Left panel navigation (General screen):

HOME
SEARCH RESULTS
GENERAL
DIAGNOSIS
ELIGIBILITY
SCREENING
TREATMENT
CONCOMITANT MEDS
DATA TRACKING
QUERIES
CONTACT
QA
SAE
MRN

Update Patient

Last Name	First Name	Middle Initial
Test **1**	Test	T

Street Address:
1 You Ave **2**

Telephone
(123)123-1234

City:
St. Louis

State:	Zip:	Country:
MO	63110	UNITED STATES

Email address:

○ Male **3**
○ Female

Social Security Number
000-00-0000 **4** ☑ UNK

Birthdate
10/7/2014 **5**

Race (Check all that apply) **6**
☑ African American   ☐ Asian   ☐ Caucasian
☐ Native American or Alaskan Native   ☐ Native Hawaiian or Pacific Islander   ☐ Other
☐ Refused   ☐ Unknown

Ethnicity
Hispanic or Latino **7**

Date of Death

Explanation of Death **8**

Comments:
testing

Select Protocol - Windows Internet Explorer

Title Keywords

PI Name

Protocol Number
9

Search

Edit Patient Screening - Windows Internet Explorer

Save

Record ID
175711

Protocol
201108251

Screen Failure:
○ Yes ○ No **11**

Date Consent Signed
(leave blank if consent was never signed) **10**

Date Eligibility Approved

Screening ID

Comments

Delete

Eligibility Category Eligibility Specific Eligibility Value Notes Response

---

Edit Protocol Enrollment - Windows Internet Explorer

Save

Record ID **12**
New Protocol Enrollment
Protocol Patient Number

Patient Name
Test, Test T

Date of Registration **13**

Referral Source

Disease Site

Select Disease Site **14**

Disease Stage

Data Manager

Same as Study Coordinator

Registering MD

Select Registering MD **15**

Treating MD

Same as Registering MD

Treatment Arm **16**

Date of First Treatment **17**

☐ Treatment Never Initiated

Registering Site

18

Treating Site
Same as Registering

Date Off Therapy

Reason Off Therapy **19**

Date Patient Completed Follow-Up
(ex. date of death)

Explanation of Completion **20**

All Patient Data and Queries Complete ○ Yes ○ No
Comments

Right panel checklist:

Protocol No.: _____

☐ Demographics
   1. Patient Name
   2. Patient Address
   3. Gender
   4. SS #
   5. Birth date
   6. Race
   7. Ethnicity

☐ Event Information
   8. Expiration Date and Reason

☐ Protocol Information
   9. IRB Number
   10. Date Consent Signed
   11. Eligibility

☐ Study Information
   12. Patient Number – combined with Record ID. 'e'=enrollment, 's'=screening
   13. Registration date
   14. Disease Info (site, stage, etc.)
   15. Staff and MD info
   16. Treatment Arm
   17. Date of first Treatment
   18. Study/Treating Site
   19. Off Treatment Date and Reason
   20. Follow Up Completion
Comments:

Subjects validated (first 2 participants, 2 participants mid-study, last 2 participants):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

PC Console:

Protocol Status: OPEN TO ACCRUAL   **Subject Status:**
Subject Name: John Doe   **Sequence No.:**

Subject Demographics   History

eMPI	2015-00001
Last Name	Doe First Name	John Middle Name Suffix
Birth Date 5	08/03/1975 1 Expired Date Last Date Known Alive 7
SSN 4	Gender 3	M Ethnicity	Non-Hispanic
Race 6	White
Subject Comments	

Additional Subject Identifiers

Identifier Type	Identifier	Identifier Owner
Alias	1	
Barnes-Jewish Hospital MRN	12345	
Barnes-Jewish St. Peters MRN	987654	
St. Louis Children's Hospital MRN	6667	

Subject's Contact Information

★ Subject Console   ?

Protocol No.: 201104055 9   Protocol Status: CLOSED TO ACCRUAL   21   Subject Status: ON STUDY (Expired)

Switch Subject
[Type here to search]
Summary
Demographics
Consent
Eligibility

Subject Eligibility

Version Date	Verified By	Status Date	10/23/2008 11	Eligibility Status	Eligible
Comments					
Reason Withdrawn		Reason Not Eligible			

View PDF   Update

Switch Subject
[Type here to search]
Summary
Demographics
Consent
Eligibility

Consents

Type	Description	Version Date	Approved Date	Expiration Date	Signed Date	Status
Main Consent		08/11/2015	08/03/2015		08/12/2015	Accepted

Consent version dates correspond with IRB Review Current at Time of Consent
– Check PC Console Reviews Other Consent Status   No Information Entered

Update

Subject On Study Update

Sequence No. 12		On Study Date (MM/DD/YYYY)	08/12/2015 13
Disease Site 14	[Type here to search]	Ready for Registration	☑
Histology	[Type here to search]		
Diagnosis Date	08/01/2015 Approximate		
Oncology Group	Breast Oncology Focus Group	ZIP at Registration 2	
Study Site 18	Siteman Cancer Center - BJI	Transferred Date (MM/DD/YYYY)	
Comments			

Additional Protocol Subject Identifiers

Identifier Type	Identifier	
		Add Cancel
No information entered		

Subject Staff   See All

Role	Staff Name	Start Date	Team
[Type here to search] 15	[Type here to search]		Add
No information entered			

Protocol Status: OPEN TO ACCRUAL   **Subject Status: ON STUDY**
Subject Name: John Doe   **Sequence No.:**

Subject Treatments   Add

Step Code	Arm 16	On Arm Date 13	On Treatment Date 17	Off Arm Date 19
				Save Cancel
No Records Found.				

Protocol Status: OPEN TO ACCRUAL   **Subject Status: ON STUDY**
Subject Name: John Doe   **Sequence No.:**

Subject Off Treatment Update

Off Treatment Date (MM/DD/YYYY) 19		Off Treatment Reason	[Type here to search] 19
Explain			

Subject Off Study Update

Off Study Date (MM/DD/YYYY) 20		Off Study Reason	[Type here to search] 20
Explain			

Subject Follow-Up Update

Follow-Up Start Date (MM/DD/YYYY)		Transferred to (Study Site)	Alternate MRN
Last Follow-Up Date (MM/DD/YYYY)		Next Follow-Up Date	Last Known Survival Status [Type here to search]
Expired Date (MM/DD/YYYY) 8		Approx? Last Date Known Alive (MM/DD/YYYY)	QA Date (MM/DD/YYYY)
Comments			
	4000 character(s) remaining		

Evaluable for Analysis

Evaluable		Reason	

Best Response

Best Response Date (MM/DD/YYYY)	Best Response [Type here to search]	Best Response Confirm	Date of Progression (MM/DD/YYYY)

Submit   Reset   Close

Sidebar Checklist

Protocol No.:
_____

☐ <u>Demographics</u>
1. Patient Name
2. Patient Address
3. Gender
4. SS #
5. Birth date
6. Race
7. Ethnicity

☐ <u>Event Information</u>
8. Expiration Date and Reason

☐ <u>Protocol Information</u>
9. IRB Number
10. Date Consent Signed
11. Eligibility

☐ <u>Study Information</u>
12. Patient Number
13. Registration date
14. Disease Info
15. Staff info
16. Tx Arm
17. Date of first Treatment
18. Site
19. Off Treatment Date & Reason
20. Follow Up Completion
21. Pt Status

Comments: