

# NAPRTCS Training Manual

Welcome to the NAPRTCS Training Manual. Within this document you will find instructions on how to obtain access to the NAPRTCS AdvantageEDC (SM) System for data entry and a practicum that walks you through some typical NAPRTCS segments and forms. If you have questions or comments at any time while completing the NAPRTCS Training Practicum, or about the following instructions, please call 301-251-1161 and ask for assistance.

## To obtain a username and password for the NAPRTCS AdvantageEDC System:

- If this is the first time that you or your site has contacted the Data Coordinating Center (DCC) for access, please have your PI complete the '[Data System Access Specification Form](#)' and fax it to 301-251-1355. This form can be found on the NAPRTCS homepage by clicking the link on the 'Resources' link at the left side of the page.
  1. The NAPRTCS Training Practicum is to be completed in the NAPRTCS Training System. You can access the training system from the NAPRTCS homepage by clicking the 'Training' link at the left side of the page.
  2. Login to the training system using the following:
    - Username: Train01
    - Password: DOGCATThe password is case sensitive.
  3. Enroll a fake patient into the NAPRTCS system, using the registration number of your choice.
  4. Follow the training practicum through to the end, mirroring the data entry steps by entering your own false data. The entire practicum should take thirty to forty-five minutes.
  5. Once you have completed the training practicum call Ashley Newton at 301-251-1161 or e-mail her at [anewton@emmes.com](mailto:anewton@emmes.com) and provide the registration number of your patient and your contact information.
- Your practicum is then reviewed for completeness, and you will be assigned a username and password for the NAPRTCS Advantage EDC system by the DCC. At this time, you will also have an opportunity to convey any questions or concerns that have previously not been addressed.

Please note that all of the previous steps must be completed to receive your username and password. If an 'Access Specification Form' is submitted, it is still necessary for each person listed on the form to contact the DCC for review of their practicum once it has been completed.

## Accessing the Website

Please enter the NAPRTCS Website –

[www.naprtcs.org](http://www.naprtcs.org)

Bookmark this so that you can easily return to this page.

The following screen will be displayed:



**NAPRTCS Online**

# Home

▶ **Home**

▶ **Announcements**

▶ **Resources**

▶ **Directory**

▶ **Study Login**

▶ **Training System**

▶ **FSGS**

### Welcome to the NAPRTCS home page

The North American Pediatric Renal Transplant Cooperative Study (NAPRTCS) is a research effort organized in 1987.

At the outset of the study, the operational objective of this group was to obtain the voluntary participation of all renal transplant centers in North America in which multiple (>4) pediatric patients received renal allografts annually. Scientific objectives include capture of information about current practice and trends in immunosuppressive therapy with an ultimate goal of improving care of pediatric renal allograft recipients in North America.

In 1992, the study was expanded to include pediatric patients who receive maintenance hemodialysis or peritoneal dialysis therapy. In 1994, data collection began on patients with chronic renal insufficiency (CRI), defined as a Schwartz calculated creatinine clearance < 75 ml/min/1.73 m<sup>2</sup>.

Now, not only do we hope to register and follow greater than 80% of the children receiving renal allografts in North America, but to study the clinical course and natural history of patients with renal dysfunction and to continue following these patients as they move among the end-stage renal disease (ESRD) therapeutic modalities, thus allowing the NAPRTCS to become a complete ESRD patient data system.

This page is maintained by



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Enter the training software by clicking on **Training System** from the site map list on the left side of the screen.



To enter the training system type your user name and password in the spaces provided and click the **Login** button. (Your username and password were provided to you by the DCC, The EMMES Corporation.) The training system differs from the production system (Study Login) in that the background is green. Any data you place in the training system is accessible by staff at your site and is not included in the data used by NAPRTCS.

The screenshot shows a web browser window titled "NAPRTCS - Training System". The main heading is "Login Screen". Below the heading are two input fields: "User ID:" and "Password:". Each field has a white text box and a black arrow pointing to it from the right. Below the input fields are two buttons: "Login" and "Cancel". At the bottom of the screen, there is a notice box with the following text: "Notice: To protect the sensitive data this system handles, your browser connection will be automatically terminated if you remain on the same page longer than 20 minutes without an action that submits the page to the server. Upon termination, all data modifications to that page will be lost. A timer in the browser's status bar will indicate the elapsed time on a page."

## **GENERAL SYSTEM GUIDELINES:**

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## General Registry Information about the System

To accommodate the legacy data, the DCC has used the system to create artificial structures that allow for easy data management. You will become familiar with these terms as you use the System. If you contact the DCC regarding the data entry status of a participant, we may need to know about the component and segment the participant is in.

**Enrollment** - the process of registering the participant with a registry component is required for accessing data forms. It is the gatekeeper for subsequent data entry. Initial enrollment in the system requires entry of the demographic data (previously on the Registration form) and then enrollment to one of the three components: CRI, Dialysis or Transplant.

**Component** - There are three data components of NAPRTCS - CRI, Dialysis and Transplant.

Simple rules for each Registry component apply:

The participant can only be active in one component at any time

The participant can move between Dialysis and Transplant components multiple times, but once terminated from the CRI component, you can never reenroll to that protocol. (Based on NAPRTCS requirement.)

**Segments**- A segment corresponds to a sequence of events that are initiated with a baseline event (CRI Initiation, Dialysis Modality Initiation, and Transplantation), continues through follow up, until termination. Each segment must be terminated (submission of a CRI termination form, Dialysis Termination form, Graft Failure form, Death or Lost to Followup) before enrollment into the next component/segment is possible.

Data entry is not restricted by component - staff from all components can access the data for a given site.

## Data Entry

Data entry requirements have not been changed. All existing eligibility criteria for the Registry remain, as do the general reporting requirements. Please refer to the User's Guide section of this training manual (and posted on the NAPRTCS Web Page) for detailed data submission instructions.

All data that are submitted in the System are marked with an audit trail. This trail marks who entered the data, when it was entered and the status of the data - new data, modified data, etc. It is a regulatory requirement to know this information about the data that is being submitted.

New data are added to the databases by clicking **Save** when finished entering data on a form. These data are then immediately available for modification or deletion. Status data can be accessed from the Forms

## ENROLLMENT

A participant must be enrolled (Registered) into the protocol before any further data entry commences. To enroll a participant, you must complete and submit the Enrollment data. Enrollment data for NAPRTCS includes initial submission of the Registration data (demographic data). Participants that move from one Registry component to another will require reenrollment.

### Enrolling a Participant

Click on **Enrollment** from the **Main Menu**.

Wed Jan 08 2003 11:54:19    **North American Pediatric Renal Transplant Cooperative Study**    Test Release 1.0a

Site/Center: Test Site    User: Test User    [Extend Session](#)    [Logout](#)

### Main Menu

Data Entry	Utilities and Reports	Other Materials
<ul style="list-style-type: none"> <li>• NAPRTCS Forms</li> <li>• <b>Enrollment</b></li> </ul>	<p><b>Utilities</b></p> <ul style="list-style-type: none"> <li>• Maintain User IDs</li> <li>• Change Site</li> <li>• Data Download</li> </ul> <p><b>Reports</b></p> <ul style="list-style-type: none"> <li>• Missing Forms Report</li> </ul>	<p><b>Study Materials</b></p> <ul style="list-style-type: none"> <li>• Users Guide*</li> <li>• Manual of Operations*</li> </ul> <p><b>Publications</b></p> <ul style="list-style-type: none"> <li>• Bibliography*</li> <li>• Annual Report*</li> <li>• Special Studies Request Form*</li> </ul>

\* These links open in a new window. Please close that window to return to this screen.

Click the **Begin Registration** button after you enter a new Participant ID in the first text box, or use the pull down list from **Select an existing Participant** in the second text box.

Fri Jan 10 2003 10:25:27    **North American Pediatric Renal Transplant Cooperative Study**    Test Release 1.0a

Site/Center: Test Site    User: Test User    [Extend Session](#)    [Logout](#)

### New Registration

Participant Registration

Select an existing Participant

Demographic data for each participant must be entered into the Enrollment **Demographics** screen.

Sun Jan 12 2003  
03:36:43
**North American Pediatric Renal Transplant Cooperative Study**
Test Release  
1.0a

Site/Center: **Children's Hospital- Boston**
User: **NAPRTCS Test User**

[Main Menu](#) > [New Registration](#)
[Extend Session](#) • [Logout](#)

## Demographics

**Participant:**  
**123456789**

**Version:** 1.0a; 10-02

1. Date of birth:  (mm/dd/yyyy)
2. Race/ethnicity:
3. Gender:  1-Male  2-Female
4. Primary renal diagnosis:
- If *Other*, specify diagnosis:
5. Biopsy or nephrectomy confirmation of diagnosis:  1-No  2-Yes  9-Unknown
6.
 

	Maternal	Paternal
Education Score:	<input type="text"/> (xx)	<input type="text"/> (xx)
7. Insurance Information:
 

Does patient have Medicaid?	<input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes
Does patient have supplemental private insurance?	<input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes
8. Has patient been transplanted prior to registration:  1-No  2-Yes
9. Total number of prior transplants:  (xx)
10. Has patient ever received maintenance dialysis?
- If Yes, specify date of first maintenance dialysis:  (xx) M  (xx) Y
11. ABO (record for Transplant and Dialysis participants):  1-A  2-B  3-O  4-AB
12. Histocompatibility data of recipient  
*Record for transplant participants:*

HLA-A	A <input type="text"/> (xx)	A <input type="text"/> (xx)
HLA-B	B <input type="text"/> (xx)	B <input type="text"/> (xx)
HLA-DR	DR <input type="text"/> (xx)	DR <input type="text"/> (xx)

If assay performed but an allele was not determined, enter '99'

These data must be entered for each participant when they are initially enrolled in the component.

Enter the Birth Date in the text box using the format (mm/dd/yyyy) indicated to the right of the box.

1. Date of birth:

03/27/1990 (mm/dd/yyyy) ←

Select the appropriate race/ethnicity for the participant from the dropdown list.

2. Race/ethnicity:

2-Black

Indicate the gender of the participant by clicking the checkbox next to Male or female.

3. Gender:

1-Male  2-Female

Next add the diagnosis. If the diagnosis is other, then type that diagnosis in the specify field.

4. Primary renal diagnosis:

10-Focal segmental glomerulosclerosis

Once all data have been entered on the screen, click the **Continue** button to save these data and continue the enrollment process.

**Demographics**

**Participant:**  
**TESTCASE**

Continue

**Version:** 1.0a; 10-02

1. Date of birth:  (mm/dd/yyyy)
2. Race/ethnicity:
3. Gender:  1-Male  2-Female
4. Primary renal diagnosis:   
 If *Other*, specify diagnosis:
5. Biopsy or nephrectomy confirmation of diagnosis:  1-No  2-Yes  9-Unknown
6. 

	Maternal	Paternal	
Education Score:	<input type="text" value=""/> (xx)	<input type="text" value=""/> (xx)	
7. Insurance Information:
 

Does patient have Medicaid?	<input type="checkbox"/> 1-No	<input type="checkbox"/> 2-Yes
Does patient have supplemental private insurance?	<input type="checkbox"/> 1-No	<input type="checkbox"/> 2-Yes
8. Has patient been transplanted prior to registration:  1-No  2-Yes
9. Total number of prior transplants:  (x)
10. Has patient ever received maintenance dialysis?   
 If Yes, specify date of first maintenance dialysis:  (xx) M  (xx) Y
11. ABO (record for Transplant and Dialysis participants):  1-A  2-B  3-O  4-AB
12. Histocompatibility data of recipient  
*Record for transplant participants:*

HLA-A	A <input type="text" value=""/> (xx)	A <input type="text" value=""/> (xx)	
HLA-B	B <input type="text" value=""/> (xx)	B <input type="text" value=""/> (xx)	If assay performed but an allele was not determined, enter '99'
HLA-DR	DR <input type="text" value=""/> (xx)	DR <input type="text" value=""/> (xx)	

Continue

The System will compare these data against the data for all participants enrolled at your center to prevent duplicate entries. It will display a list of potential candidates that meet the same enrollment criteria entered. If you determine that it is a duplicate, do not continue. Cancel the process. Otherwise, you can enter the participant as new, or continue working with an existing participant.

The System notifies Users of successful registrations with a screen that may be printed for documentation purposes.



Click on the **Print** button and keep this hardcopy in the participant's study documentation. Once successfully enrolled, the participant ID number will automatically be available from the Data Entry Menu. **This will be your only opportunity to print a copy of this screen because you will not be able to access this page again for a participant.**

Enrollment is not complete until the demographics data are entered and the enrollment question is answered successfully to either the CRI, Dialysis or Transplantation component.

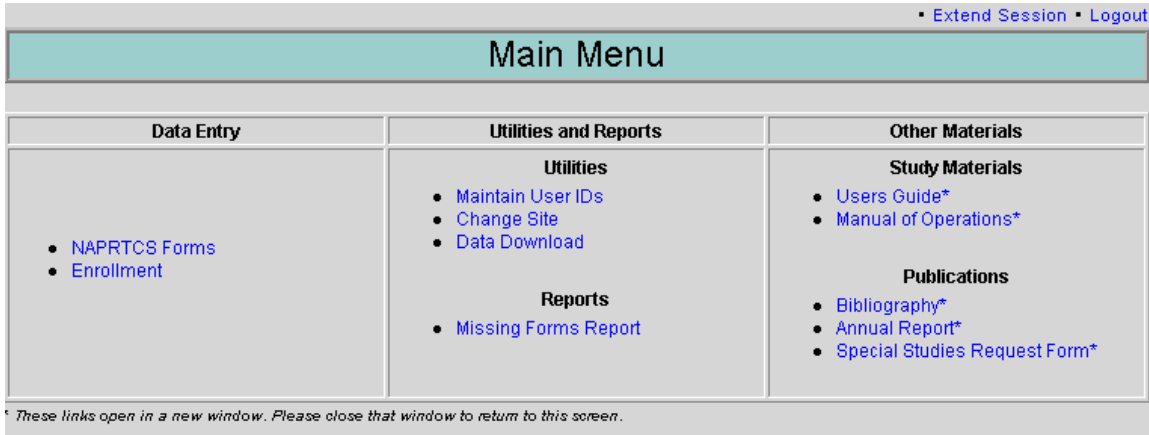
Click on **Main Menu** in the upper left corner of the toolbar to continue into the next section.

## **GENERAL GUIDELINES:**

### **DATA ENTRY**

## Data Entry

Data entry can be performed by clicking the **NAPRTCS Forms** option from the Main Menu.



Select the participant by either highlighting an existing participant from the pull down list next to **Select Participant** or typing the participant ID number in the text box to the right of **or enter Participant ID**.

Main Menu | Extend Session | Logout

### Data Entry Main

Select Component: CRI

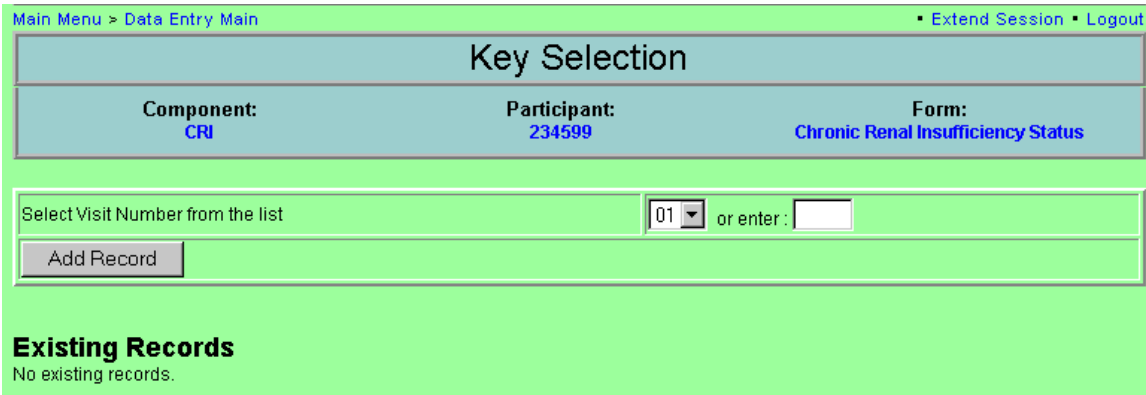
Select Participant: 234599 or enter Participant ID: 234599

#### Forms

- Chronic Renal Insufficiency Status
- Chronic Renal Insufficiency Termination
- Demographics Review
- Lost to Follow Up
- Patient Death
- Registration Review
- Targeted Adverse Event

Data Entry | Forms Grid | Forms Report

Highlight the **CRI Status** form from the pull down list, using the scroll bar to access forms further down in the list if necessary. Click the **Data Entry** button to display.



Main Menu > Data Entry Main Extend Session Logout

### Key Selection

**Component:** CRI      **Participant:** 234599      **Form:** Chronic Renal Insufficiency Status

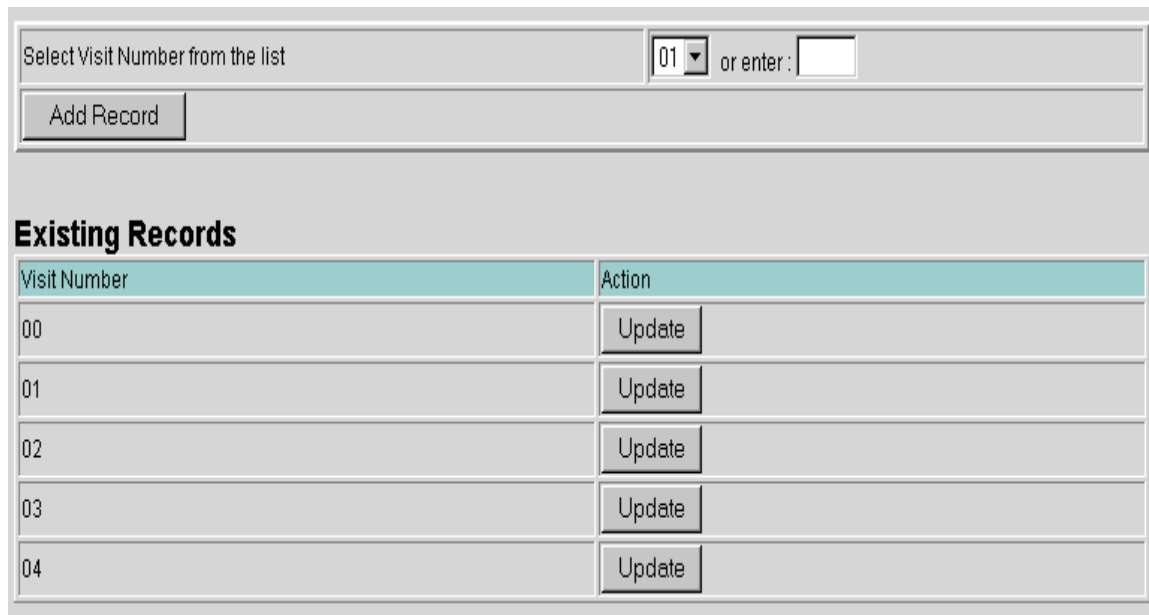
Select Visit Number from the list: 01 or enter:

Add Record

**Existing Records**  
No existing records.

A **Key Selection** screen will appear if the form can be entered at multiple times during the study due to protocol segments, multiple visits, multiple event dates or if other additional data are needed to identify a record. At **Select Visit Number from the list**, use the visit number codelist to select the appropriate visit number, or type in the visit number in the text box next to the right of **or enter**, for the form you wish to update or modify.

Once a form has been added, the lower section of the **Key Select** screen will display a log of the received data. To update or modify an existing form, click the **Update** button next.



Select Visit Number from the list: 01 or enter:

Add Record

**Existing Records**

Visit Number	Action
00	Update
01	Update
02	Update
03	Update
04	Update

- ◆ If you need to add another record for the same participant click on **Key Selection**.
- ◆ If you need to go back to the Main Menu, click on **Main Menu**.
- ◆ If the record was recorded in error, click the **Delete** button.

## **GENERAL GUIDELINES:**

## Status forms

To enter data for a Status form, select the form from the **Data Entry Main** menu. At the **Key Selection** screen, select the appropriate visit number for the Segment. In this example, choose Visit Number 01. Click the **Add Record** button.

The Status screen will display with *(Adding)* to the right of the form name.



Enter the data for the Serum Chemistry screen as recorded on the next page.

Each site has designated units of measurements specified in the system. You may need to check and unlock units of measurements to get the values into the appropriate text box if they alternate between "conventional" and "international ". Data will automatically be converted by the system between the defaults during data entry.

Check to unlock and change unit of measurements:

You must click on the appropriate unit box to get the value in the corresponding text box.

Glucose	<input type="text"/>	(xxxx)	<input type="text"/>	(xx.x)	<input checked="" type="checkbox"/> mg/dL	<input type="checkbox"/> mmol/L
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### CRI Status Form

Follow through the examples below to complete the CRI Status form. Use the mouse or tab through fields if necessary. It is not necessary to complete each field.

**Visit Number:** 00

1. Date of examination:  (mm/dd/yyyy)

**PHYSICAL DATA**

2. Weight:  (xxx) kg

3. Height:  (xxx) cm

4. Tanner Stage:  
 Pubic hair:  Breast:  Testicular size:

5. Are anthropometric measures available?  1-No  2-Yes  
 If Yes, indicate:

a. Mid arm circumference:  (xxx) cm

b. Tricep skin fold thickness:  (xxx) mm

6. Blood pressure:  (xxx) /  (xxx) mm Hg

Note that the laboratory measurements can be added as either Conventional (CU) or Standard International. A default has been set to CU. To switch between units, check the unlock box and then check the units. Once the units are designated, you can enter SI values.

Check to unlock and change units of measurement:

7.	CU	SI	Units
Serum creatinine:	<input type="text" value="1.0"/> (xxx)	<input type="text" value="88.4"/> (xxxxx)	<input type="checkbox"/> mg/dL <input checked="" type="checkbox"/> µmol/L
Hematocrit:	<input type="text" value="30."/> (xxx)	<input type="text" value="0.3"/> (xxx)	<input checked="" type="checkbox"/> % <input type="checkbox"/> VF
BUN:	<input type="text" value="44"/> (xxx)	<input type="text" value="15.7"/> (xxx)	<input checked="" type="checkbox"/> mg/dL <input type="checkbox"/> mmol/L
CO <sub>2</sub> :	<input type="text" value="21"/> (xx)	<input type="text" value="21"/> (xx)	<input checked="" type="checkbox"/> mEq/L <input type="checkbox"/> mmol/L
Inorganic phosphorus:	<input type="text" value="3.9"/> (xxx)	<input type="text" value="1.3"/> (xxx)	<input checked="" type="checkbox"/> mg/dL <input type="checkbox"/> mmol/L
Calcium:	<input type="text" value="10.3"/> (xxx)	<input type="text" value="2.58"/> (xxx)	<input checked="" type="checkbox"/> mg/dL <input type="checkbox"/> mmol/L
Albumin:	<input type="text" value="4.3"/> (xxx)	<input type="text" value="43"/> (xx)	<input checked="" type="checkbox"/> g/dL <input type="checkbox"/> g/L
Alkaline phosphatase:	<input type="text" value="4"/> (xxxx)	<input type="text"/> (xxx)	<input checked="" type="checkbox"/> IU/mL <input type="checkbox"/> µKat/L

Note that you cannot enter into the fields for 9a-9d if you check No to question 9. If you initially check Yes, enter data for fields a-d, and then change question 9 to No, those subsequent fields will be erased.

8. Most recent parathyroid hormone: 1-Less than 2x upper normal limit ▾

**Medication Data**

9. Is the patient receiving erythropoietin?  1-No  2-Yes

a. Type: ▾

b. Route: ▾

c. Frequency: ▾

d. Units/dose: (x0000)

10. Is the patient receiving human growth hormone?  1-No  2-Yes

a. Type: 1-Nutropin® ▾

b. Frequency: 1-Daily ▾

c. Dose: 0.50 (x.xx) mg/dose

Event data for this form are captured using check boxes. Only one answer can be checked.

**11. Concomitant Drug Therapy**

a. Anticonvulsant:  1-No  2-Yes

b. Antihypertensives:  1-No  2-Yes If Yes, number of drugs:  (x)

c. Prophylactic antibiotics:  1-No  2-Yes

d. Aluminum hydroxide:  1-No  2-Yes

e. Alkali therapy:  1-No  2-Yes

f. Immunosuppressives:  1-No  2-Yes

    1. Prednisone: ▾ Dose:  (xxx.x) mg/day

    2. Other immunosuppressives: ▾

g. Lipid lowering agents:  1-No  2-Yes

h. 1,25-dihydroxy Vitamin D (oral):  1-No  2-Yes

i. Other Vitamin D compounds:  1-No  2-Yes

j. Iron (oral):  1-No  2-Yes

k. Iron (IV):  1-No  2-Yes

l. Parenteral nutrition:  1-No  2-Yes

m. Supplemental enteral nutrition:  1-No  2-Yes If Yes, specify: 3-Gastrostomy ▾

n. Calcium carbonate:  1-No  2-Yes

o. Calcium acetate:  1-No  2-Yes

p. Other calcium supplements:  1-No  2-Yes

Special instructions are placed on the electronic case report forms to provide direction in completion sections of the screens.

**Events Data**  
*If this is the initial CRI Status form, has patient ever had the event? If this is not the initial CRI Status form, has the patient had the event since the last report?*

12. Urologic surgery:  1-No  2-Yes  9-Unknown

13. Orthopedic surgery:  1-No  2-Yes  9-Unknown

14. Urinary tract infection:  1-No  2-Yes  9-Unknown

15. Hip x-ray:  1-No  2-Yes  9-Unknown

a. If Yes, left hip:

b. Right hip:

16. Seizures:  1-No  2-Yes  9-Unknown

17. Renal biopsy:  1-No  2-Yes  9-Unknown

18. Fluid and electrolyte abnormalities:  1-No  2-Yes  9-Unknown

19. Blood transfusions:  1-No  2-Yes  9-Unknown

If Yes, number of episodes:  (x)

All data screens include a Comments field for on-line notations. Note that these fields are for your use and are not referenced by the DCC.

**Education Data**

20. Has patient completed high school education?  1-No  2-Yes

If No:

**Hospitalization Data**  
*Omit for initial CRI Status Form*

21. Total days hospitalized since last report:  (xxx)

22. Number of hospitalizations since last report:  (xx)

*Reasons for hospitalization:*

a. Infection:  1-No  2-Yes

b. Hypertension:  1-No  2-Yes

c. Other cardiovascular:  1-No  2-Yes

23. Comments:

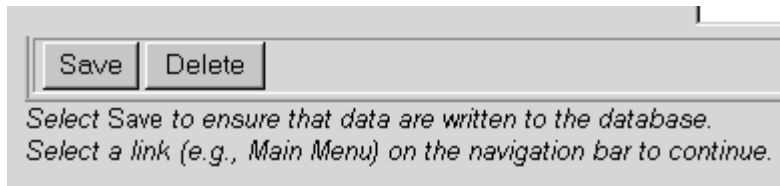
Once data are entered as shown, click the **Save** button in the lower left corner of the screen. Click the **Data Entry Main** button in the upper left corner to return to the participant's forms list.

Select Save to ensure that data are written to the database.  
 Select a link (e.g., Main Menu) on the navigation bar to continue.

Once the data are added, the header of the form will indicate that data have successfully saved.



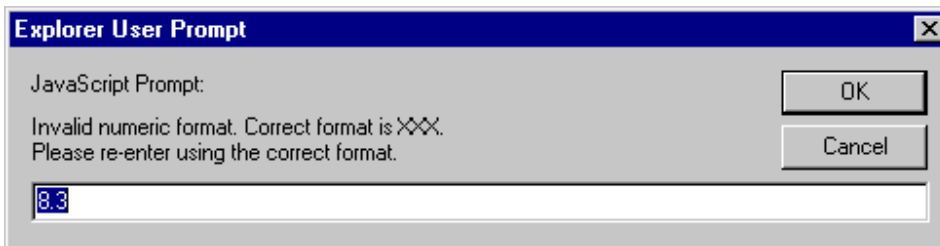
Forms may be accessed again to modify or delete data. The **Save** and **Delete** buttons appear above and below the data form for ease of use.



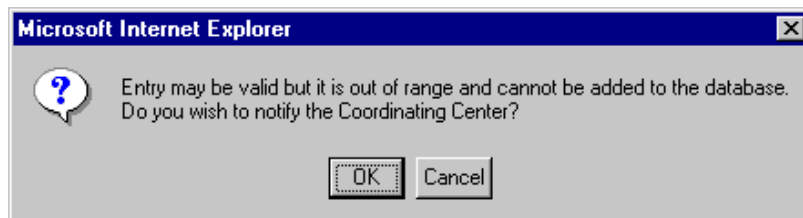
Data may sometimes exceed preset system ranges and a prompt will display on the screen. Click the **OK** button to enter the value in the system.



If the value was entered mistakenly, click the **Cancel** button and update the value in the text field.



In instances where the value exceeds the outer most range for a field, a system prompt will warn you that it cannot be added to the database. If you click okay, the value will be stored in a file that is reviewed by the DCC.



## **Terminations, Lost to Followup and Death:**

## Terminations and Lost to Followup and Death

Both the CRI and Dialysis Components require submission of a Termination form to close out a segment. This submission makes the participant eligible for reenrollment into another Dialysis or Transplant Component. The Dialysis Modality Termination form is also submitted when the participant switches from Hemodialysis to Peritoneal dialysis or vice versa. The Graft Failure form is submitted when the participant's graft fails and is transplanted again, initiates dialysis, or some other event occurs.

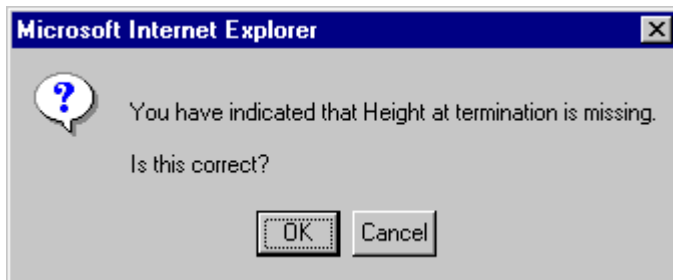
Lost to Followup can be submitted when the participant can no longer be followed. Submission of this form prevents subsequent enrollment. If further data for the participant is available, the Lost to Followup form will need to be deleted from the system before data entry can resume.

Submission of the Death form also prevents subsequent enrollment.

Data that are not available can be indicated as missing in the system if the field is a textfield - such as a lab value, or date field. To request a data item exception, place an asterisk in the field.

2. Patient height at termination:  (xxx.x) cm

The system will confirm you want to report a missing value.



Enter a reason in the specify field and click OK to continue. Otherwise Cancel and remove the exception request.

JavaScript Prompt:

Height at termination missing - enter reason

OK

Cancel

## **REENROLLMENT:**

### PARTICIPANT RE-ENROLLMENT TRANSPLANT and DIALYSIS

## Reenrollment for Transplantation

Participants must be reenrolled into the transplant or dialysis components of the Registry to allow subsequent data entry for new dialysis modalities and followup after retransplantation. From the **Main Menu**, select Enrollment. At the **New Registration** screen, type the existing participant ID number in the text box for *Register Existing Participant*. Click the **Begin Registration** button.

The Demographics screen will be displayed. Click the **Continue** button to verify the participant. Select a component to reenroll the participant into (only Dialysis or Transplant are available for this process). Provide the transplant or dialysis modality initiation date (and 30 day followup date for dialysis participants) and click **Continue**.

The Participant is now reenrolled. Data entry for the next Component/Segment may begin.

**NOTE: This will be your only opportunity to print a copy because you will not be able to access this page again for a participant.**

Click the **Main Menu** button in the upper left corner to return.

## Updating Records

Data may need to be updated, either to complete an electronic case report form, or modify existing data. For example, a data query was received indicating that data was missing from the Targeted Adverse Event form submitted for the *7/12/2001 Other Serious adverse event*.

From the Targeted Adverse Event Key Selection screen, click the **Update** button for the this form.

Existing Records		
Adverse Event	Adverse Event Date	Action
5-Other serious adverse event	07/12/2001	<input type="button" value="Update"/>

Modify the question regarding relationship to Growth Hormone. Click the **Save** button.



The screen header will now indicate that the form has been successfully updated.

If data have been entered and one of the form identifiers (keyfields such as segment, visit number) is incorrect, then that record must be deleted and reentered. Select the appropriate form and use the Delete button to remove the entire form.



## **FORMS GRID:**

## Forms Grid

The Forms Grid provides a summary listing of all forms expected based on an event date such as transplantation. The forms grid provides a central navigational starting point for participant data entry. Access to the Forms Grid for a participant is on the **Data Entry Main** menu. Select a participant and then click the **Forms Grid** button. The following screen will display.

Main Menu > Data Entry Main • Extend Session • Logout

### Forms Grid

Component: **Dialysis**      Participant: **297044**

**Key:**

Scheduled	Scheduled and Overdue
Received	Received and Not Scheduled
Exception Requested	Exception Granted
Requirement Removed	

Data Entry

Request Exception

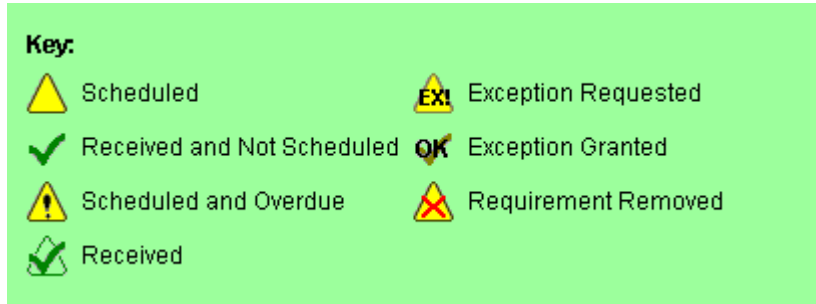
### 1st Dialysis Sequence

Form / Visit # / Target Date	00	01	02	03	04	05	06	07	08	09	10	11
Date	01/31/1992	06/29/1992	12/31/1992	07/01/1993	12/31/1993	07/01/1994	12/31/1994	07/01/1995	12/31/1995	06/30/1996	12/30/1996	06/30/1997
Dialysis Status												

### 2nd Dialysis Sequence

Form / Visit # / Target Date	00	01	02	03	04	05	06	07	08	09	10	11
Date	10/23/1995	03/21/1996	09/22/1996	03/23/1997	09/22/1997	03/23/1998	09/22/1998	03/23/1999	09/22/1999	03/22/2000	09/21/2000	03/22/2001
Dialysis Status												

A key is provided to visually display the status of the forms at the time the grid was generated. At the time the grid is generated, all scheduled visits (solid triangles) for the segment are displayed. Once these visits become past due, an exclamation point within the triangle will be displayed. Data submitted for these visits will be indicated by an open triangle with a check mark.



In rare instances, data cannot be submitted for a form and a forms exception will need to be requested. This can be done by clicking the **Request Exception** button under the Grid Key, and then selecting the form from the Grid .



The Request Exception screen will display. From the Select Reason codelist, indicate the reason the data are not forthcoming or, type a new reason in the text box to the right of **or Enter a New Reason**.

Registry Sequence: CRI Registry  
 Visit Number: 04  
 Exception Status: **None**  
 Select Reason:   
 or Enter a New Reason:

Once the exception request is submitted, the Exception Status will change to Requested. If the Database Administrator at the DCC has discussed the exception with the site and determines the exception to be unwarranted, the request may be denied. The Exception Status will be updated to indicate the denied request.

Exception Status: **Requested**

If at any time you experience problems accessing the system or entering data, please contact the DCC Data Manager via phone at 301-251-1161 or email at your earliest convenience.

You have now completed the NAPRTCS Training exercise. Please refer to the User's Guide for more detailed instructions on system applications, navigational features, and form specific data entry instructions.