HOPS Discovere Screen Shots
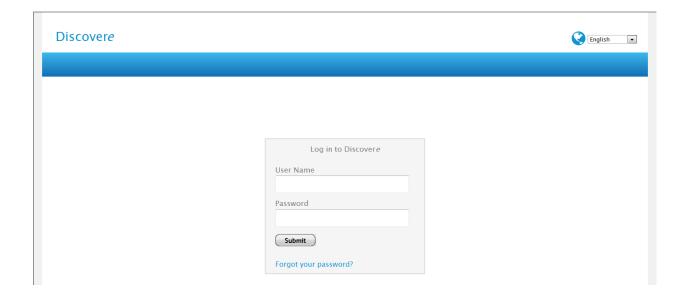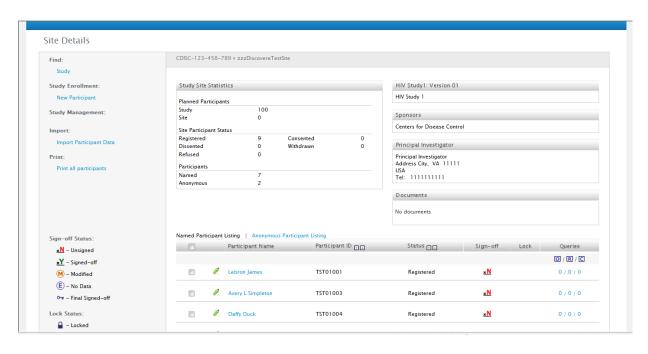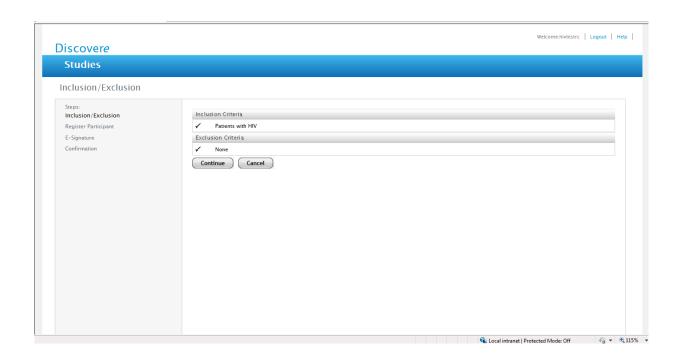
(Discovere: a secure proprietary web-based data collection system)
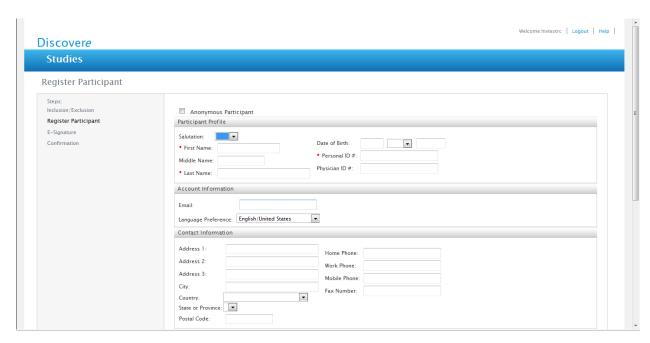
Log in Page for Discovere:

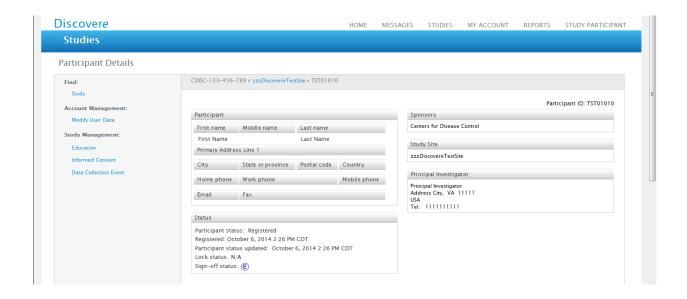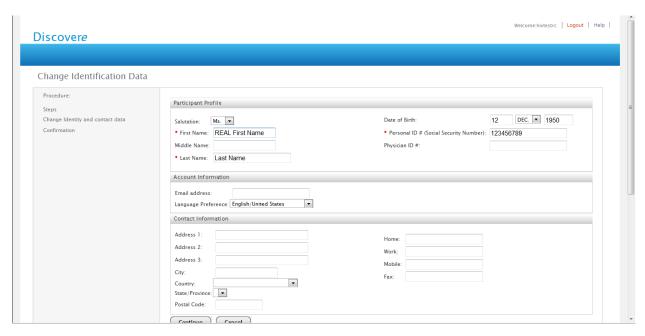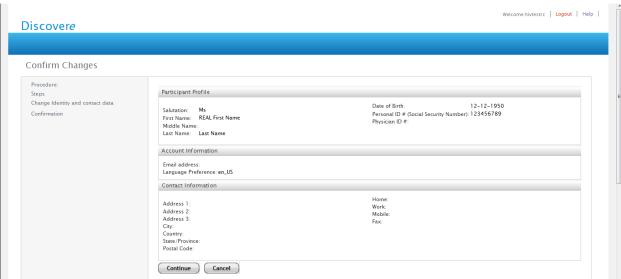Discover*e*   🌐 English ▼

Log in to Discover*e*

User Name

Password

Submit

Forgot your password?

New Participant Screens:

Site Details

CDISC-123-456-789 » zzzDiscovereTestSite

Find:
Study

Study Enrollment:
New Participant

Study Management:

Import:
Import Participant Data

Print:
Print all participants

Study Site Statistics

Planned Participants
Study	100
Site	0

Site Participant Status
Registered	9	Consented	0
Dissented	0	Withdrawn	0
Refused	0		

Participants
Named	7
Anonymous	2

HIV Study1: Version 01
HIV Study 1

Sponsors
Centers for Disease Control

Principal Investigator
Principal Investigator
Address City, VA 11111
USA
Tel: 1111111111

Documents
No documents

Sign-off Status:
- x**N** – Unsigned
- x**Y** – Signed-off
- Ⓜ – Modified
- Ⓔ – No Data
- 0⊽ – Final Signed-off

Lock Status:
- 🔒 – Locked

Named Participant Listing | Anonymous Participant Listing

		Participant Name	Participant ID	Status	Sign-off	Lock	Queries
☐							O / R / C
☐	🖉	Lebron James	TST01001	Registered	x**N**		0 / 0 / 0
☐	🖉	Avery L Simpleton	TST01003	Registered	x**N**		0 / 0 / 0
☐	🖉	Daffy Duck	TST01004	Registered	x**N**		0 / 0 / 0

Welcome:hivtestrc | Logout | Help

Discovere

Studies

Inclusion/Exclusion

Steps:
- **Inclusion/Exclusion**
- Register Participant
- E-Signature
- Confirmation

Inclusion Criteria
✓ Patients with HIV

Exclusion Criteria
✓ None

[Continue] [Cancel]

Local intranet | Protected Mode: Off   115%

Discover*e*

Studies

Register Participant

Steps:
Inclusion/Exclusion
Register Participant
E-Signature
Confirmation

☐ Anonymous Participant

Participant Profile

Salutation: [▼]

* First Name: [ ]

Middle Name: [ ]

* Last Name: [ ]

Date of Birth: [ ] [▼] [ ]

* Personal ID #: [ ]

Physician ID #: [ ]

Account Information

Email: [ ]

Language Preference: [English/United States ▼]

Contact Information

Address 1: [ ]

Address 2: [ ]

Address 3: [ ]

City: [ ]

Country: [▼]

State or Province: [▼]

Postal Code: [ ]

Home Phone: [ ]

Work Phone: [ ]

Mobile Phone: [ ]

Fax Number: [ ]

Discover*e*

Studies

E-Signature

Steps:
Inclusion/Exclusion
Register Participant
E-Signature
Confirmation

E-Signature

Name: First Name Last Name

Date of Birth December 12, 1950

Personal ID # 123456789

Date: October 6, 2014

Login ID [ ]

Password [ ]

By entering my login ID and password, I, TestSite HIVRC, declare that the data above is correct.

[I Agree] [Cancel]

Discovere

Studies

Confirmation

Steps:
Inclusion/Exclusion
Register Participant
E-Signature
Confirmation

Enrollment Confirmation

Study: **HIV Study1 : Version 01**
Site: zzzDiscovereTestSite

[Finish] [Cancel]

Discovere

Studies

Participant Details

Find:
Study

Account Management:
Modify User Data

Study Management:
Education

Informed Consent

Data Collection Event

CDISC-123-456-789 » zzzDiscovereTestSite » TST01010

Participant ID: TST01010

Participant

First name	Middle name	Last name
First Name		Last Name

Primary Address Line 1

City	State or province	Postal code	Country
Home phone	Work phone		Mobile phone
Email	Fax		

Sponsors

Centers for Disease Control

Study Site

zzzDiscovereTestSite

Principal Investigator

Principal Investigator
Address City, VA 11111
USA
Tel: 1111111111

Status

Participant status: Registered
Registered: October 6, 2014 2:26 PM CDT
Participant status updated: October 6, 2014 2:26 PM CDT
Lock status: N/A
Sign-off status: Ⓔ

Modify User Data Screens:

Discover*e*

Studies

Participant Details

CDISC-123-456-789 » zzzDiscovereTestSite » TST01010

Participant ID: TST01010

Participant

First name	Middle name	Last name	
REAL First Name		Last Name	
Primary Address Line 1			
City	State or province	Postal code	Country
Home phone	Work phone		Mobile phone
Email	Fax		

Sponsors

Centers for Disease Control

Study Site

zzzDiscovereTestSite

Principal Investigator

Principal Investigator
Address City, VA 11111
USA
Tel: 1111111111

Status

Participant status: Registered
Registered: October 6, 2014 2:26 PM CDT
Participant status updated: October 6, 2014 2:26 PM CDT
Lock status: N/A
Sign-off status: Ⓔ

Find:

Study

Account Management:

Modify User Data

Study Management:

Education

Informed Consent

Data Collection Event

Search for Study Participant Screens:

Discover*e*

HOME   MESSAGES   STUDIES   MY ACCOUNT   REPORTS   STUDY PARTICIPANT

Studies

Participant Details

Find:
Study

Account Management:
Modify User Data

Study Management:
Education

Informed Consent

Data Collection Event

CDISC-123-456-789 » zzzDiscovereTestSite » TST01010

Participant ID: TST01010

Participant

First name	Middle name	Last name
REAL First Name		Last Name
Primary Address Line 1		
City	State or province	Postal code	Country
Home phone	Work phone	Mobile phone
Email	Fax	

Status

Participant status: Registered
Registered: October 6, 2014 2:26 PM CDT
Participant status updated: October 6, 2014 2:26 PM CDT
Lock status: N/A
Sign-off status: (E)

Sponsors

Centers for Disease Control

Study Site

zzzDiscovereTestSite

Principal Investigator

Principal Investigator
Address City, VA 11111
USA
Tel: 1111111111

Discover*e*

HOME   MESSAGES   STUDIES   MY ACCOUNT   REPORTS   STUDY PARTICIPANT

Studies

Site Details

Find:
Study

Study Enrollment:
New Participant

Study Management:
Education

Import:
Import Participant Data

Print:
Print all participants

CDISC-123-456-789 » zzzDiscovereTestSite

Study Site Statistics

Planned Participants
Study   100
Site   0

Site Participant Status

Registered	12	Consented	0
Dissented	0	Withdrawn	0
Refused	0		

Participants
Named   10
Anonymous   2

HIV Study 1: Version 01

HIV Study 1

Sponsors

Centers for Disease Control

Principal Investigator

Principal Investigator
Address City, VA 11111
USA
Tel: 1111111111

Documents

No documents

Sign-off Status:

x**N** – Unsigned

x**Y** – Signed-off

Named Participant Listing | Anonymous Participant Listing

	Participant Name	Participant ID	Status	Sign-off	Lock	Queries
						O / R / C
☐	🖊 Lebron James	TST01001	Registered	x**N**		0 / 0 / 0

Begin Data Entry (Data Collection Event) Screens:

Collapsed View of all Optional Forms for Data Entry:

Expanded View of all Optional Forms for Data Entry:

Exit Data Collection Event

Expand All Collapse All

Demographics

Demographics

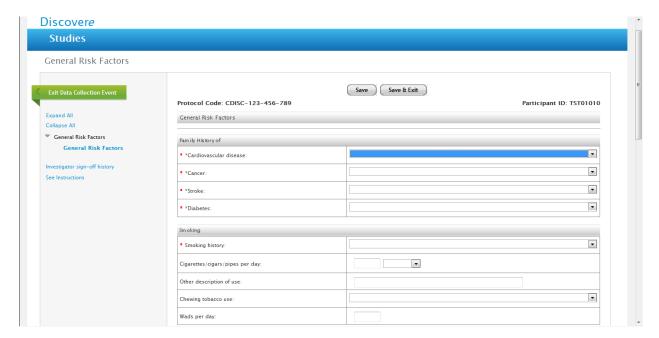|		Name	Combined Query Count
No instances have been created			

General Risk Factors

General Risk Factors

		Name	Combined Query Count
No instances have been created			

HIV Information

HIV Information

		Name	Combined Query Count
No instances have been created			

Encounter

Encounter

		Encounter Date	Encounter Type	Combined Query Count
No instances have been created				

Diagnosis

Diagnosis

		Diagnosis Start Date	Diagnosis	Diagnosis Description	Diagnosis End Date
No instances have been created					

Treatment

Treatment

		Treatment Start Date	Treatment	Treatment Description	Form	Trea
No instances have been created						

Prophylaxis

Prophylaxis

		Prophylaxis Start Date	Prophylaxis	Prophylaxis Description	Prophylaxis End Date
No instances have been created					

Symptoms

Symptoms

	Symptom Start Date	Symptom	Symptom Description	Symptom End Date
No instances have been created				

Labs

Anal_Cerv PAP_Bx

	Collection Date	Combined Query Count
No instances have been created		

BIA

	Collection Date	Combined Query Count
No instances have been created		

Blood

	Collection Date	Combined Query Count
No instances have been created		

Cancer

	Collection Date	Combined Query Count
No instances have been created		

Cultures

	Collection Date	Combined Query Count
No instances have been created		

Disease testing

	Collection Date	Combined Query Count
No instances have been created		

Drug levels

	Collection Date	Combined Query Count
No instances have been created		

Endo_Rheum

	Collection Date	Combined Query Count
No instances have been created		

HIV

	Collection Date	Combined Query Count
No instances have been created		

ID Serology

		Collection Date	Combined Query Count

No instances have been created

Imaging

		Collection Date	Combined Query Count

No instances have been created

Other Biopsy

		Collection Date	Combined Query Count

No instances have been created

Procedures

		Collection Date	Combined Query Count

No instances have been created

Referrals_Misc

		Collection Date	Combined Query Count

No instances have been created

STD

		Collection Date	Combined Query Count

No instances have been created

Surveys_Forms

		Collection Date	Combined Query Count

No instances have been created

Urine

		Collection Date	Combined Query Count

No instances have been created

Resistance Data

Genotype

		Collection Date	Combined Query Count

No instances have been created

Phenotype

		Collection Date	Combined Query Count

No instances have been created

Trofile

Phenotype

		Collection Date	Combined Query Count

No instances have been created

Trofile

		Collection Date	Combined Query Count

No instances have been created

Hospital History

Hospital History

		Admission Date	Combined Query Count

No instances have been created

Mortality

Mortality

		Name	Combined Query Count

No instances have been created

EACH Individual FORM Opened in Data Collection Event Screen:

Demographics Form:

Education level:	⌄

Active/Inactive Dates

* Date Became Active:	M/d/yyyy ☐ / ☐ / ☐ 📅
Date Became Inactive:	M/d/yyyy ☐ / ☐ / ☐ 📅
Date became Active 2:	M/d/yyyy ☐ / ☐ / ☐ 📅
Date became inactive 2:	M/d/yyyy ☐ / ☐ / ☐ 📅
Date became Active 3:	M/d/yyyy ☐ / ☐ / ☐ 📅
Date became inactive 3:	M/d/yyyy ☐ / ☐ / ☐ 📅

Demography: General 2

* *Primary insurance:	⌄
Description for other:	☐
Secondary insurance:	⌄
Description for other:	☐
* *Normal/baseline height: (in inches)	☐

Date became inactive 3:	☐ / ☐ / ☐ 📅

Demography: General 2

* *Primary insurance:	⌄
Description for other:	☐
Secondary insurance:	⌄
Description for other:	☐
* *Normal/baseline height: (in inches)	☐
* *Normal/baseline weight: (in pounds)	☐
Lowest ever adult weight:	☐

Demography for Females Only

>Number of pregnancies:	☐
>Number of births:	☐

[Save] [Save & Exit]

Validation Error Message on Demographics Form:

Deleting Demograhics Form (or any form/entry):

This same message appears for any form that is removed from Discovere view/deleted. (Data is never actually deleted and is maintained in background database.)

Date: Mon Oct 06 14:41:06 CDT 2014

You are deleting study event:

Demographics

Reason:

Data entry error

Reason for deletion:

Data entry error ▼

Submit   Cancel

Welcome:hivtestrc   Logout

Discover*e*

Studies

Data Collection Event

CDISC-123-456-789 » zzzDiscovereTestSite » TST01010 » Data Collection Event

Ms. REAL First Name Last Name

Exit Data Collection Event

Expand All Collapse All

Actions ▼

Demographics

Demographics

☐		Name	Combined Query Count
No instances have been created			

General Risk Factors

HIV Information

Encounter

Diagnosis

Treatment

Prophylaxis

Symptoms

General Risk Factors Form:

Error message for Gen Risk Form:

Corrected and Saved General Risk Factors From:

Alcohol Use

* Use alcohol more than once a week:	Current ▼
Drinks per week:	< 7 ▼
Other description of use:	On weekends mostly

Substances Currently or Previously Used

Recreational drug use:	Current ▼
IV Drug Use	Never ▼
Cocaine:	Previously ▼
Heroin:	▼
Marijuana:	Current ▼
Crystal Meth:	▼
Ectasy:	Previously ▼
LSD:	▼
Other:	▼
Specify for other:	

Pets at Home

Bird:	Unkn ▼
Cat:	Unkn ▼
Dog:	Unkn ▼
Other:	

Foreign Travels (add all that apply)

		Country:	O / R / C
☐	✏	Mexico	
☐	✏		
☐	✏	Belize	

[Delete Selected Row] [Enter New Row]

[Save] [Save & Exit]

Deleting item on any Form:

HIV Form:

Page ▼ Safety ▼ Tools ▼

Exit Data Collection Event

Save   Save & Exit

Expand All
Collapse All
▾ HIV Information
   HIV Information

Investigator sign-off history

See Instructions

Protocol Code: CDISC-123-456-789   **Participant ID: TST01010**

HIV Information

HIV	
* HIV Diagnosis Date:	M/d/yyyy [ ] / [ ] / [ ]
* Location of HIV diagnosis:	[▼]
AIDS Diagnosis Date:	M/d/yyyy [ ] / [ ] / [ ]
AIDS defining diagnosis:	[▼]
* Primary HIV Risk Behavior:	[▼]
Secondary HIV Risk Behavior:	[▼]
Date antiretroviral use started:	M/d/yyyy [ ] / [ ] / [ ]
If no date entered choose reason:	[▼]

Save   Save & Exit

Location of HIV Diagnosis Options in HIV Form:

Discovere

Exit Data Collection Event

Expand All
Collapse All
HIV Information
   HIV Information

Investigator sign-off history
See Instructions

Save   Save & Exit

Protocol Code: CDISC-123-456-789   Participant ID: TST01010

HIV Information

HIV

* HIV Diagnosis Date: M/d/yyyy

* Location of HIV diagnosis:

AIDS Diagnosis Date: Hospital
                                      ER
                                      Screen at Routine Provider
AIDS defining diagnosis: Symptom driven visit
                                      Prenatal care visit
                                      Anonymous Testing Center
* Primary HIV Risk Behavior: Blood Bank
                                      Self test
                                      STD Clinic
Secondary HIV Risk Behavior: PCP (Primary Care Physician)
                                      Jail/Prison
                                      Insurance screen
Date antiretroviral use started: Outreach clinic
                                      Unknown
                                      Other

If no date entered choose reason:

Save   Save & Exit

AIDS Defining Illnesses Drop Down List on HIV Form:

Discovere   Tools

Candidiasis: Oral (Thrush)
Candidiasis: Other (Specify)
CD4 < 14%
Exit Data Collection Event   CD4 < 200
                                    Chronic Kidney Disease
Protocol Code: CDISC-123-456-789   Cervical cancer: Invasive   CD4 < 200
Expand All   CMV (Cytomegalovirus) Colitis
Collapse All   HIV Information CMV (Cytomegalovirus) Retinitis
HIV Information   CMV (Cytomegalovirus): Other (except for liver, spleen, lypmph nodes)
   HIV Information   HIV   Coccidioidomycosis
                                    Cryptococcosis systemic
Investigator sign-off history   Cryptosporidiosis
See Instructions   * HIV Diagnosis Date: Encephalopathy, HIV
                                    Herpes Simplex: Anorectal
                                    Herpes Simplex: bronchitis, pneumonitis
                      * Location of HIV diagnosis: Herpes Simplex: Esophagitis
                                    Herpes Simplex: Oral
                                    Histoplasmosis
                      AIDS Diagnosis Date: Isosporosis
                                    Kaposi's sarcoma: buccal
                                    Kaposi's sarcoma: cutaneous
                      AIDS defining diagnosis: Kaposi's sarcoma: disseminated
                                    Kaposi's sarcoma: esophageal
                                    Kaposi's Sarcoma: gastrointestinal
                      * Primary HIV Risk Behavior: Kaposi's sarcoma: hepatic

Secondary HIV Risk Behavior:

Date antiretroviral use started: M/d/yyyy

If no date entered choose reason:

Save   Save & Exit

Primary HIV Risk Factor Drop Down List

Reason No Date Entered in First ARV Use field drop down list on HIV Form:

Validation Error Message for HIV Form:

HIV form completed:

Encounter Form:

Discovere

Studies

Data Collection Event

Exit Data Collection Event

CDISC-123-456-789 » zzzDiscovereTestSite » TST01010 » Data Collection Event

Ms. REAL First Name Last Name

Expand All Collapse All

Actions ▼

> **Demographics**
> **General Risk Factors**
> **HIV Information**
> **Encounter**

Encounter

		Encounter Date	Encounter Type	Combined Query Count

No instances have been created

Discovere

Studies

<?>

Exit Data Collection Event

Expand All
Collapse All
▼ Encounter
   Encounter

Investigator sign-off history

See Instructions

[Save & Add New] [Save] [Save & Exit]

Protocol Code: CDISC-123-456-789　　　　　　　　　　**Participant ID: TST01010**

Encounter

Encounter	
* Encounter Date:	M/d/yyyy ___ / ___ / ___
* Encounter Type:	[▼]
* Current primary payer:	[▼]
Description for other:	[ ]
Current secondary payer:	[▼]
Description for other:	[ ]
Systolic blood pressure:	[ ]
Diastolic blood pressure:	[ ]
Heart rate:	[ ]
Respiratory rate:	[ ]

Encounter Type:	[ ]
* Current primary payer:	[▼]
Description for other:	[ ]
Current secondary payer:	[▼]
Description for other:	[ ]
Systolic blood pressure:	[ ]
Diastolic blood pressure:	[ ]
Heart rate:	[ ]
Respiratory rate:	[ ]
* Temperature:	[ ] . [ ]
Current Weight: (in pounds)	[ ]
Height: (in inches)	[ ]
Comments:	[ ] Number of available characters: 200

[Save & Add New] [Save] [Save & Exit]

Drop Down List for Encounter Type:

Primary Payor drop down list for Insurance:

Drop down list for Secondary Payor:

Error Message for Encounter Form:

Completed Encounter Screen for Initial Visit:

Diagnosis Screen:

Drop Down List for Diagnosis:

Error Message for Diagnosis Form:

Completed Diagnosis form for ONE diagnosis:

Treatment Form:

Page ▾ | Safety ▾ | Tools ▾

Exit Data Collection Event

Expand All
Collapse All
▼ Treatment
   Treatment

Investigator sign-off history
See Instructions

Save & Add New | Save | Save & Exit

Protocol Code: CDISC-123-456-789   **Participant ID: TST01010**

Treatment

Treatment

* Start date:	M/d/yyyy
	10 / 06 / 2015
End date:	M/d/yyyy
* Treatment:	Epivir
Additional description:	
Strength/units:	150 . mg
Other units for those not listed:	
* Quantity:	i
Other quantity for those not listed:	
* Frequency of administration:	BID
* Route:	oral
* Form:	Tablet
Other instruction not listed:	

Page ▾ | Safety ▾ | Tools ▾

Other instruction not listed:	
	Number of available characters: 100
Was this treatment prescribed as part of a clinical trial:	
Was this a blinded or placebo clinical trial:	
What was adherence to this drug:	
Doses missed:	
Doses missed during:	
Reason for discontinuation 1:	
Reason for discontinuation 2:	
Reason for discontinuation 3:	
Reason for discontinuation 4:	
Reason for discontinuation 5:	
* Diagnosis 1:	
Additional description 1:	
Diagnosis 2:	
Addtional description 2:	
Diagnosis 3:	
Additional description 3:	

Page ▾ | Safety ▾ | Tools ▾

Reason for discontinuation 1:	
Reason for discontinuation 2:	
Reason for discontinuation 3:	
Reason for discontinuation 4:	
Reason for discontinuation 5:	
* Diagnosis 1:	
Additional description 1:	
Diagnosis 2:	
Addtional description 2:	
Diagnosis 3:	
Additional description 3:	
Comment:	
	Number of available characters: 201

Save & Add New | Save | Save & Exit

Drop Down List for Treatment Form:

Drop Down List for Strength and Units on Treatment Form:

Quantity Drop down list on Treatment Form.

Frequency of Administration drop down list on Treatment Form:

Route drop down list on Treatment Form:

Form of Treatment drop down list on the Treatment Form:

Down List for "Was this medication prescribed as part of a clinical trial":

Drop Down List for "Was this a blinded or placebo controlled study":

Drop down list for "What was the adherence to this drug":

Page ▾ Safety ▾ Tools ▾

Field	Value
* Form:	Tablet
Other instruction not listed:	Number of available characters: 100
Was this treatment prescribed as part of a clinical trial:	No
Was this a blinded or placebo clinical trial:	No
What was adherence to this drug:	
Doses missed:	No doses missed since last report / Doses missed / Not addressed
Doses missed during:	
Reason for discontinuation 1:	
Reason for discontinuation 2:	
Reason for discontinuation 3:	
Reason for discontinuation 4:	
Reason for discontinuation 5:	
* Diagnosis 1:	
Additional description 1:	
Diagnosis 2:	
Addtional description 2:	
Diagnosis 3:	

No doses missed since last report

Drop Down List for "Reasons for Discontinuation" on Treatment Form?

Page ▾ Safety ▾ Tools ▾

clinical trial:

Field	Value
What was adherence to this drug:	No doses missed since last report
Doses missed:	
Doses missed during:	
Reason for discontinuation 1:	
Reason for discontinuation 2:	
Reason for discontinuation 3:	
Reason for discontinuation 4:	
Reason for discontinuation 5:	
* Diagnosis 1:	
Additional description 1:	
Diagnosis 2:	
Addtional description 2:	
Diagnosis 3:	
Additional description 3:	
Comment:	

01.0 Condition Treated/Resolved
02.0 Toxicity –General
03.0 Expense/Lack of Access to Medication
04.0 Physician Directive
05.0 Patient Preference
06.0 Non–Compliance
07.0 Failed Treatment
08.0 New Treatment Standards (New Drugs Available)
09.0 Potential drug/drug interactions
10.0 Improved viral load
11.0 Expired
12.0 End of treatment
13.0 Genotyping Results
14.0 Phenotyping Results
15.0 Changed to Inactive Status
16.0 End of Clinical Trial
17.0 Prevent Resistance
18.0 Other/Unknown
19.0 Cycling
2.01 Toxicity –Abdominal Pain/discomfort
2.02 Toxicity –Abnormal Dreams
2.03 Toxicity –Abnormal Fat Distribution
2.04 Toxicity –Abnormal Kidney Function tests (inc. Creat/BUN/Urine Protein)
2.05 Toxicity –Abnormal Liver Function Test (inc. Liver Enzymes)
2.06 Toxicity –Abnormal Thinking
2.07 Toxicity –Acute Lung Reaction w/ Fever/Shortness of Breath
2.08 Toxicity –Agitation
2.09 Toxicity –Amnesia (Memory Loss)
2.10 Toxicity –Anemia

Drop Down List for "Diagnosis link to treatment" on Treatment Form:

Error Messages on Treatment Form:

Completed Treatment Form for one treatment:

Discover*e*

Studies

Data Collection Event

Exit Data Collection Event

CDISC-123-456-789 » zzzDiscovereTestSite » TST01010 » Data Collection Event

Expand All Collapse All

> **Demographics**
> **General Risk Factors**
> **HIV Information**
> **Encounter**
> **Diagnosis**
> **Treatment**

Treatment

		Treatment Start Date	Treatment	Treatment Description	Form	Trea
☐	🖉	10-6-2014	Epivir	<?>	Tablet	<?>

> **Prophylaxis**
> **Symptoms**

Prophylaxis Form:

Expand All Collapse All

> Demographics
> General Risk Factors
> HIV Information
> Encounter
> Diagnosis
> Treatment
> Prophylaxis

Prophylaxis

	Prophylaxis Start Date	Prophylaxis	Prophylaxis Description	Prophylaxis End Date

No instances have been created

Discovere
Studies

<?>

Exit Data Collection Event

Save & Add New   Save   Save & Exit

Protocol Code: CDISC–123–456–789   Participant ID: TST01010

Prophylaxis

Expand All
Collapse All
▼ Prophylaxis
  Prophylaxis

Investigator sign–off history

See Instructions

Prophylaxis

* Date prophylaxis started:	M/d/yyyy
Date prophylaxis ended:	M/d/yyyy
Reason for discontinuation:	
* Prophylaxis type:	
* Specific prophylaxis:	
Additional description:	
Date prophylaxis expires (if applicable):	M/d/yyyy
Sequence/booster: (if applicable)	

See Instructions

Date prophylaxis ended:	M/d/yyyy
Reason for discontinuation:	
* Prophylaxis type:	
* Specific prophylaxis:	
Additional description:	
Date prophylaxis expires (if applicable):	M/d/yyyy
Sequence/booster: (if applicable)	
* Dose:	
* Target disease 1:	
Target disease 2:	
Target disease 3:	
* Description of other target disease:	

Save & Add New   Save   Save & Exit

"Reason for Discontinuation" Drop Down List on Prophylaxis Form:

Prophylaxis Type:

"Specific Prophylaxis" drop down menu:

"Target Disease 1, 2 and 3" Drop Down Screen (each is the same although for 3 alternate entries if needed) on Prophylaxis Form:

Error messages on Prophylaxis Form:

Symptoms Form (this form is not typically used by most HOPS sites currently):

Symptoms Drop Down Screen (sample):

Error message for Symptom Form:

Completed Symptom Form for one symptom:

Lab Forms:

Labs

Anal_Cerv PAP_Bx

		Collection Date	Combined Query Count
		No instances have been created	

BIA

		Collection Date	Combined Query Count
		No instances have been created	

Blood

		Collection Date	Combined Query Count
		No instances have been created	

Cancer

		Collection Date	Combined Query Count
		No instances have been created	

Cultures

		Collection Date	Combined Query Count
		No instances have been created	

Disease testing

		Collection Date	Combined Query Count
		No instances have been created	

Drug levels

		Collection Date	Combined Query Count
		No instances have been created	

Endo_Rheum

		Collection Date	Combined Query Count
		No instances have been created	

HIV

		Collection Date	Combined Query Count
		No instances have been created	

ID Serology

		Collection Date	Combined Query Count
		No instances have been created	

Imaging

		Collection Date	Combined Query Count
		No instances have been created	

Other Biopsy

		Collection Date	Combined Query Count
		No instances have been created	

Procedures

		Collection Date	Combined Query Count
		No instances have been created	

Referrals_Misc

		Collection Date	Combined Query Count
		No instances have been created	

STD

		Collection Date	Combined Query Count
		No instances have been created	

Surveys_Forms

		Collection Date	Combined Query Count
		No instances have been created	

Urine

		Collection Date	Combined Query Count
		No instances have been created	

Anal Cervical PAP Bx Lab Form:

Discovere

Studies

<?>

Exit Data Collection Event

Expand All
Collapse All
▼ Labs
   Anal_Cerv PAP_Bx

Investigator sign-off history
See Instructions

[Save & Add New] [Save] [Save & Exit]

Protocol Code: CDISC-123-456-789   **Participant ID: TST01010**

Anal_Cerv PAP_Bx

Lab Information

* *Collection Date:	M/d/yyyy [ ] / [ ] / [ ] 📅
Comment:	[ ]
	Number of available characters: 201

Anal_Cerv PAP_Bx

Lab	Result	Units	LLN	ULN	Comment
A BX HPV	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
A BX AIN1	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
A BX AIN2	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
A BX AIN3	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
A BX CIS	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
A BX Norm	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
A BX Other	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]

Discovere

🏠 ▼ 🔖 ▼ 🖃 ▼ 🖶 ▼ Page ▼ Safety ▼ Tools ▼ ❓ ▼

Lab	Result	Units	LLN	ULN	Comment
ABX Atypia	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
ABX Cancer	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
APAP ASCUS	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
APAP HCSIL	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
APAP LGSIL	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
APAP Other	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
APAPCancer	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
APAPNormal	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
C BX CIN1	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
C BX CIN2	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
C BX CIN3	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
C BX CIS	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
C BX HPV	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
C BX Norm	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
C BX Other	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
CBX Atypia	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
CBX Cancer	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
CPAP ASCUS	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
CPAP HCSIL	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
CPAP LGSIL	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
CPAP Other	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
CPAPCancer	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]
CPAPNormal	[ ] - [ ]	-/+ ▼	0 . 0	1 . 0	[ ]

HPV cervix		.	-/+ ▼	0 . 0	1 . 0	
HPV,vagina		.	-/+ ▼	0 . 0	1 . 0	
HPV anal		.	-/+ ▼	0 . 0	1 . 0	
HPVanlDcrn		.	-/+ ▼	0 . 0	1 . 0	
V BX CIS		.	-/+ ▼	0 . 0	1 . 0	
V BX HPV		.	-/+ ▼	0 . 0	1 . 0	
V BX Norm		.	-/+ ▼	0 . 0	1 . 0	
V BX Other		.	-/+ ▼	0 . 0	1 . 0	
V BX VAIN1		.	-/+ ▼	0 . 0	1 . 0	
V BX VAIN2		.	-/+ ▼	0 . 0	1 . 0	
VBX Atypia		.	-/+ ▼	0 . 0	1 . 0	
VBX Cancer		.	-/+ ▼	0 . 0	1 . 0	
V BX VAIN3		.	-/+ ▼	0 . 0	1 . 0	
VPAP ASCUS		.	-/+ ▼	0 . 0	1 . 0	
VPAP HGSIL		.	-/+ ▼	0 . 0	1 . 0	
VPAP LGSIL		.	-/+ ▼	0 . 0	1 . 0	
VPAP Other		.	-/+ ▼	0 . 0	1 . 0	
VPAPCancer		.	-/+ ▼	0 . 0	1 . 0	
VPAPNormal		.	-/+ ▼	0 . 0	1 . 0	
LEEP		.	-/+ ▼	0 . 0	1 . 0	
Cervix,PAP		.	-/+ ▼	0 . 0	1 . 0	
Anal PAP		.	-/+ ▼	0 . 0	1 . 0	

Save & Add New   Save   Save & Exit

Error Message on Anal Cervical PAP Bx Form:

Completed Anal Cervical PAP Bx Form:

BIA Form:

Error Message BIA Form:

Completed BIA Form:

Blood (Chemistry and CBC) Form:

Test	Value	Value	Units	Low	High	
Platelets			mm3	140.0	440.0	
MPV			fL	6.2	9.8	
Neut %			%	40.0	84.0	
Lymph %			%	20.0	45.0	
Mono %			%	0.0	10.0	
Eosinoph %			%	0.0	6.0	
Bands %			%	0.0	5.0	
Neutrophil			x10E3/uL	1.8	7.8	
Lymphocyte			x10E3/uL	1.0	4.8	
Sodium			meq/L	132.0	150.0	
Potassium			meq/L	3.7	5.0	
Chloride			meq/L	95.0	112.0	
Bicarb			meq/L	18.0	30.0	
BUN			mg/dl	8.0	22.0	
Creat			mg/dl	0.8	1.5	
GFR			mL/min	51.0	147.0	
Glucose			mg/dl	65.0	110.0	
Calcium			mg/dl	8.1	11.3	
Total Prot			g/dl	6.5	8.1	
Albumin			g/dl	3.5	5.0	
Globulin			g/dl	2.0	4.0	
A/G Ratio			ratio	0.8	2.0	
Biln.Totl			mg/dl	0.2	1.0	
Bili Dir			mg/dl	0.0	0.4	

Test	Value	Value	Units	Low	High	
Bili Dir			mg/dl	0.0	0.4	
Bili Ind			mg/dl	0.0	1.3	
Alka. Phos			mu/ml	32.0	92.0	
AST (SGOT)			mu/ml	10.0	40.0	
ALT (SGPT)			mu/ml	10.0	40.0	
LDH			mu/ml	118.0	273.0	
GGT (SGGT)			U/L	7.0	51.0	
CK/CPK			U/L	20.0	230.0	
Mg			mg/dl	1.4	2.4	
Phos			mg/dl	2.5	4.5	
Uric Acid			mg/dl	2.2	9.0	
Chol			mg/dl	50.0	200.0	
HDL Chol			mg/dl	29.0	71.0	
LDL Chol			mg/dl	0.0	130.0	
VLDL Chol			mg/dl	5.0	35.0	
Risk Ratio			ratio	4.96	5.88	
Trigly			mg/dl	50.0	200.0	
Amylase			U/L	33.0	122.0	
Lipase			U/L	0.0	189.0	
ESR			mm/Hr	0.0	15.0	
INR			INR	0.8	1.2	
PT			seconds	11.8	14.2	
PTT, APTT			seconds	24.0	36.0	
TCT			seconds	9.0	14.2	

Test	Unit	Low	High
TCT	seconds	9 . 0	14 . 2
Fibrinogen	mg/dl	180 . 0	350 . 0
Insul-Fast	mIU/mL	1 . 5	20 . 5
HGB A1C	%	3 . 9	6 . 7
Iron	mcg/dL	50 . 0	170 . 0
TIBC	mcg/dL	240 . 0	400 . 0
Retic Cnt	%	0 . 1	1 . 5
Folate	UNITS	3 . 3	15 . 6
Ferritin	ng/mL	18 . 0	323 . 0
Transferin	mg/dl	200 . 0	370 . 0
EPO	mu/ml	3 . 5	22 . 0
Leptin	ng/mL	0 . 5	27 . 5
Aldolase	U/L	1 . 2	7 . 6
Adiponecti	ng/mL	0 . 375	12 . 0
Troponin I	ng/mL	0 . 0	1 . 0
Troponin T	ng/mL	0 . 0	0 . 029
CRP	mg/dl	0 . 0	1 . 0
Cystatin C	mg/L	0 . 55	1 . 41
hCG, Quant	IU/L	0 . 0	0 . 7
Carnit-Tot	mcmol/L	24 . 0	100 . 0
Carnit-Fre	mcmol/L	20 . 0	88 . 0
LacticAcid	mg/dl	3 . 0	12 . 0
Cryoglob	-/+	0 . 0	1 . 0

| B-12 | Pg/ML | 215 . 0 | 1100 . 0 |
| G6PD | UNITS | 4 . 6 | 13 . 5 |

Save & Add New   Save   Save & Exit

Error Message on the Blood Form:

Completed Blood Form:

Cancer Form:

Error Message on Cancer Form:

Completed Cancer Form:

Cultures Form:

Error message on Cultures Form:

Completed Culture Form:

Cultures

		Collection Date	Combined Query Count
☐	✏	09-10-2014	0/0/0

Disease Testing Form:

Disease testing

	Collection Date	Combined Query Count
☐		
No instances have been created		

Error Message on Disease Testing Form:

Discovere

Studies

<?>

Exit Data Collection Event

Expand All
Collapse All
▼ Labs
   Disease testing

Investigator sign-off history
See Instructions

[Save & Add New] [Save] [Save & Exit]

Form NOT saved due to invalid and/or missing data. Please review red text below and correct errors. Press save again after correcting errors.

Protocol Code: CDISC-123-456-789   **Participant ID: TST01010**

Disease testing

Lab Information

	M/d/yyyy
* *Collection Date:	9 / 10 / 2015 📅
	❌ ERROR: COLLECTION DATE MUST BE BEFORE OR EQUAL TO TODAY
Comment:	

Number of available characters: 201

Disease testing

Lab	Result	Units	LLN	ULN	Comment
Influ A Cu	1 . 0	-/+ ▾	0 . 0	1 . 0	Positiv Inf A Cultr
Influ B Cu	.	▾	0 . 0	1 . 0	
Quidel FLU	.	▾	0 . 0	1 . 0	
Other FLU	.	▾	0 . 0	1 . 0	
RapdStrep	0 . 0	-/+ ▾	0 . 0	1 . 0	Negativ Strp A Cult
PPD	.	▾	0 . 0	1 . 0	
Monospot	.	▾	0 . 0	1 . 0	
CryptoStol	.	▾	0 . 0	1 . 0	
O & P	.	▾	0 . 0	1 . 0	
QntTB Gold	.	▾	0 . 0	1 . 0	

Drug Levels Form:

Drug levels

	Collection Date	Combined Query Count
☐		
No instances have been created		

Error Message on Drug Levels Form:

Completed Drug Levels Form:

Endo_Rheum Form:

Endo_Rheum Form:

Error Message on Endo_Rheum Form:

Completed Endo_Rheum Form:

HIV Form:

HIV Form:

Lab	Result	Units	LLN	ULN	Comment
CD8	100 . 0	mm3	116 . 0	962 . 0	
CD8%	15 . 0	%	19 . 5	41 . 0	
CD4/CD8 HS	.		1 . 0	3 . 3	
rtPCR20	0 . 0	VlR/mL	20 . 0	99900000 . 0	undetectable VL
rtPCR25	.		25 . 0	9990000 . 0	
rtPCR40	.		40 . 0	99900000 . 0	
rtPCR50	.		50 . 0	99900000 . 0	
rtPCR100	.		100 . 0	99900000 . 0	
rtPCR200	.		200 . 0	99900000 . 0	
rtPCR400	.		400 . 0	99999999 . 0	
rtPCR 500	.		500 . 0	99900000 . 0	
rtPCR1000	.		0 . 0	9999999 . 0	
rtPCROthr	.		0 . 0	9999999 . 0	
bDNA	.		50 . 0	800000 . 0	
rtPCR 48	.		48 . 0	99900000 . 0	
HIV geno	.		0 . 0	1 . 0	
HIV pheno	.		0 . 0	1 . 0	
HIVTrofile	.		0 . 0	1 . 0	
HIV Elisa	.		0 . 0	1 . 0	
West Blot	.		0 . 0	1 . 0	
HIV P24 An	.		0 . 0	1 . 0	
HIV-2	.		0 . 0	1 . 0	
HIV Rapid	.		0 . 0	1 . 0	
HLA	.		0 . 0	1 . 0	
HLA-B*5701	.		0 . 0	1 . 0	

Save & Add New   Save   Save & Exit

Error Message on HIV Form:

Discover*e*

Studies

<?>

Exit Data Collection Event

Expand All
Collapse All
▼ Labs
   HIV

Investigator sign-off history
See Instructions

Save & Add New   Save   Save & Exit

Form NOT saved due to invalid and/or missing data. Please review red text below and correct errors. Press save again after correcting errors.

Protocol Code: CDISC-123-456-789   Participant ID: TST01010

HIV

Lab Information

M/d/yyyy
* *Collection Date: 9 / 10 / 2015
⊗ ERROR: COLLECTION DATE MUST BE BEFORE OR EQUAL TO TODAY

Comment:

Number of available characters: 201

HIV

Lab	Result	Units	LLN	ULN	Comment
CD4	560 . 0	mm3	359 . 0	1519 . 0	
CD4%	35 . 0	%	30 . 8	58 . 5	
CD8	100 . 0	mm3	116 . 0	962 . 0	
CD8%	15 . 0	%	19 . 5	41 . 0	
CD4/CD8 HS	.		1 . 0	3 . 3	
rtPCR20	0 . 0	VlR/mL	20 . 0	99900000 . 0	undetectable VL
rtPCR25	.		25 . 0	9990000 . 0	
rtPCR40	.		40 . 0	99900000 . 0	
rtPCR50	.		50 . 0	99900000 . 0	
rtPCR100	.		100 . 0	99900000 . 0	

Completed HIV Form:

HIV

		Collection Date	Combined Query Count
☐	✏️	9-10-2014	0/0/0

ID Serology Form:

ID Serology

		Collection Date	Combined Query Count
☐			

No instances have been created

ID Serology Form:

Test		Unit	Min	Max	
HBV VLQUAL		-/+	0 . 0	1 . 0	
HepC AB		-/+	0 . 0	1 . 0	
HepC PCR		Pg/ML	0 . 0	99990000 . 0	
HCV geno		UNITS	1 . 0	6 . 0	
HCV b-DNA		equiv/mL	0 . 0	999999999 . 0	
HCV VLQUAL		-/+	0 . 0	1 . 0	
Hep D AB		-/+	0 . 0	1 . 0	
EBV		-/+	0 . 0	1 . 0	
HepBEAb		-/+	0 . 0	1 . 0	
EBV VCAIGM		-/+	0 . 0	1 . 0	
HepBEAg		-/+	0 . 0	1 . 0	
EBV VCAIGG		-/+	0 . 0	1 . 0	
EBV EA IGA		-/+	0 . 0	1 . 0	
EBV EA IGG		-/+	0 . 0	1 . 0	
EBV NA IGG		-/+	0 . 0	1 . 0	
EBV NA IGM		-/+	0 . 0	1 . 0	
HERPE1 IGM		UNITS	0 . 0	1 . 0	
HERPE2 IGG		UNITS	0 . 0	1 . 0	
HERPE2 IGM		UNITS	0 . 0	1 . 0	
HERPE1 IGG		UNITS	0 . 0	1 . 0	
HERPE1 AB QUANT		UNITS	0 . 0	1 . 0	
HERP1 PCR QUANT		VIR/mL	0 . 0	1 . 0	
HERPE2 AB QUANT		UNITS	0 . 0	1 . 0	
HERP2 PCR QUANT		VIR/mL	0 . 0	1 . 0	
CMV IGG		-/+	0 . 0	1 . 0	
CMV-IGM		-/+	0 . 0	1 . 0	
CMV PCR		-/+	0 . 0	1 . 0	
CMV_AB		-/+	0 . 0	1 . 0	
Toxo IGG		-/+	0 . 0	1 . 0	

Bottom of ID Serology Form

Error Message on ID Serology Form:

Completed ID Serology Lab Form

Plus a second order noted: "Question Mark" indicates an INCOMPLETE form DATE....This applies to all lab forms:

Imaging Form:

Error Message on the Imaging Form:

Completed Imaging Form:

Other Biopsy Form:

Error Message on The Other Biopsy Form:

Completed Other Biopsy Form:

Other Biopsy
➕ ❌

		Collection Date	Combined Query Count
☐	🖊	10-09-2014	0/0/0

Procedures Form:

Procedures
➕ ❌

	Collection Date	Combined Query Count
☐		
No instances have been created		

Procedures Form:

DEXA body	1 . 0	-/+ ▾	0 . 0	1 . 0	Abnormal Dexa-Osteo
DEXA Hip	.	▾	0 . 0	1 . 0	
DEXA L spi	.	▾	0 . 0	1 . 0	
ECHOCARD	.	▾	0 . 0	1 . 0	
EEG	.	▾	0 . 0	1 . 0	
EjctnFrctn	.	▾	55 . 0	70 . 0	
EKG	.	▾	0 . 0	1 . 0	
EMG	.	▾	0 . 0	1 . 0	
Endoscopy	.	▾	0 . 0	1 . 0	
ERCP	.	▾	0 . 0	1 . 0	
EyeExam	.	▾	0 . 0	1 . 0	
FOB	.	▾	0 . 0	1 . 0	
GLUCOSE-1	.	▾	65 . 0	200 . 0	
GLUCOSE-2	.	▾	65 . 0	140 . 0	
GLUCOSE-3	.	▾	65 . 0	115 . 0	
GLUCOSE-F	.	▾	65 . 0	110 . 0	
Holter	.	▾	0 . 0	1 . 0	
LumbarPunc	.	▾	0 . 0	1 . 0	
Mammogram	.	▾	0 . 0	1 . 0	
ManualPros	.	▾	0 . 0	1 . 0	
NukeMed	.	▾	0 . 0	1 . 0	
PFT	.	▾	0 . 0	1 . 0	
Sigmoidosc	.	▾	0 . 0	1 . 0	
StressTest	.	▾	0 . 0	1 . 0	
VascStudy	.	▾	0 . 0	1 . 0	

[Save & Add New] [Save] [Save & Exit]

Error Messages on Procedures Form:

Completed Procedures Form:

Referrals_Misc Form:

Error Message on Referrals_Misc Form:

Completed Referrals_Misc Form:

STD Form:

Top Half of STD Form:

STD form screenshot — top half

Lab	Result	Units	LLN	ULN	Comment
GC(Ur) NAT	.	-/+	0 . 0	1 . 0	
CT(Ur) NAT	.	-/+	0 . 0	1 . 0	
GC(Oral)	.	-/+	0 . 0	1 . 0	
CT(Oral)	.	-/+	0 . 0	1 . 0	
GC(Rectal)	.	-/+	0 . 0	1 . 0	
CT(Rectal)	.	-/+	0 . 0	1 . 0	
GC(O,APTI)	.	-/+	0 . 0	1 . 0	
CT(O,APTI)	.	-/+	0 . 0	1 . 0	
GC(R,APTI)	.	-/+	0 . 0	1 . 0	
CT(R,APTI)	.	-/+	0 . 0	1 . 0	
GC(U,APTI)	.	-/+	0 . 0	1 . 0	
CT(U,APTI)	.	-/+	0 . 0	1 . 0	

STD form screenshot — continuation

Lab	Result	Units	LLN	ULN	Comment
GC(Ur) NAT	.	-/+	0 . 0	1 . 0	
CT(Ur) NAT	.	-/+	0 . 0	1 . 0	
GC(Oral)	.	-/+	0 . 0	1 . 0	
CT(Oral)	.	-/+	0 . 0	1 . 0	
GC(Rectal)	.	-/+	0 . 0	1 . 0	
CT(Rectal)	.	-/+	0 . 0	1 . 0	
GC(O,APTI)	.	-/+	0 . 0	1 . 0	
CT(O,APTI)	.	-/+	0 . 0	1 . 0	
GC(R,APTI)	.	-/+	0 . 0	1 . 0	
CT(R,APTI)	.	-/+	0 . 0	1 . 0	
GC(U,APTI)	.	-/+	0 . 0	1 . 0	
CT(U,APTI)	.	-/+	0 . 0	1 . 0	
GC(cvx)NAT	.	-/+	0 . 0	1 . 0	
CT(cvx)NAT	.	-/+	0 . 0	1 . 0	
Gcurethcul	.	-/+	0 . 0	1 . 0	
Cturethcul	.	-/+	0 . 0	1 . 0	
GC urthNAT	.	-/+	0 . 0	1 . 0	
CT urthNAT	.	-/+	0 . 0	1 . 0	
Syph scrn	.	-/+	0 . 0	1 . 0	
VDRL	.	-/+	0 . 0	1 . 0	
FTA-ABS	.	-/+	0 . 0	1 . 0	
TRICH Urin	.	-/+	0 . 0	1 . 0	
TRICH Vagi	.	-/+	0 . 0	1 . 0	

Error Message on the STD Form:

Completed STD Form:

"Surveys and Forms" Form:

Error Message on "Surveys and Forms" Form:

Completed "Surveys and Forms" Form:

Urine Form:

Urine Form:

Error Message on Urine Form:

Completed Urine Form:

Resistance Data is collected in three individual Forms (Genotype, Phenotype, Trophile):

Genotype Form – Header Page:

Drop down List for Adequate Specimen for Genotype Form:

Drop Down List for Vendor for Genotype Form:

Error Message for Header Page of Genotype Form:

Completed Genotype Header Form:

PI Form within the Genotype Form:

Error Message on the PI form within the Genotype form:

Completed PI Form within the Genotype Form:

NRTI form within the Genotype Form:

Error Message within the Genotype Form:

Completed NRTI form within the Genotype Form:

NNRTI Form within the Genotype Form:

Error Message on the NNRTI form within the Genotype Form:

NNRTI form within the Genotype Form:

Inhibitors Form within the Genotype Form:

Error Message on the Inhibitors From within the Genotype Form:

Completed Inhibitors Form within the Genotype Form:

Completed Genotype Form (all 4 sections):

Phenotype Form:

Header Page within the Phenotype Form:

Drop Down List for Adequate Specimen on Phenotype Form:

Drop Down List for Tropism type on the Phenotype Header Form:

Drop Down List for Vendors on the Header page of the Phenotype Form:

Error Message on the Header Page of the Phenotype Form:

Completed Header Page within the Phenotype Form:

Error Message on Header Page within the Phenotype Form:

PI form within the Phenotype Form:

NRTI form within the Phenotype Form:

NNRTI and Inhibitor form within the Phenotype form:

Completed Phenotype Form:

Trophile Form:

Error Message on Trophile Form:

Adequate specimen drop down box on Trophile Form:

Activity of CCR5 anticipated drop down box on Trophile Form:

Tropotype Result Drop Down Box in Trophile Form:

"Options" drop down box in Trophile Form:

Trophile form completed:

Completed Trophile From:

Hospital History Form:

Error message on Hospital History Form:

Drop Down List for Reason for Hospitalization History Form:

Up to EIGHT Reasons for Hospitaliztion Form Fields are available just like the one above:

Completed Hospitalization Form:

Mortality Form:

Error Message on the Mortality Form:

Primary Cause of Death Drop Down Box for the Mortality Form (to be used on all causes of death and each of the Secondary Causes of Death :

Secondary Cause of Death on Mortality Form:
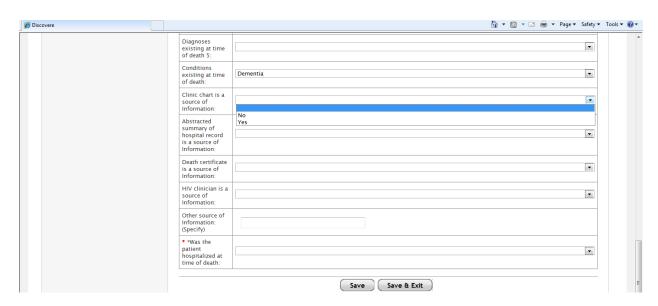
Drop Down Box for "All Source of Information" in Mortality Form:

Diagnosis existing at time of Death drop down box in Mortality Form: (5 options to select diagnosis existing at time of death):
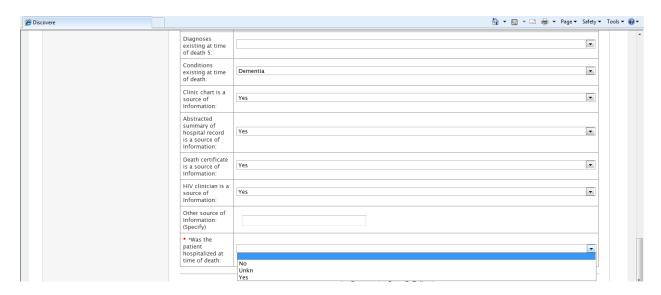
Conditions existing at Time of Death drop down box:

Source of Information for Conditions Existing at Time of Death drop down box:

Was the Patient Hospitalized at the Time of Death drop down box:

Completed Mortality Form: