1004	Day in Course	Number of days since the beginning of the course is derived from the course initiation start date and the lab date (visit date).
LBAL1001	Range Indicator	Derived based on the lab value result and normal high/low range.
LBAL1002	Grade	Derived from the lab test result value, unit of measurement and the lab test normal range.

(LABS)

Medical Record Numbers

Purpose

Record the patient's medical record number(s).

This CRF is not used for studies that require patient data de-identification.

Medical Record Numbers eCRF

Patient X1 Page 3 (MRN for Screening) Page 1 of 1, Repeat 1 of 1.

Visit Date Blank Comment

PATIENT IDENTIFICATION

Institution	Patient Medical Record Number
<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"/>	<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"/>
<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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Medical Record Numbers (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date ^(m)	Enter the patient's registration date.	DD-MMM-YYYY
Institution ^(m) ...	Select one of the CTEP Registering Institutions .	Use pick list.
Patient Medical Record Number ^(m)	<p>Enter the patient's medical record number for the selected Institution. The Clinical Center's medical record numbers have the following format::</p> <p style="text-align: center;">99-99-99-9</p> <p>For NCINAV and other institutions, enter the medical record number following the institution's format.</p> <p>These medical record numbers are used to load the patient's lab data.</p>	12 characters
<p>Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.</p>		

Validations		
Code	Description	Resolution
MRN01	An NCI Institution has been selected (except for NCINAV) and Patient Medical Record Number does not have 10 characters.	For NCI Institutions (except NCINAV) the Patient Medical Record Number must be entered in the following format: 99-99-99-9
MRN02	An NCI Institution has been selected (except for NCINAV) and Patient Medical Record Number checksum is invalid.	Enter the correct Patient Medical Record Number.
MRN03	Patient Medical Record Number is the same for different Institutions.	Verify and correct the Institution and/or Patient Medical Record Number.

(MEDICAL-RECORD-NUMBERS)

Off Study

Purpose

Record information concerning the patient's off study date and reason. Complete this form after the patient has been taken off study.

For studies without a protocol specified follow-up period, this form is completed when the patient is taken off treatment. The off study date, reason and explanation must be the same as the off treatment case report form date off treatment, reason and explanation respectively.

For studies with a protocol specified follow-up period, this form is completed when all follow-up time points and data have been collected as specified in the protocol or if the patient dies within the follow-up period or if follow-up period ends for any other reason. If the off treatment reason prevents the follow-up period from occurring, then the off study date, reason and explanation must be the same.

No further data will be collected once this form is completed.

Off Study eCRF

The screenshot shows a web-based eCRF form titled "Patient X1 Page 86 (Offstudy for Offstudy) Page 1 of 1". The form has a blue header and a light blue background. At the top, there is a "Visit Date" field with the value "12-Dec-2006", a "Blank" checkbox, and a "Comment" text input field. Below this, there are two tabs: "Ossm" and "COM", with "COM" selected. To the right of the tabs is another "Blank" checkbox and a small square icon. The main content area is titled "OFF STUDY SUMMARY" and contains four rows of data entry fields: "Date Off Study" with a date input field, "Reason Off Study" with a small text input field, "Explain 'Other' Reason" with a large text input field, and "Date of Disease Progression" with a date input field. The form has a scroll bar on the right and a navigation bar at the bottom.

Off Study (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date (m)	Enter the date the form is being completed.	DD-MMM-YYYY
Date Off Study (m)	<p>For protocols with a specific follow-up period, enter the date that corresponds to the date when all protocol specific follow-up has been completed.</p> <p>For protocols without a protocol specific follow-up, enter the date that the patient came off treatment, i.e. courses have been completed (including the normal observation period) or discontinued and no further treatment courses are planned. This date must be the same as the Date Off Treatment entered on the Off Treatment case report form.</p> <p>The date off study will correspond to a progress note in the medical record stating that the patient has been taken off study.</p> <p>Note: For CTMS studies, this is the 'Date off follow-up period'.</p>	DD-MMM-YYYY
Reason Off Study (m) ...	<p>For protocols without a protocol specific follow-up, use the same 'Reason Off Treatment' entered on the Off Treatment case report form.</p> <p>For protocols with a follow-up period, the following off study reasons are also available.</p> <p>Y- Completed treatment period but refused the Protocol-Specified Follow-up. Date Off Treatment and Date Off Study must be the same.</p> <p>H- Follow-up Period Completed: The patient completed all protocol specified follow-up evaluations.</p> <p>L- Lost to Further Follow-up: Follow-up information could not be obtained because contact with the patient was lost. Every effort to locate patient needs to be considering including: contact with family members, referring physicians, sending</p>	Use pick list.

Off Study (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
	<p>certificate letter, checking SSDI.</p> <p>W- Refused Further Follow-up: The patient has refused to have any further follow-up evaluations.</p> <p>M- Death during Follow-up Period: The patient died during the follow-up phase of the protocol. The Date Off Study must coincide with the date of death (located on the Survival case report form).</p> <p>J- Disease Progression during Follow-up Period: The patient was taken off study for disease progression during the follow-up period. A Date of Progression must be entered. <i>Note: For CTMS protocols, the actual Reason Off Study sent is 'K' and the explanation text is - 'Disease Progression during Follow-up Phase'.</i></p> <p>K- Other Reasons: Other reasons may be given for taking the patient off study. Enter an explanation in the "Explain 'Other' Reason" field.</p>	
Explain 'Other' Reason	<p>Enter an explanation for selecting "Other" for a Reason Off Study.</p> <p>For protocols without a protocol specific follow-up, repeat the same explanation entered on the Off Treatment case report form.</p>	24 characters
Date of Disease Progression	<p>If disease progression is selected as the reason the patient came off study, enter the date the disease assessment (i.e.: CT scan) was performed.</p> <p><i>Note: This date is not sent to Theradex since only Disease Progression during treatment is to be reported.</i></p>	DD-MMM-YYYY
<p>Legend: ■ pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.</p>		

Off Study (cont'd)

Validations		
Code	Description	Resolution
OSS13, OSS14	Date Off Study and/or Date of Progression cannot be a date in the future.	Enter a date earlier than, or equals to, the current date.
OSS01	Reason Off Study is 'Death' and Date Off Study is not equal to Date of Death on Survival form.	If patient died during the protocol follow-up period or during treatment, Date Off Study must coincide with Date of Death.
OSS03	Reason Off Study is Protocol Violation and a comment with the off study date does not exist.	If patient treatment was terminated due to Protocol Violation, then reason must be stated in the Comments tab of this form.
OSS18	Explain 'Other' Reason provided, but Reason Off Study is not 'U', 'O' or 'K'.	Only 'Other' reasons can have an explanation.
OSS19	Reason Off Study is 'U', 'O' or 'K' and Explain 'Other' Reason not provided.	'Other' reasons must have an explanation in the Explain 'Other' Reason field.
OSS20	Date Off Study and Date Off Treatment are the same, but Reason Off Study is not "Y- Refused participation in follow-up", or "K - Other" or the same as the Reason Off Treatment.	When the Date Off Treatment and Off Study are the same, the Reason Off Study must be the same as the Off Treatment Reason or "Y" or "K".
OSS21	Date of Disease Progression cannot be after Date Off Study	Enter a Date of Disease Progression that is earlier than or equal to the Date Off Study.
OSS22	Disease Progression selected as Reason Off Study and Date of Disease Progression is missing.	A Disease Progression for Reason Off Study requires a Date of Disease Progression.
OSS23	Date of Disease Progression provided and Reason Off Study is not Disease Progression.	Date of Disease Progression must be accompanied by a Reason Off Study of 'Disease Progression'.

Off Study (cont'd)

Validations		
Code	Description	Resolution
OSS24	Off Treatment Date of Disease Progression is blank, Off Study Date of Disease Progression is not blank and it doesn't fall between the Date Off Treatment and Date Off Study.	Date of Disease Progression must be between Date Off Treatment and Date Off Study when progression did not occur during treatment – it occurred during the follow-up period.
OSS25	Reason Off Treatment is Disease Progression, Date Off Treatment and Date Off Study are the same and Date of Disease Progression is not the same as the one in the Off Treatment form.	When Disease Progression is the Reason for Off Treatment and Off Study, then Date of Disease Progression must be the same on both forms.
OSS27	Off Study Date is provided but the Off Treatment Date is absent.	Enter the Off Treatment Date on Off Treatment form.

(OFF-STUDY)

Filler Page

Off Treatment

Purpose

Record information concerning the patient's off treatment date, reason and best response to treatment.

For studies without a protocol specified follow-up period, also complete the Off Study case report form entering the same Date, Reason and, if applicable, the Reason Explanation and Date of Disease Progression. Also complete the Off Study form with the same information when the Reason Off Treatment prevents the follow-up period from occurring.

Off Treatment eCRF

The screenshot shows a web-based eCRF form titled "Patient XZ Page 04 (Off Treatment) (Off Treatment) Page 1 of 1". The form has a blue header and a light blue background. At the top, there is a "Visit Date" field with the value "14-May-2008" and a "Blank" checkbox. Below this are two buttons: "Otsm" and "COM". To the right, there is a "Comment" text area and another "Blank" checkbox. The main section is titled "OFF TREATMENT SUMMARY" and contains several fields: "Date Off Treatment" (text input), "Reason Off Treatment" (checkbox), "Explain 'Other' Reason Off Treatment" (text area), "Pt Began Protocol-Specified F/U Period?" (checkbox), "Date of Last Medication Administration" (text input), "Best response to Treatment" (text input), "Date of Best Response" (text input), and "Date of Disease Progression" (text input). The form is displayed in a browser window with a scrollbar on the right side.

Off Treatment (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date ^(m)	Enter the date the form is being completed.	DD-MMM-YYYY
Date Off Treatment ^(m)	Enter the date when all courses have been completed (including the normal observation period) or discontinued and no further treatment courses are planned. This date will correspond to the clinic visit that would have served as the pre-course visit had the patient continued on therapy. This is the date the patient has been officially taken off treatment.	DD-MMM-YYYY
Reason Off Treatment ^(m) ...	<p>Select an off treatment reason from one of the following reason groups:</p> <p>1) If the patient's participation has been completed as per protocol, and the protocol does not specify a follow-up observation period, select:</p> <p style="text-align: center;">C- Study Completed</p> <p style="text-align: center;"><i>Note: Option 'C' is only available for studies without a follow-up period.</i></p> <p>2) For patients who were evaluated for entry to the protocol and signed an informed consent form, but were not treated (never received any drugs or therapies per the protocol), select one of the following:</p> <p style="text-align: center;">X- Patient Declined to Participate (before treatment started.)</p> <p style="text-align: center;">B- Disease Progression before Treatment.</p> <p style="text-align: center;">Z- No Treatment, per protocol.</p> <p style="text-align: center;">U- Not Treated - Other Reasons, explain - Enter an explanation in the Reason Other field.</p> <p>3) When the patient's participation terminated during treatment period, select one of the following:</p>	Use pick list.

Off Treatment (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
	<p>P- Disease Progression On Study: The patient was taken off treatment for disease progression. This must be reflected by an increase in the non-measurable or measurable disease state. (See Course Assessment and Extent of Disease Forms). This can be manifested as clinical deterioration. A Date of Progression must be entered.</p> <p>D- Death During Treatment: The patient has died during the treatment phase. The cause of death should be listed on the Survival case report form and, if applicable, on the Adverse Events case report form as well.</p> <p>T- Adverse Events / Side Effects: The patient experienced any toxicity that was considered related to the study medication, which prohibited further protocol treatment. Patients discontinued due to toxicity are evaluable provided the observation period has been completed per protocol. The toxicity must be listed on the Adverse Events form.</p> <p>S- Complicating Disease / Intercurrent Illness: Patient was taken off treatment due to complicating disease not related to malignancy. This should be included in the Adverse Event form by an event not considered to be related to therapy.</p> <p>G- Cytogenetic Resistance.</p> <p>A- Switched to Alternative Treatment: The patient was taken off treatment due to a decision to pursue alternative therapy (such as palliative radiation).</p> <p>R- Refused Further Treatment: If at any time the patient refused further treatment.</p> <p>I- Late Determination of Ineligibility: Patient was taken off treatment</p>	

Off Treatment (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
	<p>following treatment because follow-up tests indicate that patient was not eligible for the study.</p> <p>V- Protocol Violation: If a major protocol violation has occurred, the reason must be stated in the Comments part of this case report form.</p> <p>2- Patient Noncompliance: If the patient did not comply with the study plan. <i>Note: For CTMS protocols, the actual Reason sent is 'O' and the explanation text is - 'Patient Noncompliance'.</i></p> <p>N- PI Discretion: If PI made the decision. <i>For CTMS protocols, the actual Reason sent is 'O' and the explanation text is - 'PI Discretion'.</i></p> <p>O- Other: Other reasons may be given for taking the patient off treatment, although they may not be included in the protocol stipulated rules. The patient's evaluability will subsequently be determined. Enter an explanation in the Reason 'Other' field.</p> <p>4) When the patient completes protocol-specified treatment period, select the following:</p> <p>Q- Treatment Period Completed</p> <p><i>Note: Option 'Q' is only available for studies with a follow-up period.</i></p>	
Explain 'Other' Reason Off Treatment	Enter an explanation for selecting "Other" for a Reason Off Treatment.	50 characters

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Patient Began Protocol Specified Follow-up ^(m) ...	Indicate whether or not the patient began the protocol-specified follow-up period. Y- Yes N- No <i>Note: This field is only available for protocols with a specified follow-up period.</i>	Use pick list.
Date of Last Medication Administration ^(d)	Indicates date the last medication was administered.	DD-MMM-YYYY
Best Response to Treatment ^(m) ...	Select the best overall response to treatment while on protocol. CR- Complete response MR- Less than partial response NA- Not assessed NE- Not evaluable NP- Not applicable per protocol PD- Progressive disease PR- Partial response SD- Stable disease TE- Too early to assess, per protocol According to RECIST and WHO guidelines this would be the best response assessed from the start of treatment until disease progression. Ordinarily this would be the best of the responses reported on the course assessment CRFs. For example, do not enter "SD" if the patient was assessed only with progressive disease. Please be sure to enter the best response, not necessarily the response on the last course. For example, if the patient was assessed with a PR followed by a PD, enter the "PR".	Use pick list.

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
	<p>If response was not assessed at all during the protocol treatment, enter the best response as NA; similarly for NE and NP.</p> <hr/> <p>RECIST: Unless the protocol includes specific response evaluation criteria, the following RECIST and WHO guidelines should be observed:</p> <p>Responses of PR and MR are assessed relative to the baseline at start of treatment, not to previous courses. They must be confirmed by repeat assessments. Subsequent evaluations at which tumor sizes are substantially unchanged should be assessed again as the same PR/MR.</p> <p>A response of PD is relative to the best disease status (smallest tumor measurement) since treatment began. Thus a tumor re-growth after a PR would be assessed as PD not an MR. A PR or MR cannot follow a CR.</p>	
Date of Best Response	Enter the date that a Best Response of Treatment response of CR, PR, or MR was first observed, or that an SD response began. This date must be consistent with the date entered on the Course Assessment case report form(s) and with evaluations on the Extent of Disease Form.	DD-MMM-YYYY

Off Treatment (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Date of Disease Progression	<p>Enter the date that progression (or relapse) was first observed (i.e.: date of scan). This date is required if the Reason for Off Treatment is for Disease Progression.</p> <p>This date must be consistent with the date of progression entered on the Course Assessment form(s) and with evaluations on the Extent of Disease Form.</p> <p>Progression is the worsening of disease following a period of stable disease or a response. Relapse is the reoccurrence of disease in a patient with no evaluable disease at enrollment (e.g. on an adjuvant treatment study).</p>	DD-MMM-YYYY
<p>Legend: <input type="checkbox"/> pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.</p>		

Validations		
Code	Description	Resolution
OTS10 OTS11 OTS12	Date Off Treatment, Date of Best Response and/or Date of Progression cannot be a date in the future.	Enter a date earlier than, or equals to, the current date.
OTS15	Reason Off Treatment is Protocol Violation and a comment with the date the patient ended treatment does not exist.	If patient discontinued due to Protocol Violation, then reason must be stated in the Comments tab of this form.
OTS05	Best Response to Treatment is not 'PD/NA/NE/NP/TE' and Date of Best Response is missing.	If anything other than 'PD/NA/NE/NP/TE' is checked for Best Response to Treatment, then Date of Best Response must be entered.

Validations		
Code	Description	Resolution
OTS07	Best Response to Treatment is 'Disease Progression' and Date of Progression is missing.	If 'Disease Progression' is checked for Best Response to Treatment, then Date of Progression must be entered.
OTS08	Date of Progression is not equal to the earliest Date of Progression reported on the Course Assessment forms.	Date of Progression must be consistent with Date of Progression on Course Assessment form(s).
OTS28	Date of Disease Progression on Off Treatment is provided but there is no Date of Progression reported on the Course Assessment forms.	Make data consistent.
OTS09	Best Response to Treatment is not the same as the best response reported on Course Assessment forms.	Best response should be validated against responses on Course Assessment form(s).
OTS18	Best Response date to Treatment is not same as the Best Response reported on Course Assessment forms	Best response date should be validated against response date on Course Assessment form.
OTS16	Reason Off Treatment is 'Death' and Date Off Treatment is not equal to Date of Death on Survival form.	If patient died during treatment, Date Off Treatment must the same as the Date of Death on the Survival form.
OTS17	Reason Off Treatment is 'Death' and Date Off Treatment is not equal to Date of Study on Off Study form.	If patient died during treatment, Date Off Treatment must the same as the Date Off Study on the Off Study form.
OTS26	For studies with protocol-specified follow-up period only: Answer to 'Patient Began Protocol-Specified Follow-up Period' is 'N-No' and there is no Off Study case report form or Off Study Reason is missing.	Please review the answer to 'Patient Began Protocol-Specified Follow-up Period' or enter an Off Study Reason.

Off Treatment (cont'd)

Derivations		
Code	Field Name	Description
OTS1002	Date of Last Medication Administration	Indicates date the last medication was administered.

(OFF-TREATMENT)

Filler Page

Pharmacokinetics

Purpose

Record detailed information about the collection of biological samples for analysis of the presence and quantity of the study agent and/or its metabolites. Since this form is intended to stand alone, some of the fields may duplicate items found in other case report forms.

Pharmacokinetics eCRF

Patient X1 Page 13 (Pharmacoki for Course 1) Page 1 of 1.

Visit Date: 12-Dec-2006 Blank Comment

Phkm1 Phkm2 COM

Type: PK1 Blank

PHARMACOKINETICS - 1

Course # Day in Course

Study Agent Specimen Sampled

Start Date Start Time Stop Date Stop Time

Sample ID #	Planned Interval	Sample Collected?	Actual Start			Parent Study Agent				Metabolite			
			Date	Time	(min)	Assay 1	Assay 2	Mean	UOM	Assay 1	Assay 2	Mean	UOM
	PRE-DOSE	<input type="checkbox"/>	<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"/>	<input type="text"/>	<input type="text"/>
0		<input type="checkbox"/>	<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"/>	<input type="text"/>	<input type="text"/>
0.5		<input type="checkbox"/>	<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"/>	<input type="text"/>	<input type="text"/>
1		<input type="checkbox"/>	<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"/>	<input type="text"/>	<input type="text"/>
2		<input type="checkbox"/>	<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"/>	<input type="text"/>	<input type="text"/>
4		<input type="checkbox"/>	<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"/>	<input type="text"/>	<input type="text"/>
8		<input type="checkbox"/>	<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"/>	<input type="text"/>	<input type="text"/>
12		<input type="checkbox"/>	<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"/>	<input type="text"/>	<input type="text"/>

Pharmacokinetics (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date (m)	Enter the date the study agent administration was started.	DD-MMM-YYYY
Course Number (d)	Course number derived from the study agent start date and course initiation start dates.	5 digits
Day in Course (d)	Number of days since the start of the course. Derived from the study agent start date and course initiation start dates.	5 digits
Study Agent (m) ...	Enter the name of the study agent (investigational or commercial) which is the subject of the pharmacokinetic study. <i>Note: Only one study agent is allowed per case report form. Separate forms should be used when more than one study agent is being studied.</i>	Use pick list.
Start Date (m)	Enter the date the study agent administration was started.	DD-MMM-YYYY
Start Time (m)	Enter the time the study agent administration began.	HH(24):MM
Stop Date	Enter the date the study agent administration was stopped. <i>Note: This field will be used for infusional therapies only.</i>	DD-MMM-YYYY
Stop Time	Enter the time the study agent administration was stopped. <i>Note: This field will be used for infusional therapies only.</i>	HH(24):MM

Pharmacokinetics (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Specimen Sampled ^(m) ...	<p>Select the body fluid that is being collected for the biological samples.</p> <p style="margin-left: 40px;">A- Apheresis Cells B- Whole Blood C- Cerebrospinal E- Pericardial Effusion F- Abdominal Effusion M- Peripheral Blood Mononuclear Cells P- Plasma S- Serum T- Tumor Tissue R- Pleural Effusion V- Saliva</p> <p><i>Note: Urine sample collection will be documented on the Urinary Excretion Case Report Form.</i></p>	Use pick list.
Sample ID Number	If the specimen acquisition labeling process uses a bar code (or similar) system, enter the unique sample identification number for each of the planned interval time points samples.	10 digits
Planned Interval	Planned interval pre-determined per protocol.	80 characters
Sample Collected? ^(m) ...	<p>Indicate whether or not the specimen is collected.</p> <p style="margin-left: 40px;">YES- then the Sample ID (if applicable), Actual Start Date and Time should be entered</p> <p style="margin-left: 40px;">NO</p> <p style="margin-left: 40px;">UNKNOWN</p>	Use pick list.
Actual Start Date	Enter the specimen collection date.	DD-MMM-YYYY
Actual Start Time	Enter the specimen collection time.	HH(24):MM
Time Interval ^(d)	Actual interval in minutes from the study agent start time.	5 digits

Pharmacokinetics (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Parent Study Agent Assay 1	Enter the results of the parent assay for the study agent indicated in the study agent field. If the results are below the sensitivity threshold of the test, record the value as 0 (zero). Baseline assay values may be entered as Interval 0 (zero).	8 digits and 3 decimals
Parent Study Agent Assay 2	If the planned interval time point specimen was tested a second time, enter the results of the second parent assay for the study agent indicated in the study agent field.	8 digits and 3 decimals
Parent Study Agent Assay Mean	Enter the parent study agent assay mean concentration, if available. <i>Note: This will not be completed if a second assay result is not available.</i>	8 digits and 3 decimals
Parent Study Agent Assay UOM ...	Select the appropriate concentration units of measurement for the parent study agent assay(s) (e.g.: mg/dL or mmol/l).	Use pick list.
Metabolite Assay 1	If applicable, enter the first metabolite assay results for the parent study agent.	8 digits and 3 decimals
Metabolite Assay 2	If applicable, enter the second metabolite assay results in the biological samples.	8 digits and 3 decimals
Metabolite Assay Mean	Enter the metabolite assay mean concentration, if available. <i>Note: This will not be completed if a second assay result is not available.</i>	8 digits and 3 decimals
Metabolite Assay UOM ...	Select the appropriate concentration units of measurement for the metabolite assays (e.g.: mg/dL or mmol/l).	Use pick list.
Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Validations		
Code	Description	Resolution
PHM01	Start Date is less than or equal to the Enrollment Date of informed consent signed.	Start Date must be after the Enrollment Date of informed consent signed.
PHM02	Start Date is in the future.	Enter a date earlier than or equal to the current date.
PHM03	Sample ID number is repeated.	Sample ID number must be unique.
PHM05	Start Date / Time pair appears more than once – duplicate entry.	Remove the duplicate record or correct the Start Date / Time of one of them.
PHM06	Parent Study Agent UOM entered, but Assay 1, Assay 2 and Mean Concentration are missing.	Enter a Parent Study Agent Assay 1, Assay 2 and/or Mean Concentration.
PHM07	Parent Study Agent Assay 1, Assay 2 and/or Mean Concentration entered, but UOM is missing.	Enter the Parent Study Agent UOM.
PHM08	Metabolite UOM entered, but Assay 1, Assay 2 and Mean Concentration are missing.	Enter a Metabolite Assay 1, Assay 2 and Mean Concentration.
PHM09	Metabolite Assay 1, Assay 2 and/or Mean Concentration entered, but UOM is missing.	Enter the Metabolite UOM.
PHM15	Stop Date is in the future.	Enter a date earlier than or equal to the current date.
PHM16	A Study Medication with a Medication/Agent matching the Pharmacokinetic with the same administration Date and Time was not found.	Verify that the pharmacokinetics study agent administration is recorded on the study medication form.
PHM17	Collected Pharmacokinetics samples does not have corresponding sample ID, Date and Time.	Enter Sample ID, Actual Start Date and Time if 'Sample Collected' is 'YES'.

Pharmacokinetics (cont'd)

Derivations		
Code	Field Name	Description
PHM1001	Course #	Course Number is derived from the Study Agent Start Date and the Course Initiation Start Dates.
PHM1002	Day in Course	Day in course is derived from the Study Agent Start Date and the Course Initiation Start Dates
PHM1003	Time Interval	Actual Time Interval is derived from the Actual Date and Time and the Start Date and Time.

(PHARMACOKINETICS)

Physical Exams - Courses

Purpose

Record physical exam results during treatment.

Physical Exams - Courses eCRF

Patient X1 Page 12 (Physical for Course 1) Page 1 of 1.

Visit Date Blank Comment

PE Pe_Vs COM

Blank

PHYSICAL EXAM

PE Done? ...

Date of Examination Day in Course

Change from Baseline?

Change from Previous Evaluation?

Body System	Finding Results	Comments
H/E/E/N/T	<input type="checkbox"/>	<input type="text"/>
NECK	<input type="checkbox"/>	<input type="text"/>
RESPIRATORY	<input type="checkbox"/>	<input type="text"/>
CARDIOVASCULAR	<input type="checkbox"/>	<input type="text"/>

Physical Exams – Courses (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date (m)	Enter the date the physical examination took place.	DD-MM-YYYY
PE Done? (m) ***	Indicate whether the physical examination was performed: YES- Yes NO- No <i>Note: not applicable for CTMS.</i>	Use pick list.
Date of Examination	Enter the date the physical examination took place.	DD-MM-YYYY
Day in Course (d)	Number of days since the beginning of the course is derived from the course initiation start date and examination date.	5 digits
Change from Baseline? ***	Indicate whether the finding results were changed compared with that of baseline: Y- Yes N- No <i>Note: not applicable for CTMS.</i>	Use pick list.
Change from Previous Evaluation? ***	Indicate whether the finding results were changed compared with that of previous evaluation: Y- Yes N- No <i>Note: not applicable for CTMS.</i>	Use pick list.

Physical Exams – Courses (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Finding Results ^{...}	<p>Indicate whether the finding results for the particular body system were either:</p> <p style="padding-left: 40px;">N- Normal A- Abnormal X- Not Examined</p> <p>Comments are required for abnormal finding results.</p> <p><i>Note: Do not select "Normal" if the body system was not specifically assessed during the physical exam (i.e., not mentioned in the progress note in the medical record).</i></p> <p>Any baseline body system with "Abnormal" Finding Results that remained unchanged must be re-entered in this case report form.</p>	Use pick list.
Comments	<p>If the finding results of a particular body system have changed from baseline, give a brief description of the change.</p> <p>If choosing "Other", indicate the body or organ system missing from the list in the comment and include this for subsequent exams.</p>	200 characters (128 reported)
<p>Legend: ^{...} pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.</p>		

Physical Exams – Courses (cont'd)

Validations		
Code	Description	Resolution
PE01	Finding Results is marked abnormal and a comment is not specified.	Enter a comment or change the Finding Results.
PE03	Finding Results has changed from baseline (either from N to A or A to N or X to A), but comment is missing.	Review the Finding Results or enter a comment.
PE04	Date of Examination is in the future.	Enter an earlier date.
PE06	CTMS study has Comment length is greater than 128.	CTMS study should have comment no longer than 128.
PE07	PE is done but the Date of Examination is not provided.	Enter the Date of Examination.
PE08	PE is done and the response(s) to the change question(s) is/are 'Y', but the response to the evaluation section is absent.	Enter the evaluation section.

Derivations		
Code	Field Name	Description
PE1001	Day in Course	Number of days since the beginning of the course is derived from the course initiation start date and examination date.

Physical Exams – Courses (cont'd)

Physical Exams - Courses eCRF

Vital Signs tab

Patient X1 Page 12 (Physical for Course 1) Page 1 of 1, Repeat 1 of 1.

Visit Date: 12-Dec-2006 Blank Comment:

PE Pe_Vs COM

Type: PE Blank

VITAL SIGNS

Day in Course	Date of Vitals	Time	Notes	Performance Status			Weight (kg)	Height (cm)
				Karnofsky	Zubrod/ECOG	Lansky		
<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"/>

The following screen shot is the portion to the right of the Height field.

Patient X1 Page 12 (Physical for Course 1) Page 1 of 1, Repeat 1 of 1.

Visit Date: 11-Dec-2006 Blank Comment:



PE Pe_Vs COM

Type: PE Blank

Temp

BSA	(C)	Pulse	Resp	Systolic	Diastolic	Pulse Ox
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Exams – Courses (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date	The Visit Date is optional on this case report form. Hit the "Tab" key to leave it empty and move to the Date of Vitals field.	DD-MMM-YYYY
Day in Course ^(d)	Indicates the day since the beginning of course the vital signs are related to based on their date and time.	5 digits
Date of Vitals ^(m)	Enter the date the vital signs were taken.	DD-MMM-YYYY
Time	Enter the time the vital signs were taken.	HH(24):MM
Notes	If necessary, enter some brief notes. <i>Note: This information is not sent to the reporting agency.</i>	200 characters
Performance Status (Karnofsky) 	Select a value from the Karnofsky performance status scale. 0- Dead 10- Moribund 20- Very Sick 30- Hospitalized 40- Disabled 50- Frequent Assistance 60- Occasional Assistance 70- Self Care 80- Effort 90- Able 100- Normal	Use pick list.
Status (Zubrod) 	Select a value from the Zubrod/ECOG performance status scale. 0. Asymptomatic 1. Symptomatic, fully ambulatory 2. Symptomatic, in bed less than 50% of day 3. Symptomatic, in bed more than 50% of the day, but not bedridden 4. Bedridden	Use pick list.

Physical Exams – Courses (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Performance Status (Lansky) ***	<p>Select a value from the Lansky performance status scale.</p> <ul style="list-style-type: none"> 0- Unresponsive 10- No play; does not get out of bed 20- Often sleeping; play entirely limited to very passive activities 30- In bed; needs assistance even for quiet play 40- Mostly in bed; participates in quiet activities 50- Gets dressed but lies around much of the day; no active play; able to participate in all quiet play 60- Up and around; but minimal active play; keeps busy with quieter activities 70- Both greater restriction of and less time spent in play activity 80- Active; but tires more quickly 90- Minor restrictions in physically strenuous activity 100- Fully active, normal 	Use pick list.
Body Weight ^(m)	Enter the patient's weight only in kilograms. Use decimal places only for patients under 10kg. See Appendix 1 for conversion factors.	5 digits and 2 decimals
Height ^(m)	Enter the patient's height only in centimeters, to one decimal place. See Appendix 1 for conversion factors.	5 digits and 2 decimals
BSA ^(m)	<p>Enter the patient's body surface area in m² (to two decimal places) if needed for the calculation of study medication dose level. A nomogram for children's and adult's body surface area calculation can be found in Appendix 1.</p> <p>The following simple approximation may be used for persons of "normal" height and weight:</p> $BSA(m^2) = \sqrt{\frac{Height (cm) \times Weight (kg)}{3600}}$	4 digit and 2 decimals

Physical Exams – Courses (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Temperature	Enter the patient's temperature only in Celsius, to one decimal place. See Appendix 1 for conversion factors.	8 digits and 3 decimals
Pulse	Enter the patient's pulse rate.	8 digits and 3 decimals
Respiration Rate	Enter the patient's respiration rate.	8 digits and 3 decimals
Systolic Blood Pressure	Enter the patient's systolic blood pressure.	8 digits and 3 decimals
Diastolic Blood Pressure	Enter the patient's diastolic blood pressure.	8 digits and 3 decimals
Pulse Oximetry	Enter the patient's pulse oximetry reading.	3 digits and 2 decimals
Legend: ^(*) pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Physical Exams – Courses (cont'd)

Validations		
Code	Description	Resolution
VIT01	Systolic Blood Pressure is less than Diastolic Blood Pressure.	Systolic Blood Pressure must be greater than Diastolic Blood Pressure.
VIT02	Two Vital Signs entries have the same Date and Time.	Correct the date and/or time.
VIT03	Entered BSA is not within 10% accuracy of the calculated BSA using the MIS formula.	Correct the BSA. The MIS BSA formula is: $BSA (m^2) = \text{Height}(cm)^{0.725} \times \text{Weight}(kg)^{0.425} / 139.315$
VIT04	Entered BSA is not within 10% accuracy of the calculated BSA using the Mosteller formula.	Correct the BSA. The Mosteller BSA formula is: $BSA (m^2) = ([\text{Height}(cm) \times \text{Weight}(kg)] / 3600)^{1/2}$
VIT05	Vitals Date is in the future.	Enter a date that is equal to or prior to the current date.
VIT06, VIT07, VIT08, VIT09, VIT10, VIT11, VIT12, VIT13	Height, Weight, BSA, Temperature, Pulse, Respiration Rate, Systolic and/or Diastolic Blood Pressure are/is less than zero.	Height, Weight, BSA, Temperature, Pulse, Respiration Rate, Systolic Blood Pressure and Diastolic Blood Pressure must be greater than zero.
VIT14	Pulse Oximetry is out of range.	Pulse Oximetry must be an integer number between 0 and 100.
VIT15	Vitals (on cycle sections) have Date of Vitals outside the range of the cycle start and stop date.	Enter a appropriate date. Note: this does not apply for all protocol.

Physical Exams – Courses (cont'd)

Derivations		
Code	Field Name	Description
VIT1002	Day in Course	Number of days since the beginning of the course is derived from the course initiation start date and the vital signs date.

(PHYSICAL-EXAMS-COURSES)

Physical Exams - Screening

Purpose

Record baseline physical exam results.

Physical Exams - Screening eCRF

The screenshot shows a web-based form titled "Patient X1 Page 9 (Phys Scrn for Screening) Page 1 of 1". At the top, there is a "Visit Date" field with the value "11-Dec-2006" and a "Blank" checkbox. Below this are tabs for "Scpe", "Scpe_Vs", and "COM". A second "Blank" checkbox is located on the right side of the form header. The main content area is titled "PHYSICAL EXAM - SCREENING". It includes a "PE Done?" dropdown menu and a "Date of Examination" text input field. Below these are three columns: "Body System", "Finding Results", and "Comments". The "Body System" column lists "H/E/E/N/T", "NECK", "RESPIRATORY", and "CARDIOVASCULAR". Each body system has a corresponding "Finding Results" checkbox and a "Comments" text input field.

Body System	Finding Results	Comments
H/E/E/N/T	<input type="checkbox"/>	
NECK	<input type="checkbox"/>	
RESPIRATORY	<input type="checkbox"/>	
CARDIOVASCULAR	<input type="checkbox"/>	

Physical Exams - Screening (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date (^m)	Enter the date the physical examination took place.	DD-MM-YYYY
PE Done? (^m) ...	Indicate whether the physical examination was performed: YES- Yes NO- No <i>Note: not applicable for CTMS.</i>	Use pick list.
Date of Examination	Enter the date the physical examination took place.	DD-MM-YYYY
Finding Results ...	Indicate whether the finding results for the particular body system were either: N- Normal A- Abnormal X- Not Examined Comments are required for abnormal finding results. <i>Note: Do not select "Normal" if the body system was not specifically assessed during the physical exam (i.e.: not mentioned in the progress note in the medical record).</i>	Use pick list.
Comments	Give a brief description for all abnormal finding results. If choosing "Other", indicate the body or organ system missing from the list in the comment and include this under both baseline and follow-up exams.	200 characters (128 reported)
Legend: ... pick list available, (^d) derived field, (^m) RDC mandatory, (^c) for CTEP reporting only.		

Physical Exams - Screening (cont'd)

Validations		
Code	Description	Resolution
PE01	Finding Results is marked abnormal and a comment is not specified.	Enter a comment or change the Finding Results selection.
PE04	Date of Examination is in the future.	Enter an earlier date.
PE06	CTMS study has Comment length is greater than 128.	CTMS study should have comment no longer than 128.
PE07	PE is done but the Date of Examination is not provided.	Enter the Date of Examination.

Physical Exams - Screening (cont'd)

Physical Exams - Screening eCRF

Vital Signs tab

Patient X1 Page 9 (Phys Scrn for Screening) Page 1 of 1, Repeat 1 of 1.

Visit Date: 12-Dec-2006 Blank Comment:

Scpe Scpe_Vs COM

Type: PE Blank

VITAL SIGNS

Date of			Performance Status			Weight	Height
Vitals	Time	Notes	Karnofsky	Zubrod/ECOG	Lansky	(kg)	(cm)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The following screen shot is the portion to the right of Height field.

Patient X1 Page 9 (Phys Scrn for Screening) Page 1 of 1, Repeat 1 of 1.

Visit Date: 11-Dec-2006 Blank Comment:

Scpe Scpe_Vs COM

Type: PE Blank

Temp						
BSA	(C)	Pulse	Resp	Systolic	Diastolic	Pulse Ox
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Exams - Screening (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date	The Visit Date is optional on this case report form. Hit the "Tab" key to leave it empty and move to the Date of Vitals field.	DD-MMM-YYYY
Date of Vitals ^(m)	Enter the date the vital signs were taken.	DD-MMM-YYYY
Time	Enter the time the vital signs were taken.	HH(24):MM
Notes	If necessary, enter some brief notes. <i>Note: This information is not sent to the reporting agency.</i>	200 characters
Performance Status (Karnofsky) ...	Select a value from the Karnofsky performance status scale. 0- Dead 10- Moribund 20- Very Sick 30- Hospitalized 40- Disabled 50- Frequent Assistance 60- Occasional Assistance 70- Self Care 80- Effort 90- Able 100- Normal	Use pick list.
Status (Zubrod) ...	Select a value from the Zubrod/ECOG performance status scale. 0. Asymptomatic 1. Symptomatic, fully ambulatory 2. Symptomatic, in bed less than 50% of day 3. Symptomatic, in bed more than 50% of the day, but not bedridden 4. Bedridden	Use pick list.

Physical Exams - Screening (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Performance Status (Lansky) ...	<p>Select a value from the Lansky performance status scale.</p> <ul style="list-style-type: none"> 0- Unresponsive 10- No play; does not get out of bed 20- Often sleeping; play entirely limited to very passive activities 30- In bed; needs assistance even for quiet play 40- Mostly in bed; participates in quiet activities 50- Gets dressed but lies around much of the day; no active play; able to participate in all quiet play 60- Up and around; but minimal active play; keeps busy with quieter activities 70- Both greater restriction of and less time spent in play activity 80- Active; but tires more quickly 90- Minor restrictions in physically strenuous activity 100- Fully active, normal 	Use pick list.
Body Weight ^(m)	Enter the patient's weight only in kilograms. Use decimal places only for patients under 10kg. See Appendix 1 for conversion factors.	5 digits and 2 decimals
Height ^(m)	Enter the patient's height only in centimeters, to one decimal place. See Appendix 1 for conversion factors.	5 digits and 2 decimals
BSA ^(m)	<p>Enter the patient's body surface area in m² (to two decimal places) if needed for the calculation of study medication dose level. A nomogram for children's and adult's body surface area calculation can be found in Appendix 1.</p> <p>The following simple approximation may be used for persons of "normal" height and weight:</p> $BSA(m^2) = \sqrt{\frac{Height (cm) \times Weight (kg)}{3600}}$	4 digit and 2 decimals

Physical Exams - Screening (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Temperature	Enter the patient's temperature only in Celsius, to one decimal place. See Appendix 1 for conversion factors.	8 digits and 3 decimals
Pulse	Enter the patient's pulse rate.	8 digits and 3 decimals
Respiration Rate	Enter the patient's respiration rate.	8 digits and 3 decimals
Systolic Blood Pressure	Enter the patient's systolic blood pressure.	8 digits and 3 decimals
Diastolic Blood Pressure	Enter the patient's diastolic blood pressure.	8 digits and 3 decimals
Pulse Oximetry	Enter the patient's pulse oximetry reading.	3 digits and 2 decimals
Legend: <input type="checkbox"/> pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Physical Exams - Screening (cont'd)

Validations		
Code	Description	Resolution
VIT01	Systolic Blood Pressure is less than Diastolic Blood Pressure.	Systolic Blood Pressure must be greater than Diastolic Blood Pressure.
VIT02	Two Vital Signs entries have the same Date and Time.	Correct the date and/or time.
VIT03	Entered BSA is not within 10% accuracy of the calculated BSA using the MIS formula.	Correct the BSA. The MIS BSA formula is: $BSA (m^2) = Height(cm)^{0.725} \times Weight(kg)^{0.425} / 139.315$
VIT04	Entered BSA is not within 10% accuracy of the calculated BSA using the Mosteller formula.	Correct the BSA. The Mosteller BSA formula is: $BSA (m^2) = ([Height(cm) \times Weight(kg)] / 3600)^{1/2}$
VIT05	Vitals Date is in the future.	Enter a date that is equal to or prior to the current date.
VIT06, VIT07, VIT08, VIT09, VIT10, VIT11, VIT12, VIT13	Height, Weight, BSA, Temperature, Pulse, Respiration Rate, Systolic and/or Diastolic Blood Pressure are/is less than zero.	Height, Weight, BSA, Temperature, Pulse, Respiration Rate, Systolic Blood Pressure and Diastolic Blood Pressure must be greater than zero.
VIT14	Pulse Oximetry is out of range.	Pulse Oximetry must be an integer number between 0 and 100.
VIT15	Vitals (on cycle sections) have Date of Vitals outside the range of the cycle start and stop date.	Enter an appropriate date. Note: this does not apply for all protocol.

(PHYSICAL-EXAMS-SCREENING)

Prior Radiation Supplement

Purpose

Record details of prior radiation therapy when specified by the protocol or when the details would be clinically significant for the evaluation of this study.

Prior Radiation Supplement eCRF

Patient X2 Page 7 (Prior Rad for Screening) Page 1 of 1, Repeat 1 of 1.

Visit Date 14-May-2008 Blank Comment

Prad COM Blank

PRIOR RADIATION SUPPLEMENT

Date of First Dose	Date of Last Dose	Radiation Type	Other, Specify	Radiation Extent	Site	Schedule	Total Dose	Dose

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date ^(m)	Enter the date the form was completed. <i>Note: If the information was obtained at multiple visits, please enter the date the form was completed.</i>	DD-MMM-YYYY
Date of First Dose ^(m)	Enter the date of the first dose of the radiation therapy. Partial dates are acceptable when the day is not known.	DD-MMM-YYYY or MMM-YYYY
Date of Last Dose	Enter the date of the last dose of the radiation therapy. Partial dates are acceptable when the day is not known. Leave it blank if the therapy is currently being received. "Ongoing" will be reported to CTMS or CDS.	DD-MMM-YYYY, MMM-YYYY
Radiation Type ^(m) ...	Select the type of radiation therapy, e.g.: "proton beam", "external beam" or "implant".	Use pick list.
Other, Specify	Enter an explanation when 'Other, Specify' is selected as a 'Radiation Type'	100 Characters
Radiation Extent ^(m) ...	Select the extent of the radiation therapy as follows: LR- Limited Radiation: therapy using ionizing radiation to a limited (<50%) portion of the body. ER- Extensive Radiation: therapy using ionizing radiation to a significant portion of the body (>50%), e.g. cardiospinal, pelvic, or total-body. R- Radiation (NOS): Extent is not known.	Use pick list.
Site ^(m) ...	Select the site of the radiation therapy.	Use pick list.
Schedule	Select the radiation therapy schedule on which it was given.	24 characters

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Total Dose	State the total radiation dose the patient received during the treatment period. Leave this field as well as the Total Dose UOM blank if the radiation therapy is ongoing.	8 characters
Total Dose UOM ...	Select the radiation dose units of measurement (e.g. cGy or rad, or cSv or rem).	Use pick list.
Best Response ...	Select the best response for the irradiated lesion. It applies to the type of therapy/intervention for which conventional response calls are appropriate. Leave this field blank if the radiation therapy is ongoing. CR- Complete Response PR- Partial Response MR- Minimal/Marginal Response SD- Stable Disease PD- Progressive Disease NE- Not Evaluable NA- Not Assessed UK- Unknown	Use pick list.
NonResponse Therapy Type ...	Select the therapy type for which the conventional response calls are not appropriate. AJ- Adjuvant Therapy PA- Palliative Therapy NJ- Neoadjuvant Therapy	Use pick list.
Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Prior Radiation Supplement (cont'd)

Validations		
Code	Description	Resolution
PRD01	Date of First Dose is greater than Date of Last Dose.	Enter a Date of First Dose that is equal to or earlier than the Date of Last Dose.
PRD02, PRD03	Date of First Dose and Date of Last Dose are in the future.	Enter a date that is equal to or earlier than the current date.
PRD04	Both Best Response and Nonresponse Therapy Type are present/absent.	One and only one fields should be entered.
PRD05	Prior Radiation Type 'Other Specify' and 'Other, Specify' field are not present together.	Enter 'Other Specify' if 'Other Specify' is selected as Prior Radiation Type.

(PRIOR-RADIATION-SUPPLEMENT)

Prior Surgery Supplement

Purpose

Record details of prior surgery when required by the protocol or when the details would be clinically significant for the evaluation of this study.

Prior Surgery Supplement eCRF

Patient X1 Page 8 (Prior Surg for Screening) Page 1 of 1, Repeat 1 of 1.

Visit Date Blank Comment

Psrg Blank

PRIOR SURGERY SUPPLEMENT

Date of

Date of Surgery	Procedure	Site	Findings	Residual Disease	Therapeutic?

Prior Surgery Supplement (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date ^(m)	Enter the date the form was completed. <i>Note: If the information was obtained at multiple visits, please enter the date the form was completed.</i>	DD-MMM-YYYY
Date of Surgery ^(m)	Enter the date of the surgical procedure. Partial dates are acceptable when the day and/or month are not known.	DD-MMM-YYYY, MMM-YYYY or YYYY
Procedure ^(m)	Enter the type of procedure performed to diagnose / to treat the patient's disease. Examples include, but not limited too: biopsy, node dissection, cytology, bone marrow biopsy, FNA (fine needle aspiration).	50 characters
Site ^(m) ...	Select the anatomical site of the procedure.	Use pick list.
Findings	Briefly describe the findings of the procedure.	24 characters
Residual Disease	Briefly describe the extent of the residual disease, if any, at the conclusion of the operation. (i.e.: microscopic, macroscopic).	24 characters
Therapeutic? ...	Select if the surgical procedure was performed with curative intent: Y- Yes N- No	Use pick list.
Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Prior Surgery Supplement (cont'd)

Validations		
Code	Description	Resolution
PSG01	Date of Surgery is in the future.	Enter a date that is equal to or earlier than the current date.

(PRIOR-SURGERY-SUPPLEMENT)

Filler Page

Prior Therapy Supplement

Purpose

Record details of prior therapies when specified by the protocol or when the details would be clinically significant for the evaluation of this study as indicated on the Prior Treatment Summary case report form.

Prior Therapy Supplement eCRF

Patient X1 Page 6 (Prior Thrp for Screening) Page 1 of 1, Repeat 1 of 1.

Visit Date Blank Comment

Pthr Blank

PRIOR THERAPY SUPPLEMENT

Date of First Dose	Date of Last Dose	Agent Name	Schedule	Total Dose	Total Dose UOM	Best Response	NonResponse	Therapy Type
<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"/>
<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"/>
<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"/>

Prior Therapy Supplement (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date ^(m)	Enter the date the form was completed (i.e. the date information was gathered).	DD-MMM-YYYY
Date of First Dose ^(m)	Enter the date of the first dose of the prior therapy. Partial dates are acceptable when the day is not known.	DD-MMM-YYYY or MMM-YYYY
Date of Last Dose	Enter the date of the last dose of the prior therapy. Partial dates are acceptable when the day is not known. Leave it blank if the treatment is currently being received. "Ongoing" will be reported to CTMS or CDS.	DD-MMM-YYYY, MMM-YYYY
Agent Name ...	Select the generic name of the agent that was used. <i>Note: For standard regimen (multiple agents given as one regimen), enter one record for each agent.</i>	Use pick list.
Schedule	Select the schedule on which the agent (or combination) was given.	24 characters
Total Dose	Enter the total dose of the agent.	8 characters
Total Dose UOM ...	Enter the total dose units of measurement.	12 digits
Best Response ...	Select the best response encountered: CR- Complete Response MR- Minimal/Marginal Response NA- Not Assessed NE- Not Evaluable PD- Progressive Disease PR- Partial Response SD- Stable Disease UK- Unknown Leave this field blank if the treatment is ongoing.	Use pick list.

Prior Therapy Supplement (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
NonResponse Therapy Type ...	Select the therapy type for which the conventional response calls are not appropriate. AJ- Adjuvant Therapy PA- Palliative Therapy NJ- Neoadjuvant Therapy	Use pick list.
Therapy Type ^(m) ...	Select the appropriate type of prior therapy: Anti-Retroviral Therapy Antisense Bone Marrow Transplant Chemotherapy (NOS) Chemotherapy multiple agents systemic Chemotherapy non-cytotoxic Chemotherapy single agent systemic Gene Transfer Hormonal Therapy Drug and/or Immunotherapy Oncolytic Virotherapy Vaccine Prior Therapy (NOS) Hematopoietic Stem Cell Transplantation Image Directed Local Therapy No prior Therapy	Use pick list.
Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Prior Therapy Supplement (cont'd)

Validations		
Code	Description	Resolution
PTS01	Date of First Dose is greater than Date of Last Dose.	Enter a Date of First Dose that is equal to or earlier than the Date of Last Dose.
PTS02, PTS03	Date of First Dose and Date of Last Dose are in the future.	Enter a date that is equal to or earlier than the current date.
PTS04	Both Best Response and Nonresponse Therapy Type are present/absent.	One and only one fields should be entered.

(PRIOR-THERAPY-SUPPLEMENT)

Prior Treatment Summary

Purpose

Record whether or not the patient has received any treatments for each of the prior therapy types listed.

Note: This CRF is only for CTEP-sponsored studies.

Details must be provided for the following on the appropriate Prior Therapy Case Report Form:

1. The last treatment prior to enrollment.
2. Any prior stem cell toxic therapy (e.g. mitomycin C) or cardiotoxic therapy (e.g. doxorubicin or other anthracycline) if relevant to the study agent.
3. Any therapies used to determine "extensive prior therapy" if specified in protocol.
4. Any therapies restricted by the protocol eligibility criteria, either specific drugs or number of prior therapies (e.g. no more than two prior chemotherapy regimens for metastatic disease).
5. Any therapies that are clinically significant for evaluation of the current study.
6. Additionally as required specifically by the protocol.

Prior Treatment Summary eCRF

Patient X1 Page 5 (Prior Tx for Screening) Page 1 of 1, Repeat 1 of 17.

Visit Date Blank Comment

PTX COM

Blank

PRIOR TREATMENT SUMMARY

Therapy Type	Any Therapy?	# of Prior Chem Regimens	Date of Last Dose
CHEMOTHERAPY SINGLE AGENT SYSTEMIC	<input type="checkbox"/> ...	<input type="text"/>	<input type="text"/>
CHEMOTHERAPY MULTIPLE AGENTS SYSTEMIC	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
CHEMOTHERAPY (NOS)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
HORMONAL THERAPY	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
SURGERY	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
DRUG AND/OR IMMUNOTHERAPY	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
EXTENSIVE RADIATION	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
LIMITED RADIATION	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
...	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Prior Treatment Summary (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date (^m)	Enter the date the form was completed (i.e. the date information was gathered).	DD-MMM-YYYY
Therapy Type	Name of the type of therapy. The appropriate list of therapy types is provided by CTMS. <i>Note: "Limited Radiation" is therapy using ionizing radiation to a limited (<50%) portion of the body, while "Extensive Radiation" exposes a significant portion of the body (>50%), e.g. cardiospinal, pelvic, or total-body.</i> <i>Note: "Chemotherapy (NOS)" should be used only when it is not possible to determine whether the treatment was "single agent" or "multiple agent".</i>	Not applicable.
Any Therapy? (^m) ...	Indicate whether or not the patient has received any prior treatment for the type of therapy listed. Y- Yes - then Date of Last Dose must be provided. N- No	Use pick list.
Number of Prior Regimens (^u) (^m)	Enter the number of prior regimens received for the type of therapy. <i>Note: This field is only mandatory for studies that report data to CDS.</i>	2 digits
Date of Last Dose	Enter the date of the last dose of the most recent prior treatment regimen for each therapy type. Partial dates are acceptable when the day and/or month are not known. Leave it blank if the treatment is currently being received and "Ongoing" will be reported to CTMS or CDS. For combination therapies, record the date of the last dose of medication for the combination.	DD-MMM-YYYY, MMM-YYYY, YYYY
Legend: ... pick list available, (^d) derived field, (^m) RDC mandatory, (^c) for CTEP reporting only, (^u) for CDS reporting only.		

Prior Treatment Summary (cont'd)

Validations		
Code	Description	Resolution
PTX02	Date of Last Dose is specified for a therapy type but the respective "Any Therapy?" is not checked 'Yes'.	Verify Date of Last Dose and/or "Any Therapy?".
PTX03	Date of Last Dose, which could be partial, is in the future.	Enter a Date of Last Dose that is equal to or earlier than the current date.
PTX04	Number of Prior Regimens is negative or not a number. (Note: only for studies reporting data to CDS)	Enter a number between 0 and 99 when applicable.
PTX05	Some of the 'Any Therapy?' answers were not provided.	Answer 'Y' or 'N' for all the 'Any Therapy?' questions.

(PRIOR-TREATMENT-SUMMARY)

Filler Page

Procedures

Purpose

Record the results of the procedures that are performed as part of the protocol. All laboratory results are to be recorded on the appropriate lab CRF. All procedures that are done as a result of an adverse event are to be recorded on the concomitant measures CRF

Procedures eCRF

The screenshot shows a web-based form titled "Patient X1 Page 81 (Procedures for Ongoing) Page 1 of 1, Repeat 1 of 1." The form includes a "Visit Date" field with the value "12-Dec-2006", a "Blank" checkbox, and a "Comment" text area. Below this are tabs for "LbI1", "LbI2", "LbI3", and "COM". A "Type" dropdown menu is set to "LL1", with another "Blank" checkbox and a small square button next to it. The main section is titled "PROCEDURES - 1" and contains a table with the following columns: "Course #", "Course", "Date", "Time", "Procedure", "Body Site", "Abnormal Result?", and "Findings". The table has three empty rows for data entry.

Course #	Course	Date	Time	Procedure	Body Site	Abnormal Result?	Findings

Procedures (cont'd)

Field Descriptions and Instructions																																						
Field Name	Description / Instructions	Format																																				
Visit Date	The Visit Date is optional on this case report form. Hit the "Tab" key to leave it empty and move to the Date field.	DD-MMM-YYYY																																				
Course # ^(d)	Indicates the course number the procedure is related to based on their date and time.	5 digits																																				
Day in Course ^(d)	Indicates the day since the beginning of course the procedure is related to based on their date and time.	5 digits																																				
Date ^(m)	Enter the date that the procedure was done, not the date it was interpreted by the radiologist or investigator.	DD-MMM-YYYY																																				
Time	Enter the time the procedure was done.	HH(24):MM																																				
Procedure ^(m) ...	<p>Select the procedure from the pick list.</p> <p><i>Note: For CTMS monitored protocols, these are the only Procedures sent:</i></p> <table style="margin-left: 40px; border: none;"> <tr><td>EKG</td><td>Electrocardiogram</td></tr> <tr><td>CXR</td><td>Chest X-ray</td></tr> <tr><td>BRNCHGRM</td><td>Bronchogram</td></tr> <tr><td>UPGISER</td><td>Upper GI Series</td></tr> <tr><td>LOGISER</td><td>Lower GI Series</td></tr> <tr><td>SKELSURV</td><td>Skeletal Survey</td></tr> <tr><td>HOLTMON</td><td>Holter Monitor</td></tr> <tr><td>BONESCAN</td><td>Bone Scan</td></tr> <tr><td>EEG</td><td>Electroencephalogram</td></tr> <tr><td>BMCELLUTY</td><td>Bone Marrow Cellularity</td></tr> <tr><td>UCASTS</td><td>Urine Casts</td></tr> <tr><td>MUGASCAN</td><td>Muga Scan</td></tr> <tr><td>ULTRASND</td><td>Ultrasound</td></tr> <tr><td>CATSCAN</td><td>CAT Scan</td></tr> <tr><td>MRI</td><td>MRI</td></tr> <tr><td>X-RAY</td><td>X-ray</td></tr> <tr><td>PETSCAN PET</td><td>Scan</td></tr> <tr><td>CULTURE</td><td>Culture</td></tr> </table>	EKG	Electrocardiogram	CXR	Chest X-ray	BRNCHGRM	Bronchogram	UPGISER	Upper GI Series	LOGISER	Lower GI Series	SKELSURV	Skeletal Survey	HOLTMON	Holter Monitor	BONESCAN	Bone Scan	EEG	Electroencephalogram	BMCELLUTY	Bone Marrow Cellularity	UCASTS	Urine Casts	MUGASCAN	Muga Scan	ULTRASND	Ultrasound	CATSCAN	CAT Scan	MRI	MRI	X-RAY	X-ray	PETSCAN PET	Scan	CULTURE	Culture	Use pick list.
EKG	Electrocardiogram																																					
CXR	Chest X-ray																																					
BRNCHGRM	Bronchogram																																					
UPGISER	Upper GI Series																																					
LOGISER	Lower GI Series																																					
SKELSURV	Skeletal Survey																																					
HOLTMON	Holter Monitor																																					
BONESCAN	Bone Scan																																					
EEG	Electroencephalogram																																					
BMCELLUTY	Bone Marrow Cellularity																																					
UCASTS	Urine Casts																																					
MUGASCAN	Muga Scan																																					
ULTRASND	Ultrasound																																					
CATSCAN	CAT Scan																																					
MRI	MRI																																					
X-RAY	X-ray																																					
PETSCAN PET	Scan																																					
CULTURE	Culture																																					

Procedures (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Body Site ^(m) ...	Select the body site from the pick list. In the case of tests such as CATSCAN, MRI, and X-RAY record the applicable body site. For CAT Scan and MRI use thorax, abdomen, pelvis or brain.	Use pick list.
Abnormal Result ? ^(m) ...	Select whether the finding results for the particular procedure / body site were either: A- Abnormal N- Normal	Use pick list.
Findings	If abnormal, enter as summary of the abnormal findings.	128 characters 200 characters for non-CTEP sponsored studies.
Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Procedures (cont'd)

Validations		
Code	Description	Resolution
LBLL01	Procedure date is in the future.	Enter a date that is equal to or prior to the current date.
LBLL02, LBLL03	Findings were entered and Abnormal is not "A-Abnormal" or Abnormal is "A-Abnormal" and no brief description was entered in the Findings.	Abnormal Findings must have a brief description.

Derivations		
Code	Field Name	Description
LL1001	Course #	Course number is derived based on the course initiation start dates and the procedure date.
LL1002	Day in Course	Number of days since the beginning of the course is derived from the course initiation start date and the procedure date.

(PROCEDURES)

Radiation

Purpose

Record details of radiation therapy when specified by the protocol.

Radiation eCRF

Patient X2 Page 16 (Radiation for Course 1) Page 1 of 1, Repeat 1 of 1.

Visit Date: 14-May-2008 Blank Comment:

Radt: COM Blank

RADIATION TREATMENT

Day in Course	Start Date	Start Time	Stop Date	Stop Time	Radiation Type	Other, specify	Radiation Field	Dose	UOM	Dose per Fraction	Total # of Fractions

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date	The Visit Date is optional on this case report form. Hit the "Tab" key to leave it empty and move to the Date of Vitals field.	DD-MMM-YYYY
Day in Course ^(d)	Indicates the day since the beginning of course initiation. Derived from the course initiation start date.	5 digits
Start Date ^(m)	Enter the start date of the radiation therapy.	DD-MMM-YYYY
Start Time	Enter the start time of the radiation therapy.	HH(24):MM
Stop Date ^(m)	Enter the date of the last dose of the radiation therapy.	DD-MMM-YYYY
Stop Time	Enter the stop time of the radiation therapy.	HH(24):MM
Radiation Type ^(m) ...	Select the type of radiation therapy, e.g.: "proton beam", "external beam" or "implant".	Use pick list.
Other, Specify	Enter an explanation when 'Other, Specify' is selected as a 'Radiation Type'	100 character
Radiation Field ...	Select the site of the radiation therapy.	Use pick list.
Dose ^(m)	State the total radiation dose the patient received during the treatment period.	8 characters
Dose UOM ^(m) ...	Select the radiation dose units of measurement (e.g. cGy or rad, or cSv or rem).	Use pick list.
Dose per Fraction	Enter the fractionated dose of radiation therapy administered to a treatment field or site according to protocol.	5 digits
Total # of Fractions	Enter the number of dose-portions or fractions of radiation therapy actually administered.	4 digits
Elapsed Days	Enter the actual number of days radiation therapy was administered.	30 digits

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Tx Delivery Location ...	Select the institute where the radiation therapy was administered.	Use pick list.
Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Radiation (cont'd)

Validations		
Code	Description	Resolution
RAD01 RAD02	Date is in the future.	Enter a date that is equal to or earlier than the current date.
RAD03	Stop Date/Time is greater than Start Date/Time.	Correct the Start Date/Time or Stop Date/Time.
RAD04	Radiation Type 'Other Specify' and 'Other, Specify' field are not present together.	Enter 'Other Specify' if 'Other Specify' is selected as Radiation Type.

Derivations		
Code	Field Name	Description
RAD1002	Day in Course	Derived from the respective course initiation start date.

(RADIATION)

Study Medication Administration

Purpose

Record study medication administration. Use a separate line for each medication and for each non-consecutive dose administration. Examples:

Oral daily agent:

Enter the start date of the cycle and then enter the date of last dose in the stop date field of the cycle. Note: start and stop times are not necessary for oral agents.

If the daily dosing is interrupted, enter the stop date, and on another line enter the start date if resumed during the same cycle. Enter the missed doses on the Missed Dose eCRF.

Agent administers on Days 1-5 weekly every 28 days

Enter four lines, one for each consecutive weekly dosing.

If the daily dosing is interrupted, enter the stop date, and on another line enter the start date if resumed during the same cycle. Enter the missed doses on the Missed Dose eCRF.

Agent administer on Days 1, 3, 5 every 21 days

Three line entries are required

Continuous IV administration >24 hours

Enter start date and time of the infusion and when the infusion is completed (e.g., after 72 hours), enter the stop date and time.

Two IV agents are administer, one on Day 1 and the other on Days 1 and 15

Enter the two agents on separate lines for Day 1 and then on the third line, enter the Day 15 administration of the second drug.

Study Medication Administration eCRF

Study Medication Administration Tab

Patient X1 Page 15 (Study Med for Course 1) Page 1 of 1, Repeat 1 of 1.

Visit Date: 12-Dec-2006 Blank Comment:

Sdad Sdmi COM

Blank

STUDY MEDICATION ADMINISTRATION

Day in	Start		Stop		Medication	Dose Level	UOM	Planned	
	Date	Time	Date	Time				Schedule	Route

The following screen shot is the portion to the right of the Planned Route field.

Patient X1 Page 15 (Study Med for Course 1) Page 1 of 1, Repeat 1 of 1.

Visit Date: 12-Dec-2006 Blank Comment:

Sdad Sdmi COM

Blank

Total Dose	Actual		Duration	
	UOM	Lot #	Duration	UOM

Study Medication Administration (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date (m)	Enter the date the course started.	DD-MMM-YYYY
Day in Course ^(d)	Indicates the day since the beginning of course initiation. Derived from the course initiation start date.	5 digits
Start Date (m)	Enter the date the medication was administered.	DD-MMM-YYYY
Start Time	For IV infusions only: Enter the start time of the infusion.	HH(24):MM
Stop Date	Enter the date the medication was discontinued.	DD-MMM-YYYY
Stop Time	For IV infusions only: Enter the stop time of the infusion.	HH(24):MM
Medication (m) ...	<p>Select a medication from the list.</p> <p><i>Note: The medication pick list incorporates all study medications, including pre and post medications specified in the protocol as part of the treatment. These medications should be documented in this case report form and NOT in the Concomitant Measures / Medications form.</i></p>	Use pick list.

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Planned Dose Level (m) (c)	<p>Enter the amount of medication (a number) that was planned to be given for the dose level.</p> <p>It is not appropriate to record the dose level number such as "dose level 1". If the dose level is 100 mg/m², then enter 100 for the dose level. The mg/m² will be captured in the Planned UOM field.</p> <p>For dose levels that are expressed with scientific exponential units using powers of 10 such as vaccines and viral particles, enter as x10E. For example, dose level description is 2 x 10⁶ PFUs, the dose level would be 2x10E6 and the PFUs would be noted in the Planned UOM (Units of Measurement) field.</p> <p><i>Note: for non-CTEP studies, this field may be removed.</i></p>	8 digits & 3 decimals
Planned UOM (m) (c) ***	<p>Select the Planned Dose Level unit of measurement.</p> <p><i>Note: for non-CTEP studies, this field may be removed.</i></p>	Use pick list.
Planned Schedule (m) (c) ***	<p>Select the schedule of medication administration as indicated in the protocol.</p> <p><i>Note: for non-CTEP studies, this field may be removed.</i></p>	Use pick list.
Planned Route (m) ***	<p>Select the route from the list.</p>	Use pick list.
Actual Total Dose (m)	<p>Enter the total actual dose given for the medication name entered above for the time period encompassed by the duration. See Actual UOM below for the units of measure of the actual dose.</p> <p>Note: In the case of medications (such as vaccines and viral particles) where the dose is expressed with scientific exponential units using powers of 10, record (for example) 10⁶ as 1X10E6.</p>	8 digits & 3 decimals

Study Medication Administration (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Actual Dose UOM ^(m) ...	Select the Actual Dose Level unit of measurement.	Use pick list.
Lot #	Enter the Lot Number for the medication supply.	24 characters
Duration ^(m)	Enter the duration calculated from the start date/time and stop date/time. <i>Note: for non-CTEP studies, this field is not mandatory.</i>	6 digits & 2 decimals
Duration UOM ^(m) ...	Select the units of measurement so that the duration can be derived. <div style="margin-left: 40px;"> DY- Days HR- Hours MN- Minutes MO- Months Wk- Weeks </div>	Use pick list.
Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Study Medication Administration (cont'd)

Validations		
Code	Description	Resolution
SD01, SD03	Start Date and/or Stop Date are/is in the future.	Enter a date earlier than or equals to the current date.
SD04	Stop Date/Time is prior to Start Date/Time.	Correct the Start Date/Time or Stop Date/Time.
SD05	Duplicate Medication records exist.	A unique entry for Medication, Start Date/Time and Stop Date/Time is required.
SD06, SD07, SD08, SD09	Overlapping start and stop dates/times for the same medication.	Review the medications in question and their respective start and stop dates/times.
SD10	Start Time or Stop Time is missing.	Both Start and Stop Time are required or optional.

Derivations		
Code	Field Name	Description
SD1001	Day in Course	Derived from the respective course initiation start date.

Study Medication Administration (cont'd)

Purpose

To record study medications that were intended to be taken by the patient, but were missed.

Note: Please be aware that missed dose and partial dose are different. A missed dose means a dose was missed entirely.

This DOES NOT include dose held as per the protocol for toxicity.

Study Medication Administration eCRF

Study Medication Missed tab

Patient X1 Page 15 (Study Med for Course 1) Page 1 of 1, Repeat 1 of 1.

Visit Date: 12-Dec-2006 Blank Comment:

Sdad Sdmi COM

Blank

STUDY MEDICATION MISSED

Day in Course	Start Date of Missed Dose	Stop Date of Missed Dose	Medication	Total Missed Dose Amount	UOM	Reason for Missed Dose	Explain 'Other' Reason Missed

Study Medication Administration (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Day in Course ^(d)	Indicates the day since the beginning of course initiation. Derived from the course initiation start date.	5 digits
Start Date of Missed Dose ^(m)	Enter the start date the medication was not administered.	DD-MMM-YYYY
Stop Date of Missed Dose ^(m)	Enter the stop date the medication was not administered.	DD-MMM-YYYY
Medication ^(m)	Select the name of the missed medication.	Use pick list.
Total Missed Dose Amount ^(m)	Enter the actual amount of medication missed for the date entered above. <i>Note: In the case of medications (such as vaccines and viral particles) where the dose is expressed with scientific exponential units using powers of 10, record (for example) 10⁷ as 1 and select 10E7 as the Missed Amount UOM.</i>	8 characters
UOM ^(m) ...	Select the Missed Dose Amount unit of measurement.	Use pick list.
Reason for Missed Dose ^(m) ...	Select the reason the medication was missed.	Use pick list.
Explain 'Other' Reason Missed	Enter an explanation for selecting "Other" for Reason for Missed Dose	30 characters
Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Study Medication Administration (cont'd)

Validations		
Code	Description	Resolution
SD13	Stop Date/Time for Study Medication Missed is before Start Date/Time.	Verify that Start Date/Time is before Stop Date/Time.
SD14	Actual Total Dose is not valid numeric value.	Enter valid numeric value.
SD15	Dose Level is not valid numeric value.	Enter valid numeric value.

Derivations		
Code	Field Name	Description
SM1001	Day in Course	Derived from the respective course initiation start date.

(STUDY-MEDICATION-ADMINISTRATION)

Filler Page

Surgery

Purpose

Record details of surgery performed as part of the treatment when required by the protocol.

Surgery eCRF

The screenshot shows the top portion of the Surgery eCRF form. At the top, it displays 'Patient X1 Page 17 (Surgery for Course 1) Page 1 of 1, Repeat 1 of 1.' Below this, there is a 'Visit Date' field with the value '12-Dec-2006', a 'Blank' checkbox, and a 'Comment' text box. There are two tabs: 'Surg' and 'COM'. Below the tabs, there is another 'Blank' checkbox and a small square icon. The main section is titled 'SURGERY' and contains a table with the following columns: 'Day in Course', 'Date of Surgery', 'Procedure', 'Findings', 'Residual Disease', and 'Were Margins Clear?'. There are three empty rows in the table.

Day in Course	Date of Surgery	Procedure	Findings	Residual Disease	Were Margins Clear?

The following screen shot is the portion to the right of the Were Margins Clear field.

The screenshot shows the bottom portion of the Surgery eCRF form, specifically the 'Margin Comments' section. It features a table with three columns: 'Margin Comments', 'Total LN Involved', and 'Total LN Evaluated'. There are three empty rows in the table.

Margin Comments	Total LN Involved	Total LN Evaluated

Surgery (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date	The Visit Date is optional on this case report form. Hit the "Tab" key to leave it empty and move to the Date of Vitals field.	DD-MMM-YYYY
Day in Course ^(d)	Indicates the day since the beginning of course the cardiac ejection fraction results are related to based on their date and time.	5 digits
Date of Surgery ^(m)	Enter the date of the surgical procedure.	DD-MMM-YYYY
Procedure ^(m)	Enter the type of procedure performed to diagnose / to treat the patient's disease. Examples include, but not limited too: biopsy, node dissection, cytology, bone marrow biopsy, FNA (fine needle aspiration).	100 characters
Findings	Briefly describe the findings of the procedure.	24 characters
Residual Disease	Briefly describe the extent of the residual disease, if any, at the conclusion of the operation. (i.e.: microscopic, macroscopic).	24 characters
Were Margin Clear?	Select the results of tissue margin examination.	Use pick list.
Margin Comments	Enter the comment for margin examination.	200 characters
Total Lymph Nodes Involved	Enter the number of lymph nodes involved with disease as determined by pathologic examination.	5 digits
Total Lymph Nodes Evaluated	Enter the total number of lymph nodes removed and pathologically assessed for disease.	5 digits
Legend: <input type="checkbox"/> pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Surgery (cont'd)

Validations		
Code	Description	Resolution
SUG01	Date of Surgery is in the future.	Enter a date that is equal to or earlier than the current date.

Derivations		
Code	Field Name	Description
SUG1002	Day in Course	Derived from the respective course initiation start date.

(SURGERY)

Filler Page

Survival

Purpose

Use this form to record information about the patient's death and autopsy results if applicable.

Note: Only the Date of Death is sent to CTMS if there is an indication, on the Follow-up case report form, that the patient has received further treatment. All the fields still need to be entered though.

Survival eCRF

The screenshot shows a web-based form titled "Patient X1 Page 85 (Survival for Offstudy) Page 1 of 1". The form has a blue header and a light blue background. At the top, there is a "Visit Date" field with the value "12-Dec-2006" and a "Blank" checkbox. Below this is a "Comment" text area. There are two tabs, "Dasm" and "COM", with "COM" selected. A "Blank" checkbox is also present in the top right. The main section is titled "SURVIVAL" and contains several fields: "Date of Death" with a text input field; "Cause of Death (Presumed)" with a checkbox and a text input field labeled "Explain 'Other' Cause of Death (Presumed)"; "Autopsy Results Available?" with a checkbox; "Cause of Death (Autopsy Finding)" with a checkbox and a text input field labeled "Explain 'Other' Cause of Death (Autopsy)"; and "Sites of Disease at Autopsy" with three stacked text input fields. The form is displayed in a browser window with standard navigation buttons.

Survival (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date	The Visit Date is optional on this case report form. Hit the "Tab" key to leave it empty and move to the Date of Last Contact field.	DD-MMM-YYYY
Date of Death ^(m)	Enter the date the patient has died.	DD-MMM-YYYY
Cause of Death (Presumed) ^(m) ...	<p>If the patient died without intervening therapy specific to the disease for which the patient was put on study, this section should be completed.</p> <p>Categorize the cause as due to:</p> <p style="margin-left: 40px;">M- Malignant Disease T- Toxicity from Protocol Treatment I- Infection O- Other (Explain)</p> <p>If "Other" is checked, enter a succinct description of the presumed cause of death on the field "Explain 'Other' Presumed Cause of Death".</p>	Use pick list.
Explain 'Other' Cause of Death (Presumed)	Enter a succinct description if option "Other" is selected as presumed cause of death. For example: Concurrent illness/MI".	24 characters
Autopsy Results Available? ^(m) ...	<p>Select an option indicating whether the results of an autopsy are available.</p> <p style="margin-left: 40px;">Y- Yes - Autopsy done and results available. N- No - Autopsy not done or autopsy done, but results not yet available. U- Unknown - Do not know if an autopsy was done.</p> <p>If the autopsy results are still pending, select "No" and update this CRF when the results are available.</p>	Use pick list.

Survival (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Cause of Death (Autopsy Finding) ^(m)	<p>If an autopsy was performed and a cause of death was determined at autopsy, it should be categorized according to:</p> <p style="margin-left: 40px;">M- Malignant Disease T- Toxicity from Protocol Treatment I- Infection O- Other</p> <p>Only one category should be checked.</p> <p>If "Other" is checked, enter a succinct description of the autopsy finding cause of death on the field "Explain 'Other' Autopsy Finding Cause of Death".</p>	Use pick list.
Explain 'Other' Cause of Death (Autopsy Finding)	If option "Other" is selected as autopsy finding cause of death, enter a succinct description, i.e., MI.	24 characters
Sites of Disease (Autopsy Finding) ^(m)	Select the major sites of malignant disease involvement found at the autopsy, i.e., heart, brain, lungs, etc.	Use pick list.
Legend: ^(m) pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Survival (cont'd)

Validations		
Code	Description	Resolution
SUR01	Date of Death is in the Future.	Enter a Date of Death that is earlier than or equal to the current date.
SUR02	Autopsy Results Available is set to "Yes", but Cause of Death (Autopsy Finding) is not specified.	Cause of Death (Autopsy Finding) must be provided when the Autopsy Results Available is set to "Yes".
SUR03	Autopsy Results Available is not set to "Yes" and some, or all, of the other autopsy fields have been entered.	Verify Autopsy Results Available and the other autopsy fields.
SUR04	Cause of Death (Autopsy Finding) is "Other" and Explain 'Other' Cause of Death (Autopsy Finding) is not specified.	Verify Cause of Death (Autopsy Finding) and Explain 'Other' Cause of Death (Autopsy Finding) fields.
SUR05	Explanation provided in Explain 'Other' Cause of Death (Autopsy Finding), but Cause of Death (Autopsy Finding) is not "Other".	Cause of Death (Autopsy Finding) must be 'Other' when an explanation is provided in the Explain 'Other' Cause of Death (Autopsy Finding) field.
SUR06	Cause of Death (Presumed) is "Other" and Explain 'Other' Cause of Death (Presumed) is missing.	An 'Other' Cause of Death (Presumed) requires an explanation in the Explain 'Other' Presumed Cause of Death field.
SUR07	Explanation provided in Explain 'Other' Cause of Death (Presumed), but Cause of Death (Presumed) is not "Other".	Cause of Death (Presumed) must be 'Other' when an explanation is provided in the Explain 'Other' Presumed Cause of Death field.
SUR08	Date of Death is greater than 30 days past Off Study Date.	Survival eCRF is not applicable as patient is off study.

(SURVIVAL)

Transfusions

Purpose

Record the patient's received transfusions.

Transfusions eCRF

Patient X1 Page 79 (Transfusen for Ongoing) Page 1 of 1, Repeat 1 of 1.

Visit Date Blank Comment

Pltr COM

Blank

TRANSFUSION

Course #	Day in Course	Date of Transfusion	Time	Transfusion Component	# of Units
<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"/>	<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"/>

Transfusions (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date	The Visit Date is optional on this case report form. Hit the "Tab" key to leave it empty and move to the Date field.	DD-MMM-YYYY
Course # ^(d)	Indicates the course number the transfusion is related to based on their date and the Course Initiation start dates.	5 digits
Day in Course ^(d)	Indicates the day since the beginning of course the transfusion is related to based on their date and the Course Initiation start dates.	5 digits
Date ^(m)	Enter the date that the transfusion was done.	DD-MMM-YYYY
Time ^(m)	Enter the time the transfusion was done.	HH(24):MM
Transfusion Component ^(m) ...	Select the transfusion component from the pick list.	Use pick list.
# of Units ^(m)	Enter the blood component number of units transfused (in Units)	3 digits
Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Transfusions (cont'd)

Validations		
Code	Description	Resolution
TF01	Transfusion date is in the future.	Enter a date that is equal to or prior to the current date.
TF02	Two or more transfusions with the same date and time.	There can only be one transfusion for a date and time.

Derivations		
Code	Field Name	Description
TF1001	Course #	Course number is derived based on the course initiation start dates and the transfusion date.
TF1002	Day in Course	Number of days since the beginning of the course is derived from the course initiation start date and the transfusion date.

(TRANSFUSIONS)

Filler Page

Urinary Excretions

Purpose

Record detailed information about the collection of urine samples for analysis of the presence and quantity of the study medication and/or its metabolites.

Note: This CRF will be put on the cycle section.

Urinary Excretion eCRF

Patient X1 Page 14 (Urinary Ex for Course 1) Page 1 of 1.

Visit Date: 11-Dec-2006 Blank Comment:

UE COM

Blank

URINARY EXCRETION

Course # Day in Course

Study Agent

Start Date of Dosing Start Time of First Injection

Stop Date of Dosing Stop Time of First Injection

Planned Interval	Sample Collected?	Start		Stop		Urine Vol (ml)	Study Agent		Mean Conc	Amt in Void	UOM
		Date	Time	Date	Time		Assay 1	Assay 2			
0-24 HRS AFTER INJECTION	<input type="checkbox"/>	<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"/>	<input type="text"/>
24-48 HRS AFTER INJECTION	<input type="checkbox"/>	<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"/>	<input type="text"/>
48-72 HRS AFTER INJECTION	<input type="checkbox"/>	<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"/>	<input type="text"/>

The following screen shot is the portion to the right of the Study Agent UOM field.

Patient X1 Page 14 (Urinary Ex for Course 1) Page 1 of 1.

Visit Date: 11-Dec-2006 Blank Comment:

UE COM

Blank

Assay 1	Assay 2	Metabolite		UOM
		Mean Conc	Amt in Void	
<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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Urinary Excretions (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date	The Visit Date is optional on this case report form. Hit the "Tab" key to leave it empty and move to the Date of Dosing field.	DD-MMM-YYYY
Course Number ^(d)	Indicates the course number that this urinary excretion sample is related to as derived from the course initiation start date.	5 digits
Day in Course ^(d)	Indicates the day since the beginning of course that this urinary excretion sample is related to as derived from the course initiation start date.	5 digits
Start Date of Dosing ^(m)	Enter the date the study agent was administered.	DD-MMM-YYYY
Start Time of First Injection ^(m)	Enter the time of the first injection of the study agent, or if appropriate, for taking the study agent via any "non-IV" route of administration (for example, enter the time that the agent is administered orally or rectally).	HH(24):MM
Study Agent ^(m) ...	Enter the name of the study agent (investigational or commercial) which is the subject of the urinary excretion study. <i>Note: Only one study agent is allowed per case report form. Separate forms should be used when more than one study agent is being studied.</i>	Use pick list.
Stop Date of Dosing	Enter the date the study agent administration was stopped. <i>Note: This field will be used for infusional therapies only.</i>	DD-MMM-YYYY

Urinary Excretions (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Stop Time of First Injection	Enter the stop time of the first injection of the study agent, or if appropriate, for taking the study agent via any "non-IV" route of administration (for example, enter the time that the agent is administered orally or rectally). <i>Note: This field will be used for infusional therapies only.</i>	HH(24):MM
Planned Interval	Planned interval pre-determined per protocol.	80 characters
Sample Collected? ^(m) ...	Indicate whether or not the specimen is collected. YES- then the Start Date, Time and Urine Volume should be entered NO UNKNOWN	Use pick list.
Start Date	Enter the collection start date.	DD-MMM-YYYY
Start Time	Enter the collection start time even if the assay results are not available.	HH(24):MM
Stop Date	Enter the collection end date.	DD-MMM-YYYY
Stop Time	Enter the collection end time even if the assay results are not available.	HH(24):MM
Urine Volume	Enter the urine volume collected in milliliters.	4 digits.
Parent Study Agent Assay 1	Enter the first parent study agent assay results in the biological samples. If results are not available, record at least the collection times on the case report form.	8 digits and 3 decimals
Parent Study Agent Assay 2	Enter the second parent study agent assay results in the biological samples. If results are not available, record at least the collection times on the case report form.	8 digits and 3 decimals

Urinary Excretions (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Parent Study Agent Assay Mean Concentration	Enter the parent study agent assay mean concentration, if available.	8 digits and 3 decimals
Parent Study Agent in Void	Enter the parent study agent assay in void results in the biological samples. If results are not available, record at least the collection times on the case report form.	8 digits and 3 decimals
Parent Study Agent UOM ...	Select the appropriate Study Agent units of measurement (e.g.: mg/dL or mmol/l).	Use pick list.
Metabolite Assay 1	Enter the first metabolite assay results in the biological samples. If results are not available, record at least the collection times on the case report form.	8 digits and 3 decimals
Metabolite Assay 2	Enter the second metabolite assay results in the biological samples. If results are not available, record at least the collection times on the case report form.	8 digits and 3 decimals
Metabolite Mean Concentration	Enter the metabolite mean concentration, if available.	8 digits and 3 decimals
Metabolite in Void	Enter the metabolite in void results in the biological samples. If results are not available, record at least the collection times on the case report form.	8 digits and 3 decimals
Metabolite UOM ...	Enter the appropriate Metabolite units of measurement (e.g.: mg/dL or mmol/l).	Use pick list.
Legend: ... pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.		

Urinary Excretions (cont'd)

Validations		
Code	Description	Resolution
UE01, UE02, UE07, UE15	Urinary excretion dates are in the future.	Enter dates that are equal to or prior to the current date.
UE06	Collection End Date/Time is prior to the collection Start Date/Time.	Collection End Date/Time must be after the collection Start Date/Time.
UE08	Start Date / Time and Stop Date / Time pair appears more than once – duplicate entry.	Remove the duplicate record or correct the Start Date / Time and Stop Date / Time of one of them.
UE11	Study Agent UOM entered, but Assay 1, Assay 2, Mean Concentration and Amount in Void are missing.	Enter a Study Agent Assay 1, Assay 2, Mean Concentration and/or Amount in Void.
UE12	Study Agent Assay 1, Assay 2, Mean Concentration and/or Amount in Void entered, but UOM is missing.	Enter the Study Agent UOM.
UE13	Metabolite UOM entered, but Assay 1, Assay 2, Mean Concentration and Amount in Void are missing.	Enter a Metabolite Assay 1, Assay 2, Mean Concentration and/or Amount in Void.
UE14	Metabolite Assay 1, Assay 2, Mean Concentration and/or Amount in Void entered, but UOM is missing.	Enter the Metabolite UOM.
UE16	Collected Urinary Excretion sample does not have corresponding Start Date, Time and Urine volume.	Enter Start Date, Time and Urine Volume if 'Sample Collected' is 'YES'.

Urinary Excretions (cont'd)

Derivations		
Code	Field Name	Description
UE1001	Course #	Course number is derived based on the course initiation start dates and the infection episode onset date.
UE1002	Day in Course	Number of days since the beginning of the course is derived from the course initiation start date and the infection episode onset date.

(URINARY-EXCRETIONS)

Vital Signs

Purpose

Record the patient's Vital Signs while on study. Please note that if Vital Signs are taken as a part of protocol specific Physical Exam, record those Vital Signs on the Physical Exam eCRF.

Note: This eCRF is mandatory for all CTEP sponsored CTMS monitored studies.

Vital Signs eCRF

Patient X1 Page 79 (Vitals for Ongoing) Page 1 of 1, Repeat 1 of 1.

Visit Date 12-Dec-2006 Blank Comment

Pivs1 Pivs2 Pivs3 COM

Type VT1 Blank

VITAL SIGNS - 1

Course #	Day in Course	Date of Vitals	Time	Notes	Performance Status		Lansky	Weight (kg)	Height (cm)
					Karnofsky	Zubrod/ECOG			

The following screen shot is the portion to the right of the Height.

Patient X1 Page 75 (Vitals for Ongoing) Page 1 of 1, Repeat 1 of 1.

Visit Date 12-Dec-2006 Blank Comment

Pivs1 Pivs2 Pivs3 COM

Type VT1 Blank

Temp


BSA	(C)	Pulse	Resp	Systolic	Diastolic	Pulse Ox

Vital Signs (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Visit Date	The Visit Date is optional on this case report form. Hit the "Tab" key to leave it empty and move to the Date of Vitals field.	DD-MMM-YYYY
Course # ^(d)	Indicates the course number the vital signs are related to based on their date and time.	5 digits
Day in Course ^(d)	Indicates the day since the beginning of course the vital signs are related to based on their date and time.	5 digits
Date of Vitals ^(m)	Enter the date the vital signs were taken.	DD-MMM-YYYY
Time	Enter the time the vital signs were taken.	HH(24):MM
Notes	If necessary, enter some brief notes. <i>Note: This information is not sent to the reporting agency.</i>	200 characters
Performance Status (Karnofsky) ...	Select a value from the Karnofsky performance status scale. 0- Dead 10- Moribund 20- Very Sick 30- Hospitalized 40- Disabled 50- Frequent Assistance 60- Occasional Assistance 70- Self Care 80- Effort 90- Able 100- Normal	Use pick list.

Vital Signs (cont'd)

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
Status (Zubrod) ...	<p>Select a value from the Zubrod/ECOG performance status scale.</p> <ul style="list-style-type: none"> 0. Asymptomatic 1. Symptomatic, fully ambulatory 2. Symptomatic, in bed less than 50% of day 3. Symptomatic, in bed more than 50% of the day, but not bedridden 4. Bedridden 	Use pick list.
Performance Status (Lansky) ...	<p>Select a value from the Lansky performance status scale.</p> <ul style="list-style-type: none"> 0- Unresponsive 10- No play; does not get out of bed 20- Often sleeping; play entirely limited to very passive activities 30- In bed; needs assistance even for quiet play 40- Mostly in bed; participates in quiet activities 50- Gets dressed but lies around much of the day; no active play; able to participate in all quiet play 60- Up and around; but minimal active play; keeps busy with quieter activities 70- Both greater restriction of and less time spent in play activity 80- Active; but tires more quickly 90- Minor restrictions in physically strenuous activity 100- Fully active, normal 	Use pick list.
Body Weight ^(m)	Enter the patient's weight only in kilograms. Use decimal places only for patients under 10kg. See Appendix 1 for conversion factors.	5 digits and 2 decimals
Height ^(m)	Enter the patient's height only in centimeters, to one decimal place. See Appendix 1 for conversion factors.	5 digits and 2 decimals

Field Descriptions and Instructions		
Field Name	Description / Instructions	Format
BSA ^(m)	<p>Enter the patient's body surface area in m² (to two decimal places) if needed for the calculation of study medication dose level. A nomogram for children's and adult's body surface area calculation can be found in Appendix 1.</p> <p>The following simple approximation may be used for persons of "normal" height and weight:</p> $BSA(m^2) = \sqrt{\frac{Height (cm) \times Weight (kg)}{3600}}$	5 digit and 3 decimals
Temperature	Enter the patient's temperature only in Celsius, to one decimal place. See Appendix 1 for conversion factors.	3 digits and 1 decimal
Pulse	Enter the patient's pulse rate.	3 digits
Respiration Rate	Enter the patient's respiration rate.	3 digits
Systolic Blood Pressure	Enter the patient's systolic blood pressure.	8 digits and 3 decimals
Diastolic Blood Pressure	Enter the patient's diastolic blood pressure.	8 digits and 3 decimals
Pulse Oximetry	Enter the patient's pulse oximetry reading.	3 digits and 2 decimals
<p>Legend:  pick list available, ^(d) derived field, ^(m) RDC mandatory, ^(c) for CTEP reporting only.</p>		

Vital Signs (cont'd)

Validations		
Code	Description	Resolution
VIT01	Systolic Blood Pressure is less than Diastolic Blood Pressure.	Systolic Blood Pressure must be greater than Diastolic Blood Pressure.
VIT02	Two Vital Signs entries have the same Date and Time.	Correct the date and/or time.
VIT03	Entered BSA is not within 10% accuracy of the calculated BSA using the MIS formula.	Correct the BSA. The MIS BSA formula is: $BSA (m^2) = \text{Height}(cm)^{0.725} \times \text{Weight}(kg)^{0.425} / 139.315$
VIT04	Entered BSA is not within 10% accuracy of the calculated BSA using the Mosteller formula.	Correct the BSA. The Mosteller BSA formula is: $BSA (m^2) = ([\text{Height}(cm) \times \text{Weight}(kg)] / 3600)^{1/2}$
VIT05	Vitals Date is in the future.	Enter a date that is equal to or prior to the current date.
VIT06, VIT07, VIT08, VIT09, VIT10, VIT11, VIT12, VIT13	Height, Weight, BSA, Temperature, Pulse, Respiration Rate, Systolic and/or Diastolic Blood Pressure are/is less than zero.	Height, Weight, BSA, Temperature, Pulse, Respiration Rate, Systolic Blood Pressure and Diastolic Blood Pressure must be greater than zero.
VIT14	Pulse Oximetry is out of range.	Pulse Oximetry must be an integer number between 0 and 100.
VIT15	Vitals (on cycle sections) have Date of Vitals outside the range of the cycle start and stop date.	Enter an appropriate date. Note: this does not apply for all protocol.

Vital Signs (cont'd)

Derivations		
Code	Field Name	Description
VIT1001	Course #	Course number is derived based on the course initiation start dates and the vital signs date.
VIT1002	Day in Course	Number of days since the beginning of the course is derived from the course initiation start date and the vital signs date.

(VITAL-SIGNS)

Appendices

Appendix I

Conversion Tables

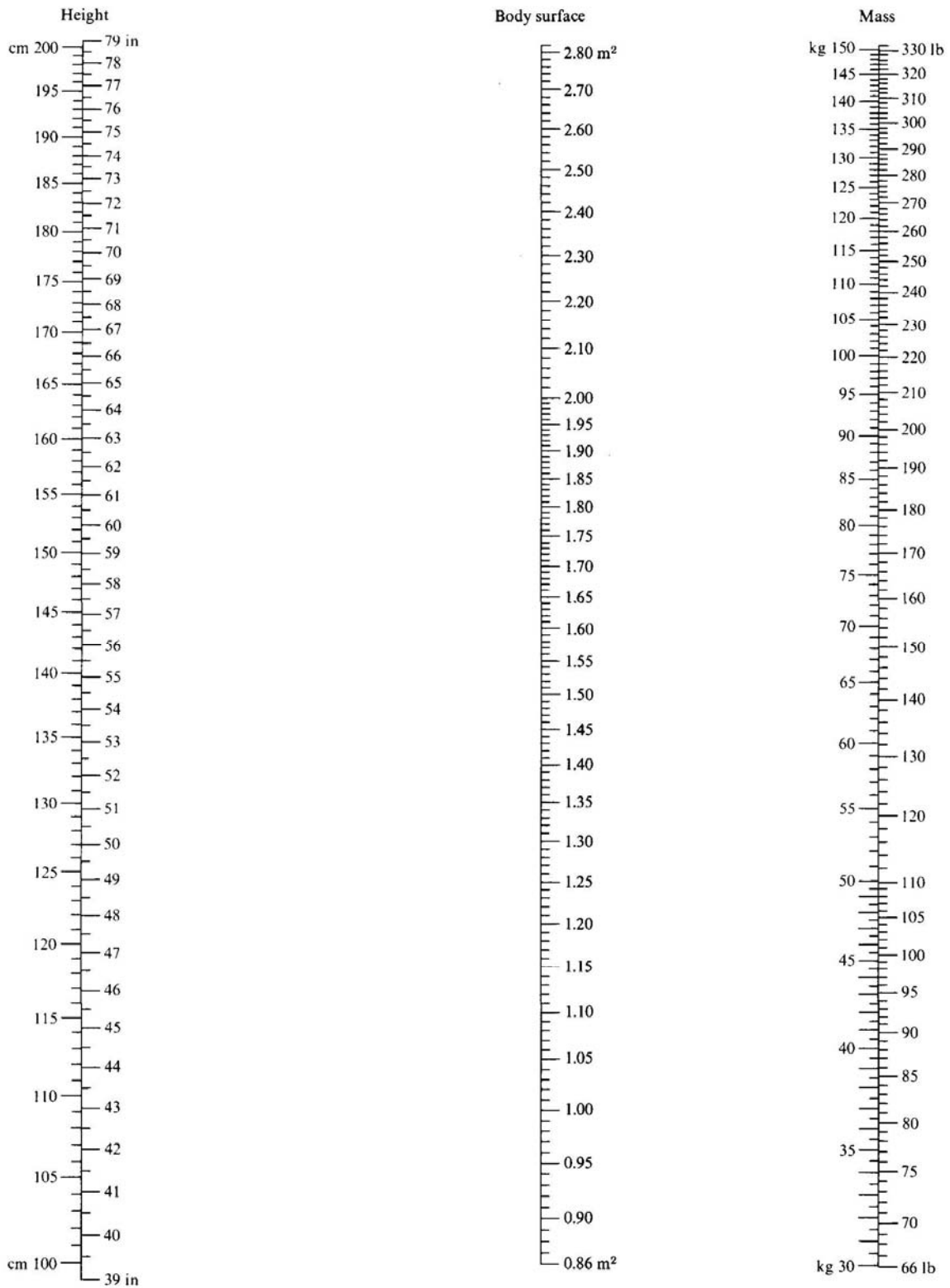
Appendix I - Conversion Tables (cont'd)

Conversion Factors

Height	Weight	Temperature
Ht (in) x 2.54=Ht (cm)	Wt (lb) ÷ 2.2=Wt (kg)	(T (F)-32) * 5 ÷ 9=T (C)
60 in = 152.4 cm	100 lb = 45.5 kg	105.0 F = 40.6 C
61 in = 154.9 cm	105 lb = 47.7 kg	104.5 F = 40.3 C
62 in = 157.5 cm	110 lb = 50.0 kg	104.0 F = 40.0 C
63 in = 160.0 cm	115 lb = 52.3 kg	103.5 F = 39.7 C
64 in = 162.6 cm	120 lb = 54.5 kg	103.0 F = 39.4 C
65 in = 165.1 cm	125 lb = 56.8 kg	102.5 F = 39.2 C
66 in = 167.6 cm	130 lb = 59.1 kg	102.0 F = 38.9 C
67 in = 170.2 cm	135 lb = 61.4 kg	101.5 F = 38.6 C
68 in = 172.7 cm	140 lb = 63.6 kg	101.0 F = 38.3 C
69 in = 175.3 cm	145 lb = 65.9 kg	100.5 F = 38.1 C
70 in = 177.8 cm	150 lb = 68.2 kg	100.0 F = 37.8 C
71 in = 180.3 cm	155 lb = 70.5 kg	99.5 F = 37.5 C
72 in = 182.9 cm	160 lb = 72.7 kg	99.0 F = 37.2 C
73 in = 185.4 cm	165 lb = 75.0 kg	98.5 F = 36.9 C
74 in = 188.00 cm	170 lb = 77.3 kg	98.0 F = 36.7 C
75 in = 190.5 cm	175 lb = 79.5 kg	97.5 F = 36.4 C
These examples are intended as a guide only. Please use the formula provided for a precise conversion.		

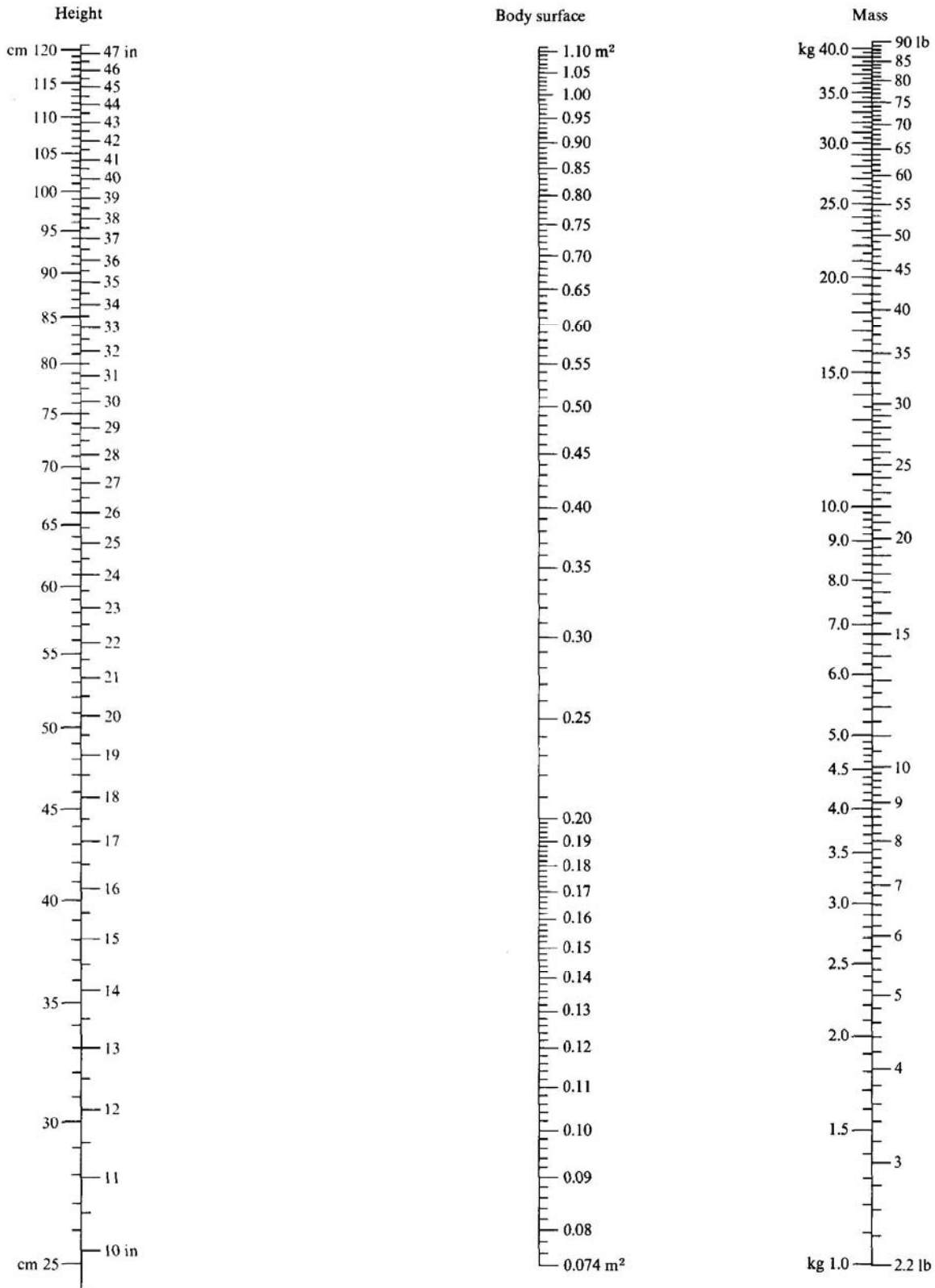
Appendix I - Conversion Tables (cont'd)

Nomogram for determining Body Surface of Adults from the formula of Du Bois and Du Bois, Arch. intern. Med., 17, 863 (1916)



Appendix I - Conversion Tables (cont'd)

Nomogram for determining Body Surface of Children from the formula of Du Bois and Du Bois, Arch. intern. Med., 17, 863 (1916)



Appendix I - Conversion Tables (cont'd)

Performance Status Scale Equivalences

ECOG (Zubrod)	Karnofsky	Definitions
0	100	Asymptomatic
1	80 – 90	Symptomatic, fully ambulatory
2	60 – 70	Symptomatic, in bed less than 50% of day
3	40 – 50	Symptomatic, in bed more than 50% of the day, but not bedridden
4	20 – 30	Bedridden

Appendix II

Useful References

Appendix II - Useful References (cont'd)

NIH	
National Institutes of Health	http://www.nih.gov/
Protomechanics Guide to Preparing and Conducting a Clinical Research Study	http://www.cc.nih.gov/ccc/protomechanics/index.html
NIH Clinical Center	
Drug Information Generic and Brand Names	http://www.nlm.nih.gov/medlineplus/druginformation.html
Laboratory Medicine	http://intranet.cc.nih.gov/dlm/index.html
Medical Abbreviations	http://intranet.cc.nih.gov/medbrd/abbreviations/
Micromedex Healthcare Series	http://druginfo.cc.nih.gov/
Medical Record Handbook	http://intranet.cc.nih.gov/ccc/mrh/Default.htm
NCI	
National Cancer Institute	http://www.cancer.gov/
Clinical Trials	http://www.cancer.gov/clinicaltrials
Glossary of Clinical Trials Terms	http://clinicaltrials.gov/ct/gui/info/glossary
Dictionary of Cancer Terms	http://cancer.gov/dictionary/
Metathesaurus	http://ncievs.nci.nih.gov/indexMetaphrase.html
CTEP Cancer Therapy Evaluation Program	http://ctep.info.nih.gov/
CTCAE Common Terminology Criteria for Adverse Events	http://ctep.cancer.gov/reporting/ctc.html

Appendix II - Useful References (cont'd)

AdEERs Adverse Event Expedited Reporting System	http://ctep.info.nih.gov/reporting/adeers.html
CDS Clinical Data Update Systems	http://ctep.cancer.gov/reporting/cdus.html
CTMS Clinical Trials Monitoring Service	http://www.theradex.com/CTMS/ctmsmenu.htm
CCR	
Center for Cancer Research	http://ccr.cancer.gov/default.asp
Intranet	http://ccrintra.cancer.gov/default.asp
C3D Cancer Central Clinical Database	http://ccrtrials.nci.nih.gov/CCR_trials/C3DS/C3D
C3D RDC Login	http://octrails.nci.nih.gov/opa45/rdclaunch.htm
C3D Support	http://ncicbsupport.nci.nih.gov/sw/content/C3D.html
C3D eCRFs Instructions	http://ccrintra.cancer.gov/clin_ops/C3D/eCRF_instr.asp
FDA	
Food and Drug Administration	http://www.fda.gov/
Code of Federal Regulation Title 21 CFR Part 11	http://www.fda.gov/cdrh/aboutcfr.html http://www.access.gpo.gov/nara/cfr/cfr-table-search.html#page1 http://www.21cfrpart11.com/

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Appendix III

Lab Panels

Appendix III – Lab Panels (cont'd)

Lab Panels

Lab Panel	Subset	Lab Name	Intent
BLOOD CHEMISTRIES	LAB_BC	SODIUM_SER	Sodium, Serum
BLOOD CHEMISTRIES	LAB_BC	POTASSIUM_SER	Potassium, Serum
BLOOD CHEMISTRIES	LAB_BC	CHLORIDE_SER	Chloride, Serum
BLOOD CHEMISTRIES	LAB_BC	BICARB_SER	Bicarbonate, Serum
BLOOD CHEMISTRIES	LAB_BC	GLUCOSE_SER	Glucose, Serum
BLOOD CHEMISTRIES	LAB_BC	GLUCOSE_FAST_SER	Glucose, Fasting, Serum
BLOOD CHEMISTRIES	LAB_BC	GLUCOSE_NONFAST_SER	Glucose, Non-fasting, Serum
BLOOD CHEMISTRIES	LAB_BC	BUN_SER	Blood Urea Nitrogen (BUN), Serum
BLOOD CHEMISTRIES	LAB_BC	ALBUMIN_SER	Albumin, Serum
BLOOD CHEMISTRIES	LAB_BC	CALCIUM_SER	Calcium, Serum
BLOOD CHEMISTRIES	LAB_BC	MAGNESIUM_SER	Magnesium, Serum
BLOOD CHEMISTRIES	LAB_BC	PHOSPHATE_SER	Phosphate (inorganic Phosphorus), Serum
BLOOD CHEMISTRIES	LAB_BC	ALK_PHOS_SER	Alkaline Phosphatase, Serum

Appendix III – Lab Panels (cont'd)

BLOOD CHEMISTRIES	LAB_BC	ALT_SGPT_SER	Alanine Aminotransferase (ALT or SGPT)
BLOOD CHEMISTRIES	LAB_BC	AST_SGOT_SER	Aspartate Aminotransferase (AST or SGOT), Serum
BLOOD CHEMISTRIES	LAB_BC	BILIRUBIN_TTL_SER	Bilirubin, Total, Serum
BLOOD CHEMISTRIES	LAB_BC	BILIRUB_DIR_SER	Bilirubin, Direct, Serum
BLOOD CHEMISTRIES	LAB_BC	LDH_SER	Lactate Dehydrogenase (LDH), Serum
BLOOD CHEMISTRIES	LAB_BC	CK_SER	Creatinine Kinase (CK), Serum
BLOOD CHEMISTRIES	LAB_BC	URATE_SER	Urate (Uric Acid), Serum
BLOOD CHEMISTRIES	LAB_BC	CREAT_SER	Creatinine, Serum
BLOOD CHEMISTRIES	LAB_BC	TTL_PROTEIN_SER	Total Protein, Serum
BLOOD GASES	LAB_BG	PH_BLDART	pH, Arterial Blood
BLOOD GASES	LAB_BG	PCO2_BLDART	Percent Carbon Dioxide (pCO ₂), Arterial Blood
BLOOD GASES	LAB_BG	PO2_BLDART	Percent Oxygen (pO ₂), Arterial Blood
BLOOD GASES	LAB_BG	HCO3_BLDART	Bicarbonate (HCO ₃), Arterial Blood
BLOOD GASES	LAB_BG	COHGB_BLDART	Carboxyhemoglobin, Arterial Blood
BONE MARROW	LAB_BM	PROMYELOCYTE_PC_MAR	Promyelocytes, %, Bone Marrow
BONE MARROW	LAB_BM	MYELOCYTE_PC_MAR	Myelocytes, %, Bone Marrow

Appendix III – Lab Panels (cont'd)

BONE MARROW	LAB_BM	METAMYELOCYTE_PC_MAR	Metamyelocytes, %, Bone Marrow
BONE MARROW	LAB_BM	LYMPH_PC_MAR	Lymphocytes, %, Bone Marrow
BONE MARROW	LAB_BM	MONO_PC_MAR	Monocytes, %, Bone Marrow
BONE MARROW	LAB_BM	PLASMA_CELL_PC_MAR	Plasma Cells, %, Bone Marrow
BONE MARROW	LAB_BM	M_RATING_MAR	FAB Marrow Rating, Bone Marrow
BONE MARROW	LAB_BM	RETIC_PC_MAR	Reticulocytes, %, Bone Marrow
BONE MARROW	LAB_BM	MEGAKARYOCYTE_PC_MAR	Megakaryocytes, %, Bone Marrow
COAGULATION	LAB_CG	PT_BLD	Prothrombin Time (PT), Blood
COAGULATION	LAB_CG	PTT_BLD	Partial Thromboplastin Time (PTT), Blood
COAGULATION	LAB_CG	INR_PT_BLD	International Normalized Ratio (INR), Prothrombin Time, Blood
COAGULATION	LAB_CG	FIBRINOGEN_BLD	Fibrinogen, Blood
COAGULATION	LAB_CG	THROMBIN_TM_BLD	Thrombin Time, Blood
CSF	LAB_CSF	WBC_NUM_CSF	White Blood Cells (WBC), #, Cerebrospinal Fluid
CSF	LAB_CSF	RBC_NUM_CSF	Red Blood Cells (RBC), #, Cerebrospinal Fluid
CSF	LAB_CSF	OTHER_CELL_CSF	Other Cell Count, Cerebrospinal Fluid
CSF	LAB_CSF	LYMPH_PC_CSF	Lymphocytes, %, Cerebrospinal Fluid
CSF	LAB_CSF	CELL_CT_CSF	Cell Count, Cerebrospinal Fluid
CSF	LAB_CSF	MBP_CSF	Myelin Basic Protein, Cerebrospinal Fluid

Appendix III – Lab Panels (cont'd)

CSF	LAB_CSF	GLUCOSE_CSF	Glucose, CSF
CSF	LAB_CSF	COLOR_CSF	Color, Cerebrospinal Fluid
CSF	LAB_CSF	APPEAR_CSF	Appearance, Cerebrospinal Fluid
HEMATOLOGY	LAB_HM	WBC_NUM_BLD	White Blood Cells (WBC), #, Blood
HEMATOLOGY	LAB_HM	RBC_NUM_BLD	Red Blood Cells (RBC), #, Blood
HEMATOLOGY	LAB_HM	HGB_BLD	Hemoglobin, Blood
HEMATOLOGY	LAB_HM	HCT_BLD	Hematocrit, Blood
HEMATOLOGY	LAB_HM	MCV_RBC	Mean Corpuscular Volume (MCV), Red Blood Cells
HEMATOLOGY	LAB_HM	MCHC_RBC	Mean Corpuscular Hemoglobin Concentration (MCHC), Red Blood Cells
HEMATOLOGY	LAB_HM	MCH_RBC	Mean Corpuscular Hemoglobin (MCH), Red Blood Cells
HEMATOLOGY	LAB_HM	RDW_RBC	Red Cell Distribution Width (RDW), Red Blood Cells
HEMATOLOGY	LAB_HM	PLATELET_BLD	Platelets, Blood
HEMATOLOGY	LAB_HM	NRBC_NUM_BLD	Nucleated Red Blood Cells (NRBC), #, Blood
HEMATOLOGY	LAB_HM	NEUT_PC_BLD	Neutrophils, %, Blood
HEMATOLOGY	LAB_HM	BAND_PC_BLD	Neutrophil Bands, %, Blood
HEMATOLOGY	LAB_HM	LYMPH_PC_BLD	Lymphocytes, %, Blood
HEMATOLOGY	LAB_HM	MONO_PC_BLD	Monocytes, %, Blood
HEMATOLOGY	LAB_HM	EOSINOPHIL_PC_BLD	Eosinophils, %, Blood
HEMATOLOGY	LAB_HM	BASO_PC_BLD	Basophils, %, Blood

Appendix III – Lab Panels (cont'd)

HEMATOLOGY	LAB_HM	ANC_BLD	Absolute Neutrophil Count (ANC), Blood
HEMATOLOGY	LAB_HM	BANDS_NUM_BLD	Neutrophil Bands, #, Blood
HEMATOLOGY	LAB_HM	LYMPH_NUM_BLD	Lymphocytes, #, Blood
HEMATOLOGY	LAB_HM	MONO_NUM_BLD	Monocytes, #, Blood
HEMATOLOGY	LAB_HM	EOSINOPHIL_NUM_BLD	Eosinophils, #, Blood
HEMATOLOGY	LAB_HM	BASO_NUM_BLD	Basophils, #, Blood
HEMATOLOGY	LAB_HM	RETIC_PC_RBC	Reticulocytes, %, Red Blood Cells
HEMATOLOGY	LAB_HM	PMV_BLD	Platelet Mean Volume (PMV), Blood
LYMPHOCYTE PHENOTYPE	LAB_LP	CD3_PC_FC_BLD	CD3 Cells, %, Flow Cytometry, Blood
LYMPHOCYTE PHENOTYPE	LAB_LP	CD3_NUM_BLD	CD3 Cells, #, Blood
LYMPHOCYTE PHENOTYPE	LAB_LP	CD4_CD3_PC_BLD	CD4 Cells to CD3 Cells, %, Blood
LYMPHOCYTE PHENOTYPE	LAB_LP	CD4_CD3_NUM_BLD	CD4 Cells to CD3 Cells, #, Blood
LYMPHOCYTE PHENOTYPE	LAB_LP	CD4_CD8_RTO_BLD	CD4 Cells to CD8 Cells Ratio, Blood
LYMPHOCYTE PHENOTYPE	LAB_LP	CD4_PC_FC_BLD	CD4 Cells, %, Flow Cytometry, Blood
LYMPHOCYTE PHENOTYPE	LAB_LP	CD4_NUM_BLD	CD4 Cells, #, Blood
LYMPHOCYTE PHENOTYPE	LAB_LP	CD8_PC_FC_BLD	CD8 Cells, %, Flow Cytometry, Blood
LYMPHOCYTE PHENOTYPE	LAB_LP	CD8_NUM_BLD	CD8 Cells, #, Blood

Appendix III – Lab Panels (cont'd)

LYMPHOCYTE PHENOTYPE	LAB_LP	CD19_CELLS_PC_BLD	CD19 Cells, %, Blood
LYMPHOCYTE PHENOTYPE	LAB_LP	CD19_CELLS_NUM_BLD	CD19 Cells, #, Blood
LYMPHOCYTE PHENOTYPE	LAB_LP	NK_PC_BLD	Natural Killer (NK) Cells, %, Blood
LYMPHOCYTE PHENOTYPE	LAB_LP	NK_NUM_BLD	Natural Killer (NK) Cells, #, Blood
OTHER SERUM CHEMISTRIES	LAB_SC	CALCIUM_IONIZED_SERUM	Calcium, Ionized, Serum
OTHER SERUM CHEMISTRIES	LAB_SC	FERRITIN_SER	Ferritin, Serum
OTHER SERUM CHEMISTRIES	LAB_SC	HDLC_SER	High Density Lipids, Cholesterol, Serum
OTHER SERUM CHEMISTRIES	LAB_SC	INSULIN_SER	Insulin, Serum
OTHER SERUM CHEMISTRIES	LAB_SC	IRON_SER	Iron, Serum
OTHER SERUM CHEMISTRIES	LAB_SC	IRON_SATN_RTO_SER	Iron Saturation, Ratio, Serum
OTHER SERUM CHEMISTRIES	LAB_SC	LDLC_SER	Low Density Lipids, Cholesterol, Serum
OTHER SERUM CHEMISTRIES	LAB_SC	LIPASE_SER	Lipase, Serum
OTHER SERUM CHEMISTRIES	LAB_SC	AMYLASE_SER	Amylase, Serum
OTHER SERUM CHEMISTRIES	LAB_SC	HAPTOGLOB_SER	Haptoglobin, Serum
OTHER SERUM CHEMISTRIES	LAB_SC	OSMOLALITY_SER	Osmolality, Serum

Appendix III – Lab Panels (cont'd)

OTHER SERUM CHEMISTRIES	LAB_SC	ACP_SER	Acid Phosphatase (ACP), Serum
OTHER SERUM CHEMISTRIES	LAB_SC	TRANSFERRIN_SER	Transferrin, Serum
OTHER SERUM CHEMISTRIES	LAB_SC	TRIGLY_SER	Triglycerides, Serum
OTHER SERUM CHEMISTRIES	LAB_SC	T3_SER	Triiodothyronine (T3), Serum
OTHER SERUM CHEMISTRIES	LAB_SC	T4_SER	Thyroxine (T4), Serum
OTHER SERUM CHEMISTRIES	LAB_SC	TSH_SER	Thyrotropin (Thyroid Stimulating Hormone or TSH), Serum
OTHER SERUM CHEMISTRIES	LAB_SC	CHOLEST_SER	Cholesterol, Serum
OTHER SERUM CHEMISTRIES	LAB_SC	CHOLESTANOL_SER	Cholestanol, Serum
OTHER SERUM CHEMISTRIES	LAB_SC	BETA2_MICRGLOB_SER	Beta-2 Microglobulin, Serum
OTHER SERUM CHEMISTRIES	LAB_SC	HGB_A1C_BLD	Hemoglobin (Hgb) A1C, Blood
OTHER SERUM CHEMISTRIES	LAB_SC	GGT_SER	Gamma Glutamyl Transferase (GGT), Serum
OTHER URINARY RESULTS	LAB_OU	CALCIUM_24H_UR	Calcium, 24 hour, Urine
OTHER URINARY RESULTS	LAB_OU	CHLORIDE_24H_UR	Chloride, 24 hour, Urine
OTHER URINARY RESULTS	LAB_OU	OSMOLALITY_24H_UR	Osmolality, 24 hour, Urine

Appendix III – Lab Panels (cont'd)

OTHER URINARY RESULTS	LAB_OU	POTASSIUM_24H_UR	Potassium, 24 hour, Urine
OTHER URINARY RESULTS	LAB_OU	SODIUM_24H_UR	Sodium, 24 hour, Urine
OTHER URINARY RESULTS	LAB_OU	URATE_24H_UR	Uric Acid (Urate), 24 hour, Urine
OTHER URINARY RESULTS	LAB_OU	CREATININE_CL24H_UR	Creatinine Clearance, 24 hour, Urine
OTHER URINARY RESULTS	LAB_OU	CREATININE_UR	Creatinine, Spot or Timed Sample, Urine
OTHER URINARY RESULTS	LAB_OU	PROTEIN_24H_UR	Protein, 24 hour, Urine
OTHER URINARY RESULTS	LAB_OU	PROTEIN_EXC_24H_UR	Protein excretion, 24 hour, Urine
OTHER URINARY RESULTS	LAB_OU	BHCG_PREG_UR	Beta Choriogonadotropin (BHCG), or Pregnancy Test, Spot Urine
OTHER URINARY RESULTS	LAB_OU	VOLUME_UR	Volume, Urine
RESPIRATORY FUNCTIONS	LAB_PF	VC_RESYS	Vital Capacity (VC), Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	EXP_VOL_RESYS	Expiratory Volume, Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	MAX_C_RESYS	Forced Vital Capacity (Maximum), Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	VOL_RES_RESYS	Volume Residual, Respiratory System

Appendix III – Lab Panels (cont'd)

RESPIRATORY FUNCTIONS	LAB_PF	FUNCT_RES_C_RESYS	Functional Residual Capacity, Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	DIFFUS_CAP_RESYS	Diffusion Capacity, Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	DIFF_CAP_PRED_RESYS	Diffusing Capacity % Predicted, Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	MAX_FXP_FLOW_RESYS	Maximum Forced Expiratory Flow, Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	FEV1_RESYS	Forced Expiratory Volume, Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	FEV1_PRED_RESYS	Forced Expiratory Volume % Predicted, Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	FVC_RESYS	Forced Vital Capacity (FVC), Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	FVC_PRED_RESYS	Forced Vital Capacity (FVC) % Predicted, Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	DL_VA_RTO_RESYS	Diffusing Capacity to Alveolar Ventilation Ratio, Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	DL_VA_RTO_PRED_RESYS	Diffusing Capacity to Alveolar Ventilation Ratio %, Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	FEF25_75_RESYS	Volume expelled during midportion of expiration, Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	FEF25_75_PRED_RESYS	Volume expelled during midportion of expiration % Predicted, Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	CAP_TTL_RESYS	Total Lung Capacity %, Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	CAP_TTL_PRED_RESYS	Total Lung Capacity %, Predicted, Respiratory System

Appendix III – Lab Panels (cont'd)

RESPIRATORY FUNCTIONS	LAB_PF	FEV1_FVC_RTO_RE SYS	FEV1 to FVC Ratio, Respiratory System
RESPIRATORY FUNCTIONS	LAB_PF	RV_TLC_RTO_RESYS	Residual Volume to Total Lung Capacity Ratio, Respiratory System
SEROLOGY	LAB_SR	PSA_SER	Prostate Specific Antigen (PSA), Serum
SEROLOGY	LAB_SR	CA125_SER	Carcinogenic Antigen 125 (CA125), Serum
SEROLOGY	LAB_SR	CEA_SER	Carcinoembryonic Antigen (CEA), Serum
SEROLOGY	LAB_SR	CA19_9_SER	Carcinogenic Antigen 19-9 (CA19-9), Serum
SEROLOGY	LAB_SR	CA15_3_SER	Carcinogenic Antigen 15-3 (CA15-3), Serum
SEROLOGY	LAB_SR	CA27_29_SER	Cancer Antigen 27-29 (CA27-29), Serum
SEROLOGY	LAB_SR	COMP_C3_SER	Complement, C3, Serum
SEROLOGY	LAB_SR	COMP_C4_SER	Complement, C4, Serum
SEROLOGY	LAB_SR	HCG_SER	Human Choriogonadotropin (HCG), Serum
SEROLOGY	LAB_SR	HIV_1_2_AB_SER	Human Immunodeficiency Virus (HIV), 1-2 Antibody, Serum
SEROLOGY	LAB_SR	CH50_SER	CH50 Complement, Serum
SEROLOGY	LAB_SR	HBSAG_SER	Hepatitis B Surface Antigen, Serum
SEROLOGY	LAB_SR	HBSAG_AB_SER	Antibody to Hepatitis B surface antigen (HBSAb), Serum
SEROLOGY	LAB_SR	HEP_C_AB_SER	Hepatitis C Antibody, Serum
SEROLOGY	LAB_SR	BHCG_PREG_SER	Beta Choriogonadotropin BHCG, or Pregnancy Test, Serum

Appendix III – Lab Panels (cont'd)

SEROLOGY	LAB_SR	DAT_RBC	Direct Antiglobulin Test (Coombs), Red Blood Cells
SERUM ELECTRO	LAB_SE	ALBUMIN_ELPH_SER	Albumin, Electrophoresis, Serum
SERUM ELECTRO	LAB_SE	ALPHA1_GLOB_ELPH_SER	Alpha 1 Globulin, Protein Electrophoresis, Serum
SERUM ELECTRO	LAB_SE	ALPHA2_GLOB_ELPH_SER	Alpha 2 Globulin, Protein Electrophoresis, Serum
SERUM ELECTRO	LAB_SE	BETA_GLOB_ELPH_SER	Beta Globulin, Protein Electrophoresis, Serum
SERUM ELECTRO	LAB_SE	GAMMA_GLOB_ELPH_SER	Gamma Globulin, Protein Electrophoresis, Serum
SERUM ELECTRO	LAB_SE	PROTEIN_TTL_ELPH_SER	Total Protein Electrophoresis, Serum
SERUM ELECTRO	LAB_SE	IGA_SER	Immunoglobulin A (IgA), Serum
SERUM ELECTRO	LAB_SE	IGD_SER	Immunoglobulin D (IgD), Serum
SERUM ELECTRO	LAB_SE	IGE_SER	Immunoglobulin E (IgE), Serum
SERUM ELECTRO	LAB_SE	IGG_SER	Immunoglobulin G (IgG), Serum
SERUM ELECTRO	LAB_SE	IGM_SER	Immunoglobulin M (IgM), Serum
URINALYSIS	LAB_US	GLUCOSE_UR	Glucose, Spot Urine
URINALYSIS	LAB_US	PROTEIN_QUAL_UR	Protein, Qualitative, Urine
URINALYSIS	LAB_US	UROBILINOGEN_UR	Urobilinogen, Spot Urine
URINALYSIS	LAB_US	PH_UR	pH, Spot Urine
URINALYSIS	LAB_US	HGB_UR	Hemoglobin, Spot Urine

Appendix III – Lab Panels (cont'd)

URINALYSIS	LAB_US	KETONES_UR	Ketones, Spot Urine
URINALYSIS	LAB_US	NITRITE_UR	Nitrite, Spot Urine
URINALYSIS	LAB_US	LEUK_EST_UR	Leukocyte Esterase, Spot Urine
URINALYSIS	LAB_US	APPEAR_UR	Appearance, Urine
URINALYSIS	LAB_US	SPEC_GRAV_UR	Specific Gravity, Spot Urine
URINALYSIS	LAB_US	COLOR_UR	Color, Urine
URINALYSIS	LAB_US	RBC_MICRO_NUM_UR	Red Blood Cells (RBC), Microscopy, #, Spot Urine
URINALYSIS	LAB_US	WBC_MICRO_NUM_UR	White Blood Cells (WBC), Microscopy, #, Spot Urine
URINE IMMUNE ELECTRO	LAB_UE	ALBUMIN_ELPH_TUR	Albumin, Electrophoresis, Timed Urine
URINE IMMUNE ELECTRO	LAB_UE	ALPHA1_GLOB_ELP_H_TUR	Alpha 1 Globulin, Electrophoresis, Timed Urine
URINE IMMUNE ELECTRO	LAB_UE	ALPHA2_GLOB_ELP_H_TUR	Alpha 2 Globulin, Electrophoresis, Timed Urine
URINE IMMUNE ELECTRO	LAB_UE	BETA_GLOB_ELPH_TUR	Beta Globulin, Electrophoresis, Timed Urine
URINE IMMUNE ELECTRO	LAB_UE	GAMMA_GLOB_ELP_H_TUR	Gamma Globulin, Electrophoresis, Timed Urine