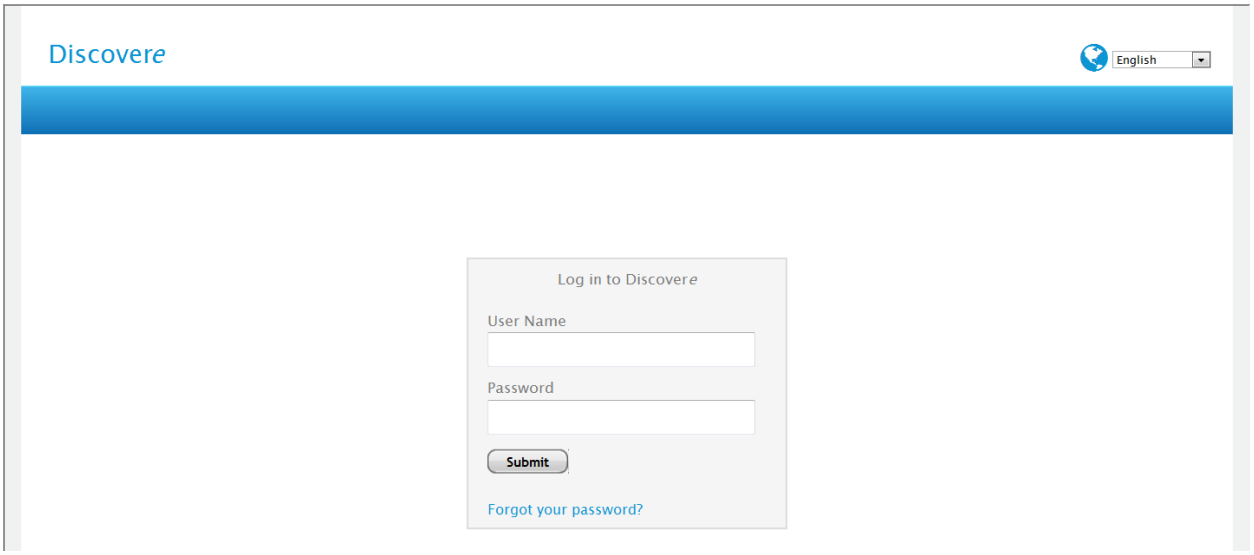
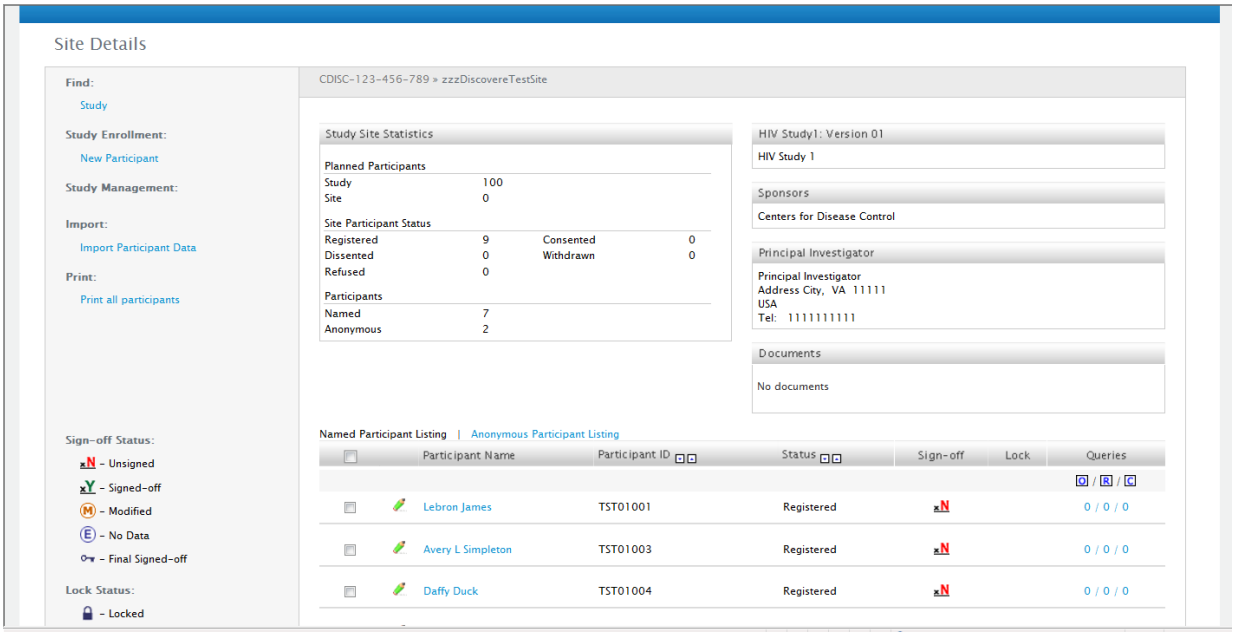
Form Approved
OMB No. 0920-1080
Expiration Date: xx/xx/xxxx

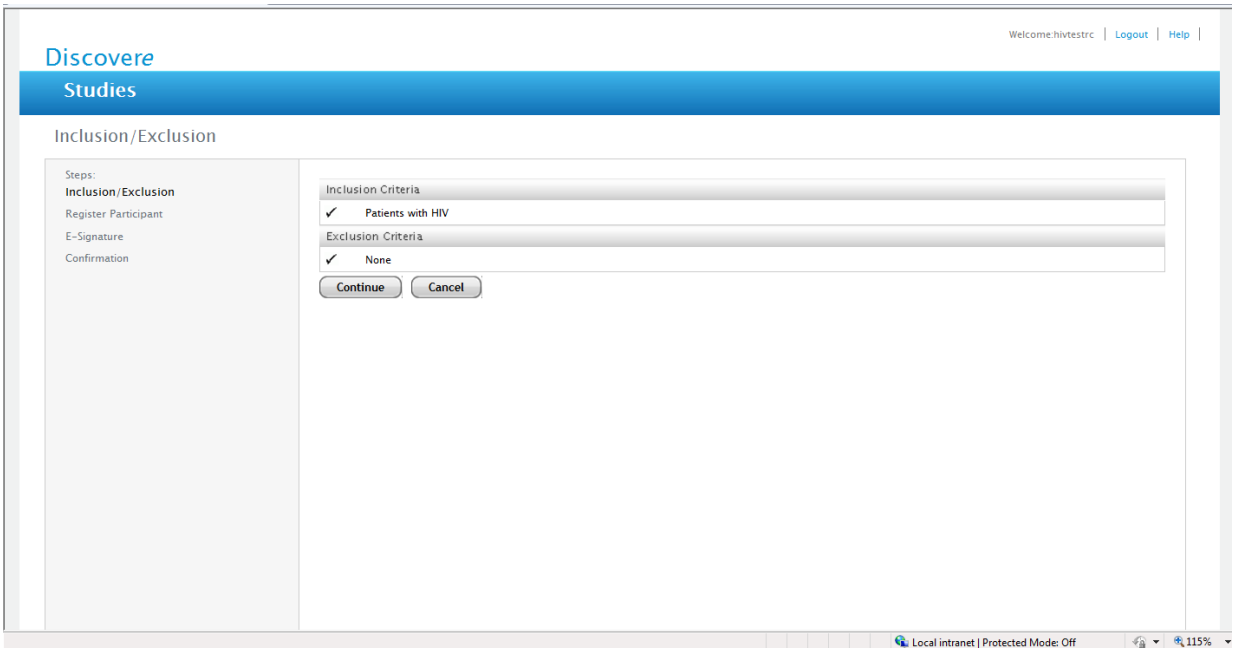
HOPS Discovere Screen Shots

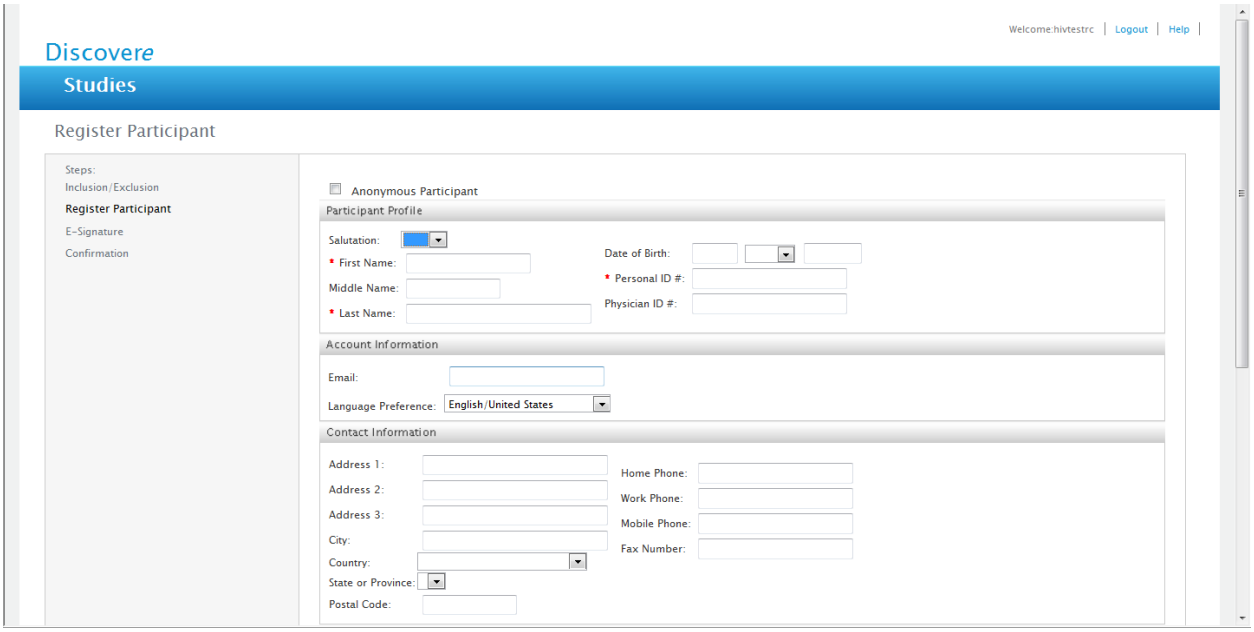
Log in Page for Discovere:

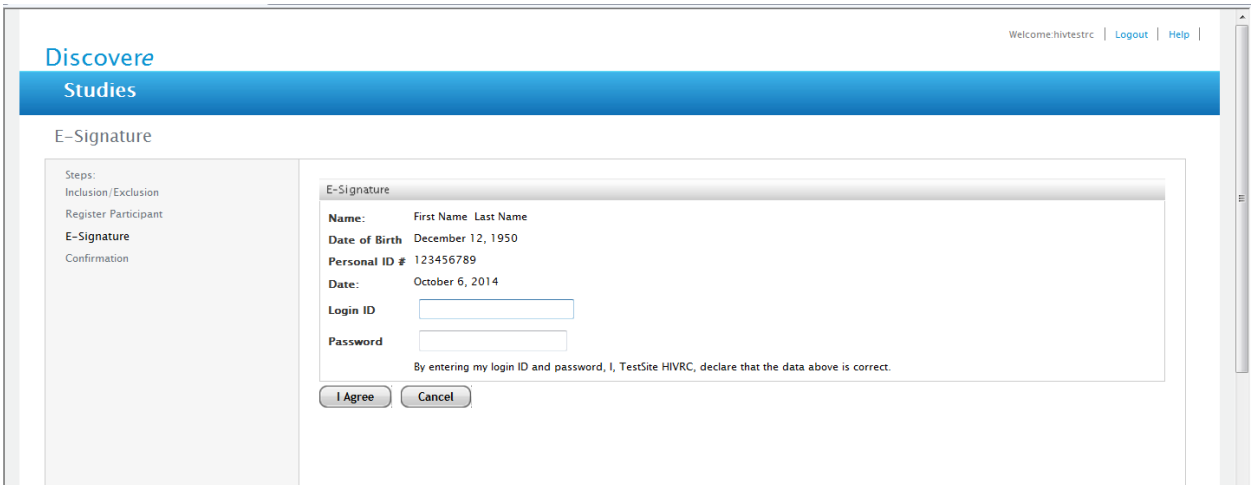


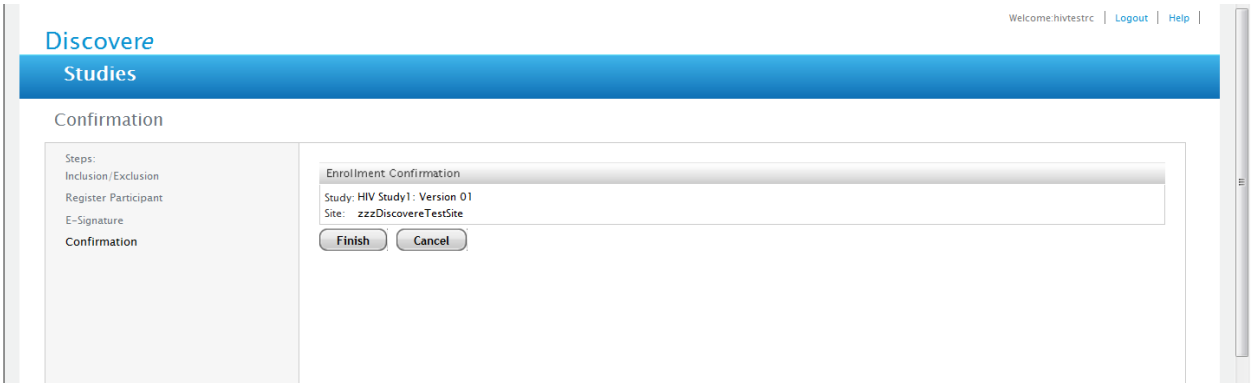
New Participant Screens:

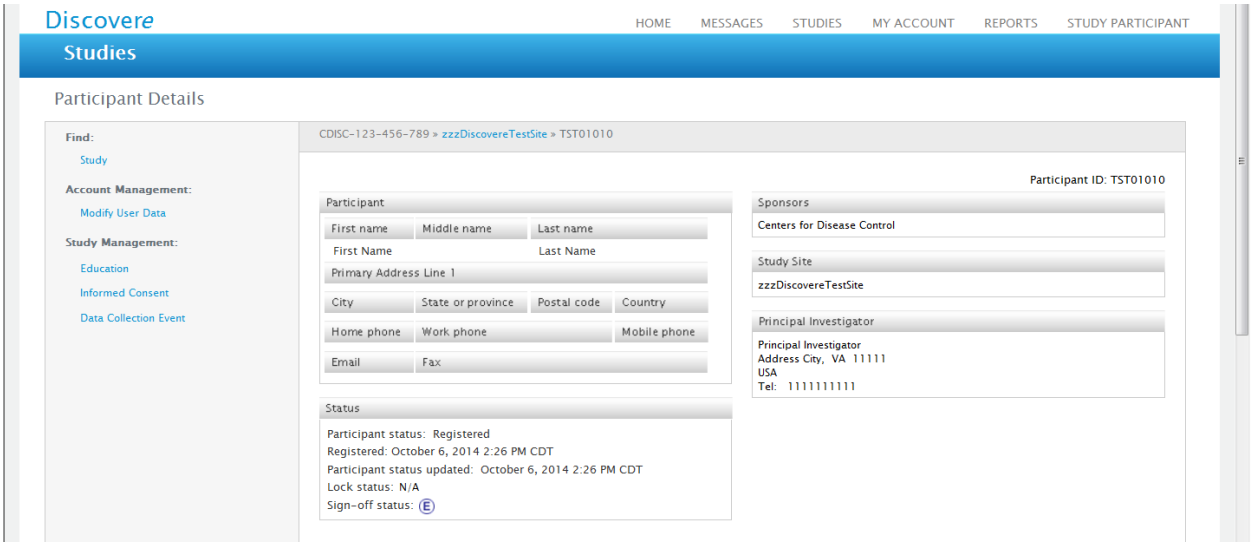




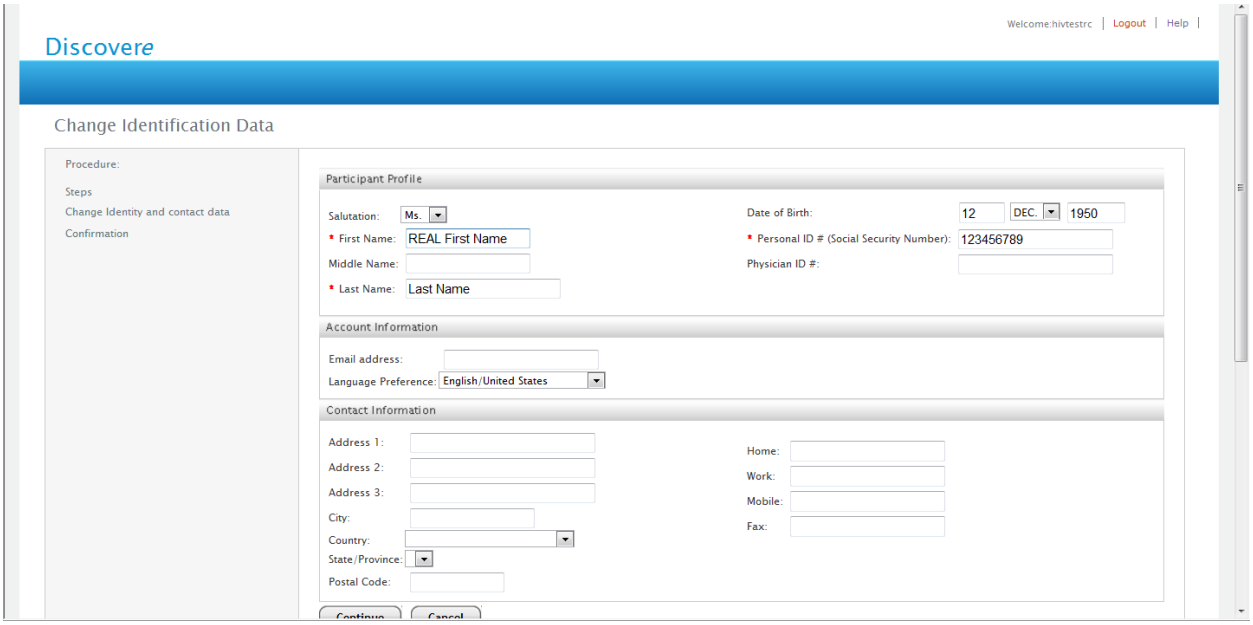

Welcome:hivtestrc | Logout | Help |
Discovere
Studies
Register Participant
Steps:
Inclusion/Exclusion
Register Participant
E-Signature
Confirmation
Anonymous Participant
Participant Profile
Salutation:
* First Name:
Middle Name:
* Last Name:
Date of Birth:
* Personal ID #:
Physician ID #:
Account Information
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:

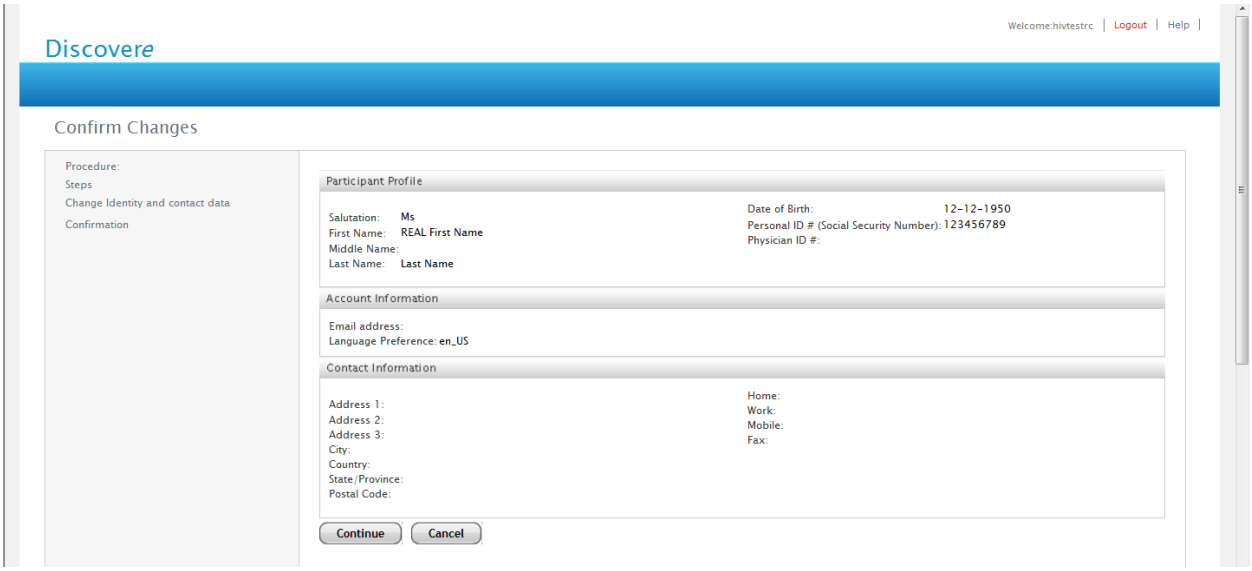

Welcome:hivtestrc | Logout | Help |
Discovere
Studies
E-Signature
Steps:
Inclusion/Exclusion
Register Participant
E-Signature
Confirmation
E-Signature
Name: First Name Last Name
Date of Birth December 12, 1950
Personal ID # 123456789
Date: October 6, 2014
Login ID
Password
By entering my login ID and password, I, TestSite HIVRC, declare that the data above is correct.
I Agree
Cancel

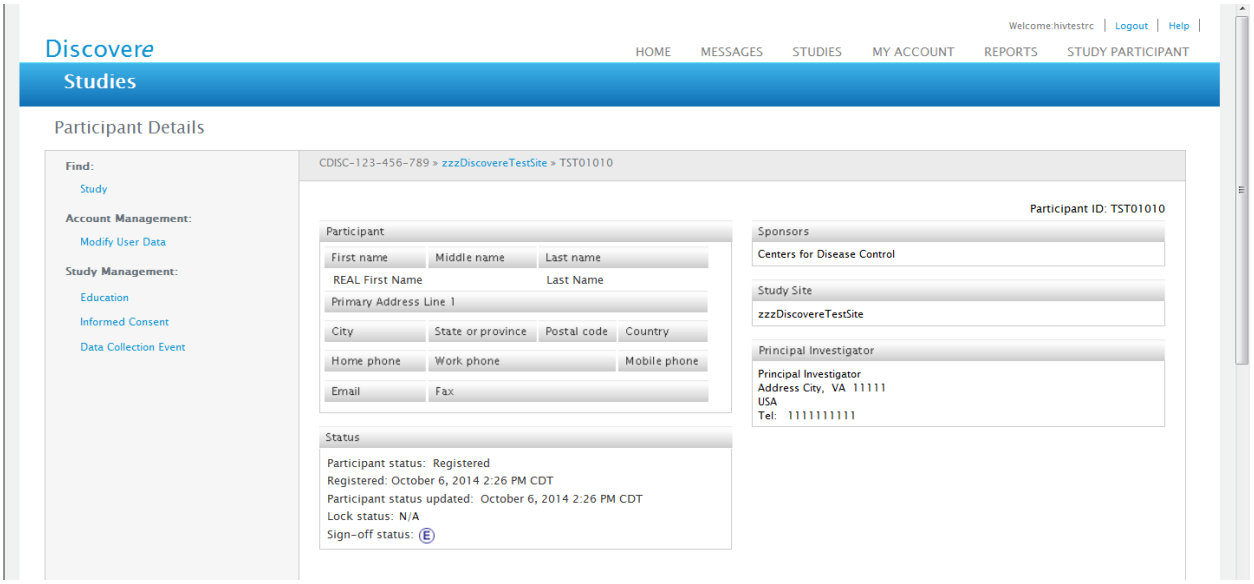

Welcome:hivtestrc | Logout | Help |
Discovere
Studies
Confirmation
Steps:
Inclusion/Exclusion
Register Participant
E-Signature
Confirmation
Enrollment Confirmation
Study: HIV Study1: Version 01
Site: zzzDiscovereTestSite
Finish
Cancel


Discovere
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
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: E

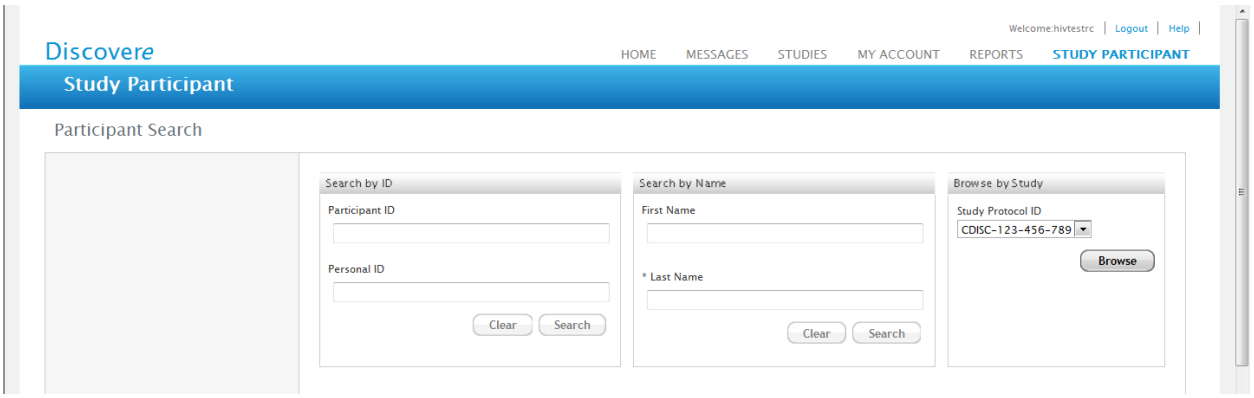
Modify User Data Screens:

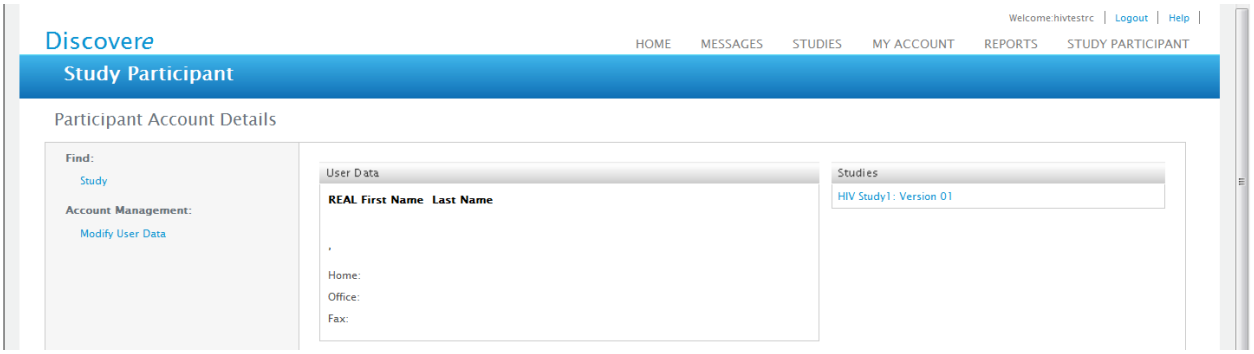


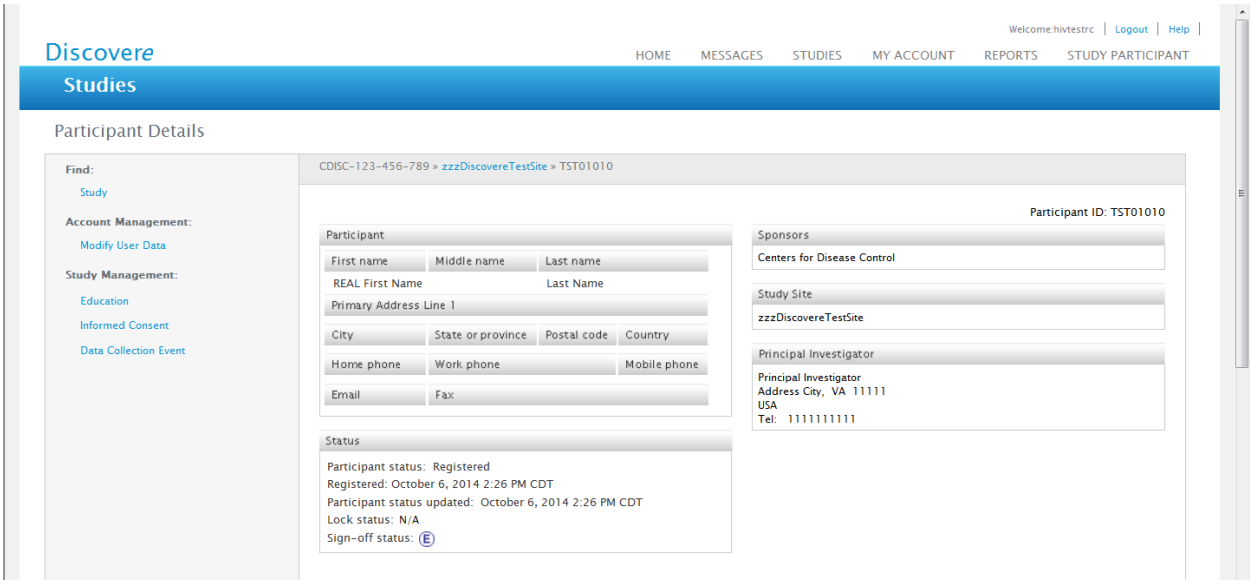


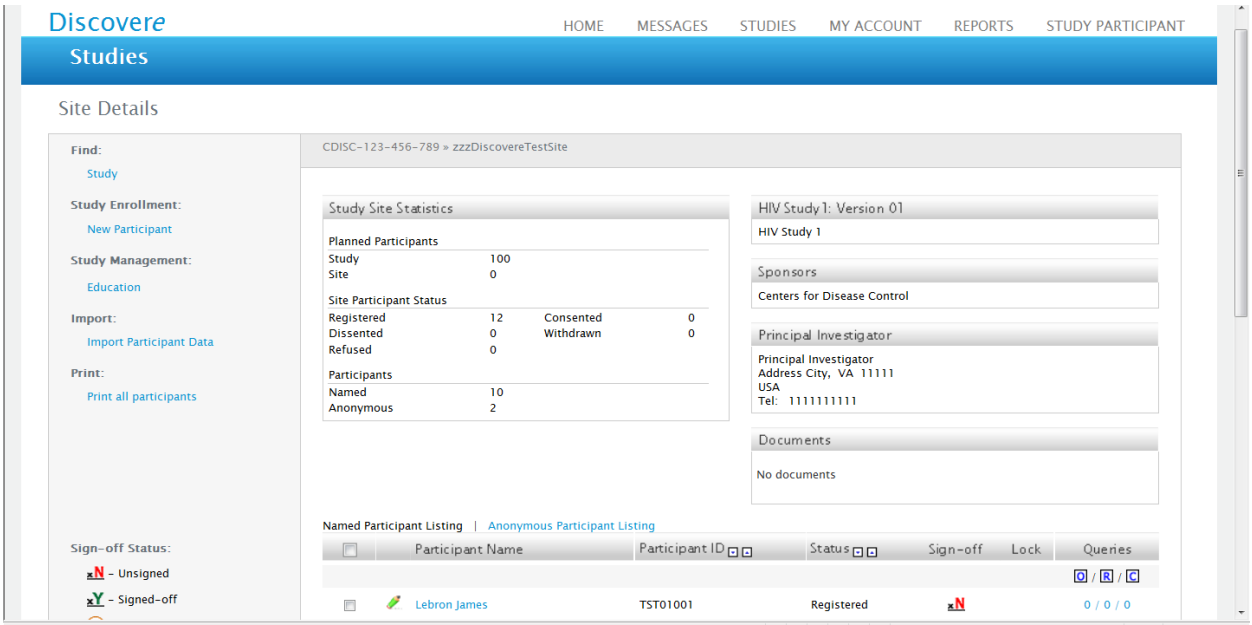

Welcome:hivtestrc | Logout | Help |
Discovere
HOME MESSAGES STUDIES MY ACCOUNT REPORTS STUDY PARTICIPANT
Studies
Participant Details
Find:
Study
Account Management:
Modify User Data
Study Management:
Education
Informed Consent
Data Collection Event
CDISC-123-456-789 » zzzDiscovereTestSite » TST01010
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
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: E

Search for Study Participant Screens:



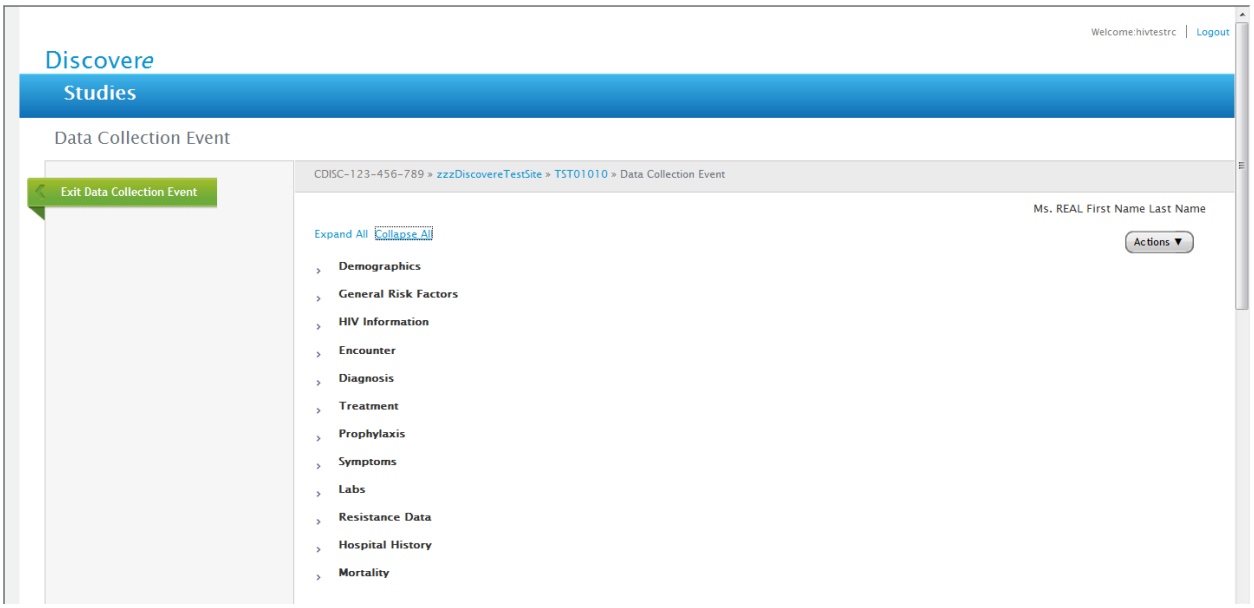



Welcome:hivtestrc | Logout | Help |
Discovere
HOME MESSAGES STUDIES MY ACCOUNT REPORTS STUDY PARTICIPANT
Studies
Participant Details
Find:
Study
Account Management:
Modify User Data
Study Management:
Education
Informed Consent
Data Collection Event
CDISC-123-456-789 » zzzDiscovereTestSite » TST01010
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
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: E

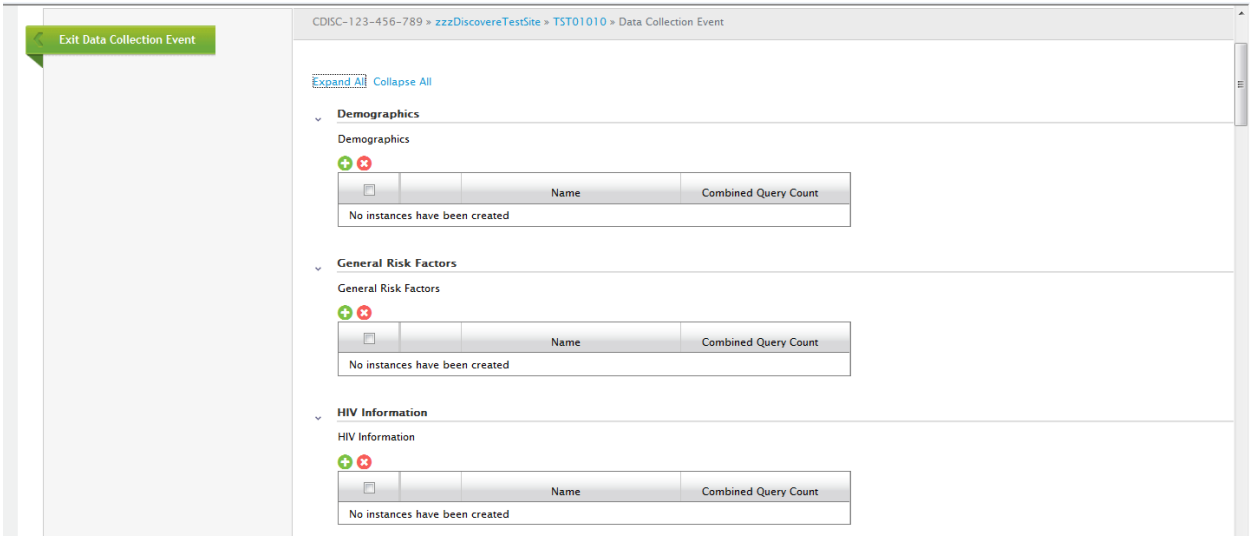

Discovere
HOME MESSAGES STUDIES MY ACCOUNT REPORTS STUDY PARTICIPANT
Studies
Site Details
Find:
Study
Study Enrollment:
New Participant
Study Management:
Education
Import:
Import Participant Data
Print:
Print all participants
CDISC-123-456-789 » zzzDiscovereTestSite
Study Site Statistics
Planned Participants
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
Named Participant Listing | Anonymous Participant Listing
Participant Name
Participant ID
Status
Sign-off
Lock
Queries
O / R / C
Lebron James
TST01001
Registered
N
0 / 0 / 0
Sign-off Status:
N - Unsigned
Y - Signed-off

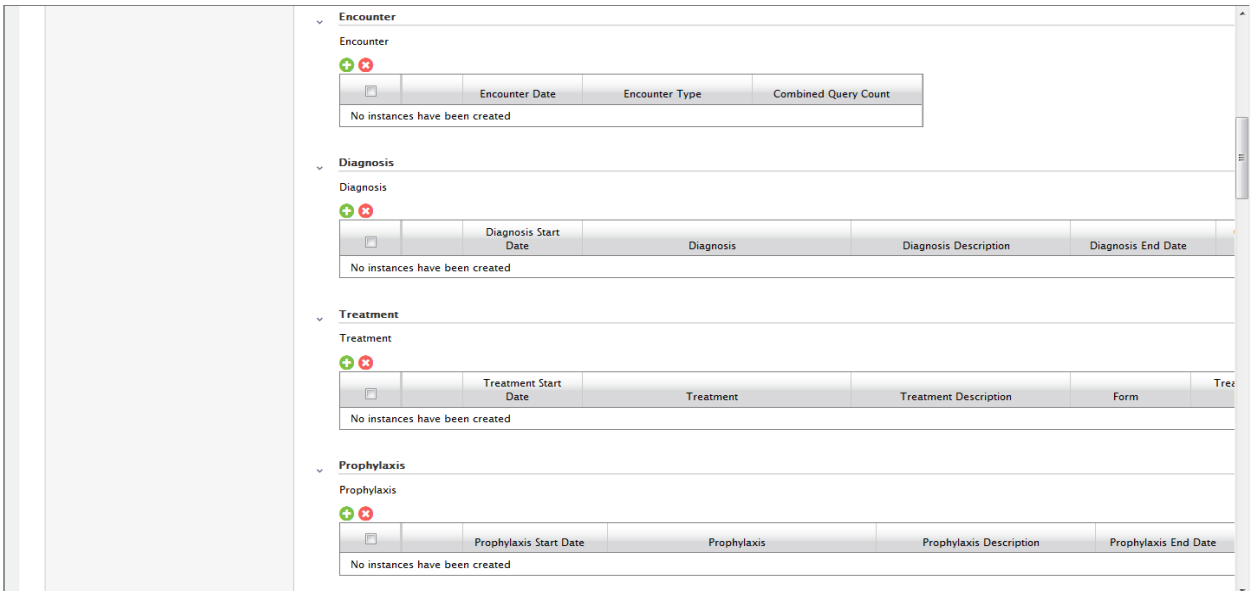
Begin Data Entry (Data Collection Event) Screens:

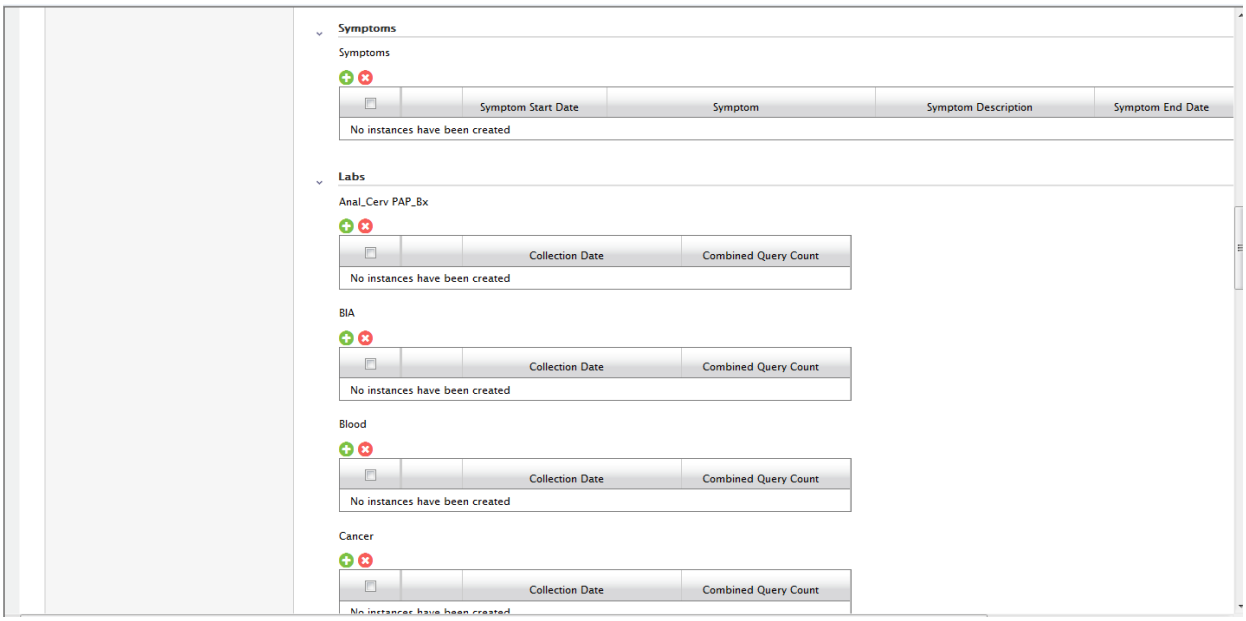
Collapsed View of all Optional Forms for Data Entry:



Expanded View of all Optional Forms for Data Entry:







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

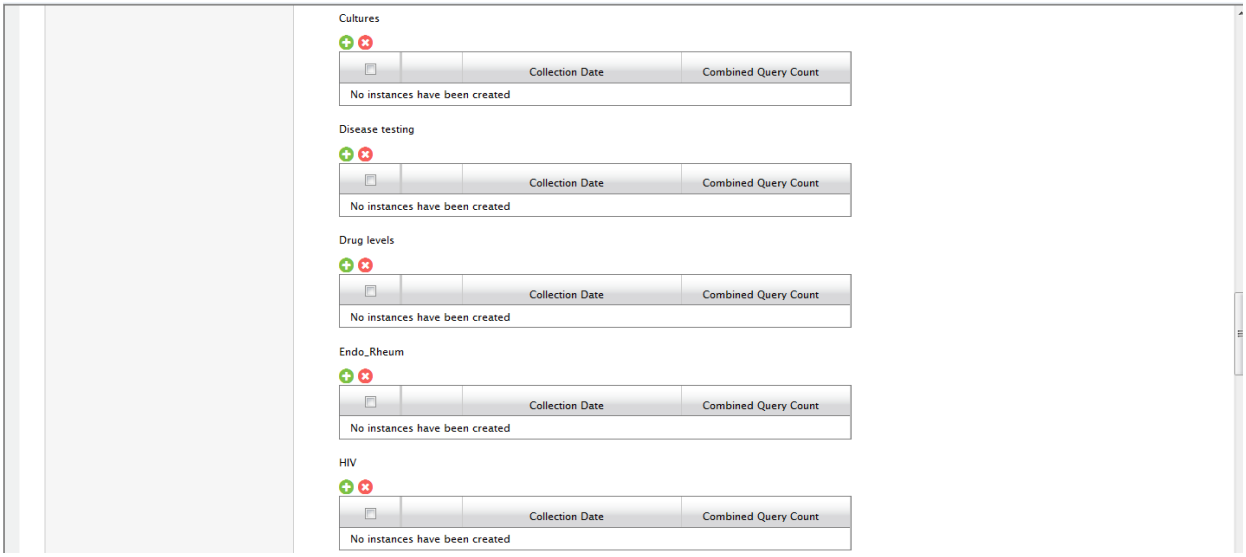
	Collection Date	Combined Query Count
No instances have been created		

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		

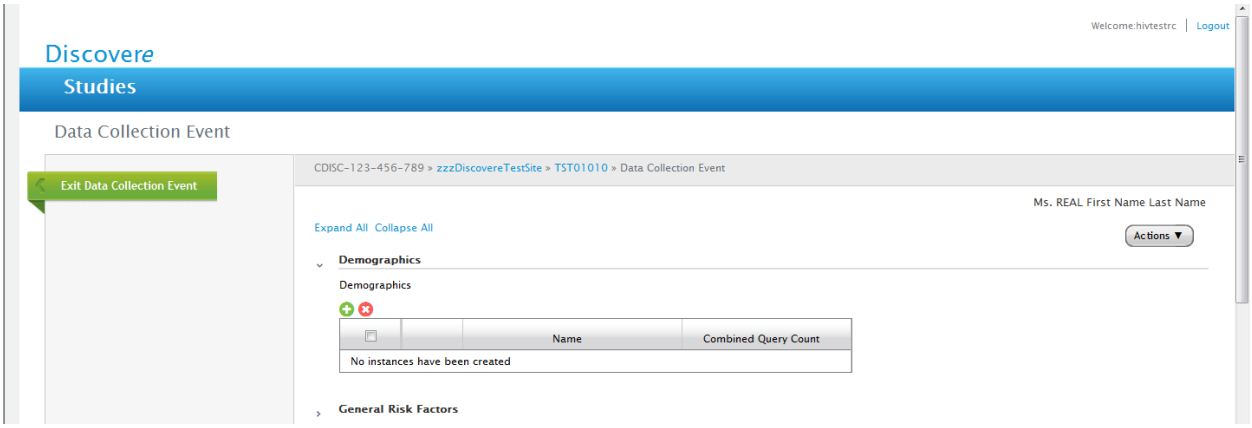
Mortality

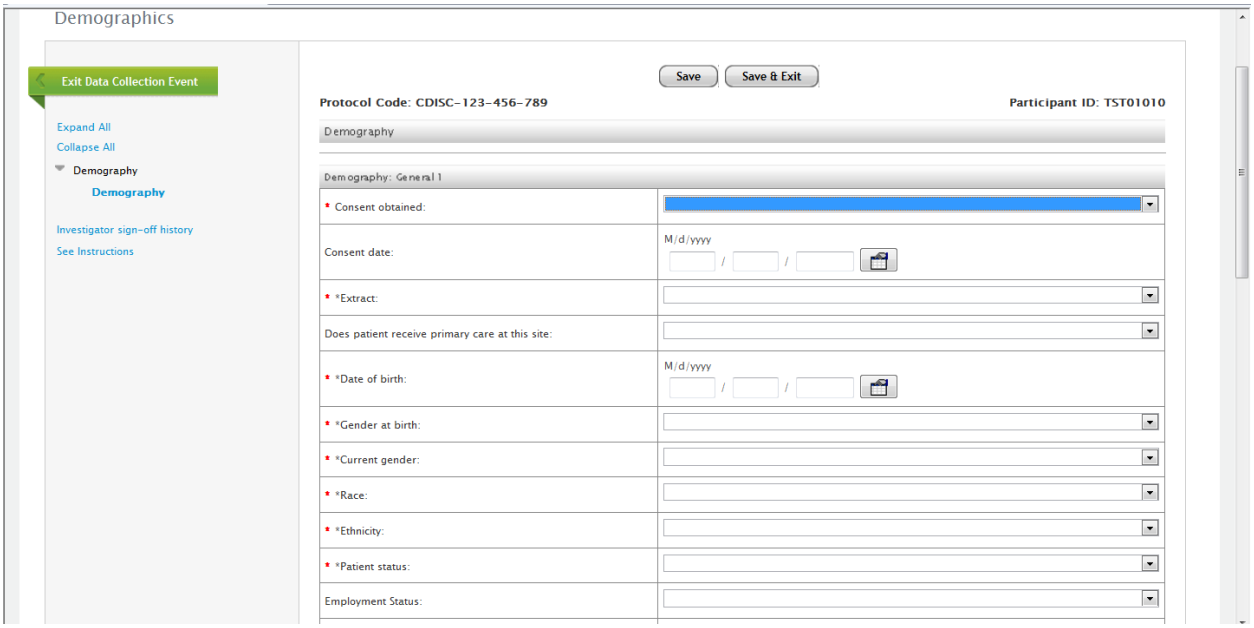
Mortality

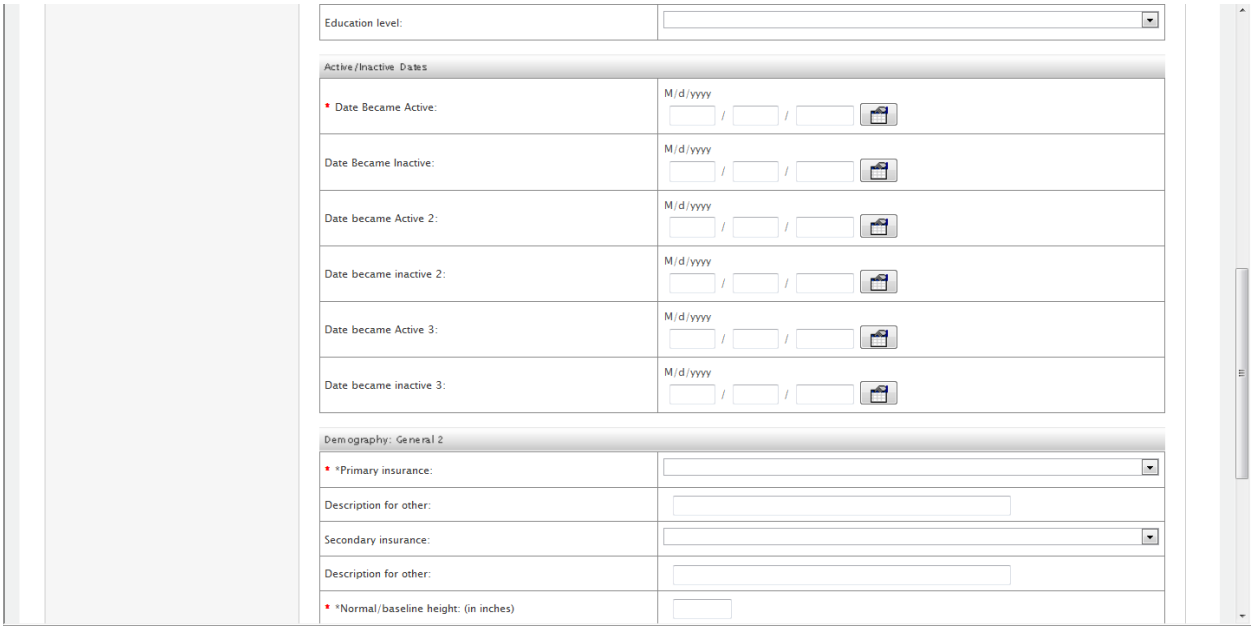
	Name	Combined Query Count
No instances have been created		

EACH Individual FORM Opened in Data Collection Event Screen:

Demographics Form:







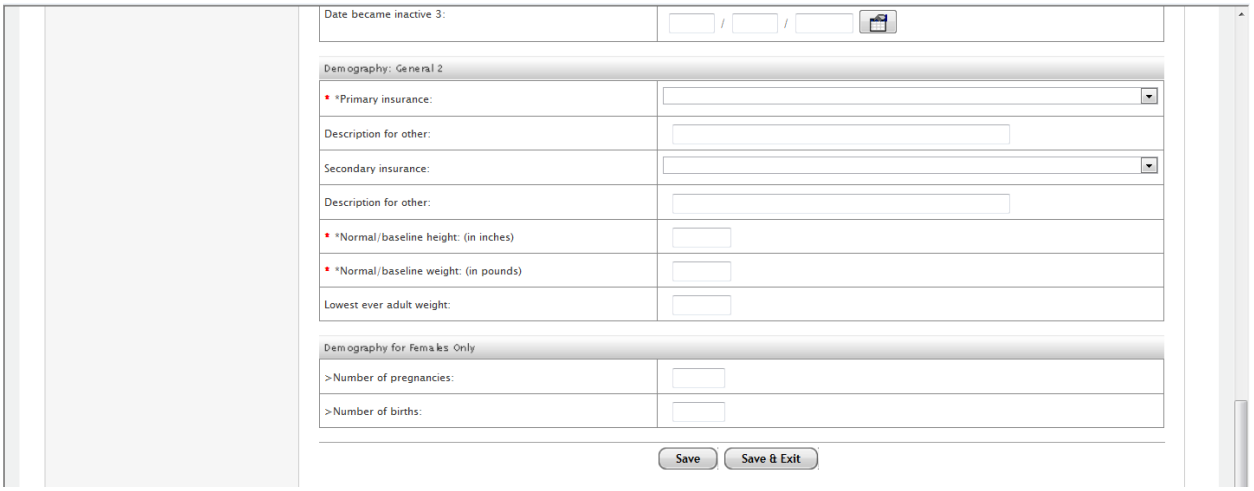
Education level:	

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

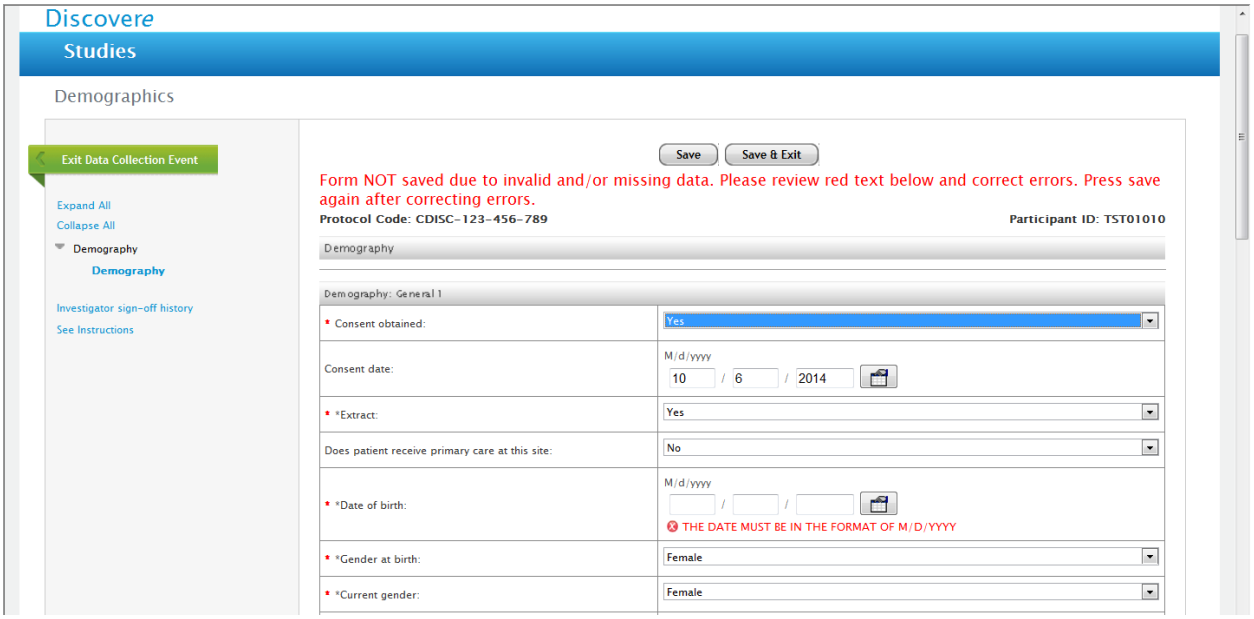
* *Primary insurance:	
Description for other:	
Secondary insurance:	
Description for other:	
* *Normal/baseline height: (in inches)	
* *Normal/baseline weight: (in pounds)	
Lowest ever adult weight:	

Demography for Females Only

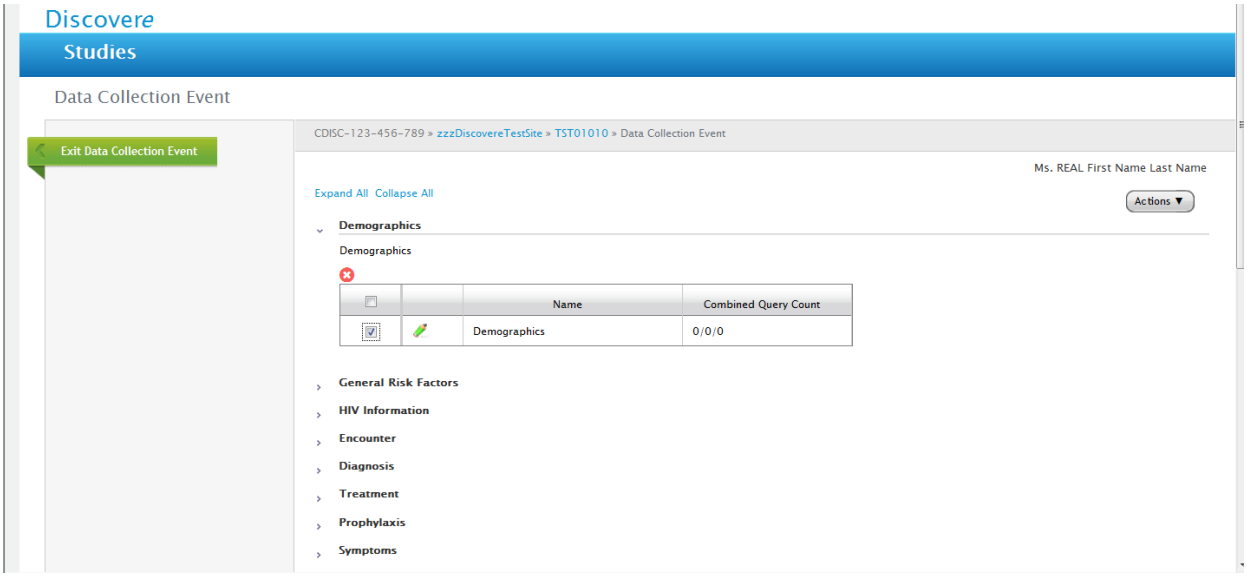
>Number of pregnancies:	
>Number of births:	

Save | Save & Exit

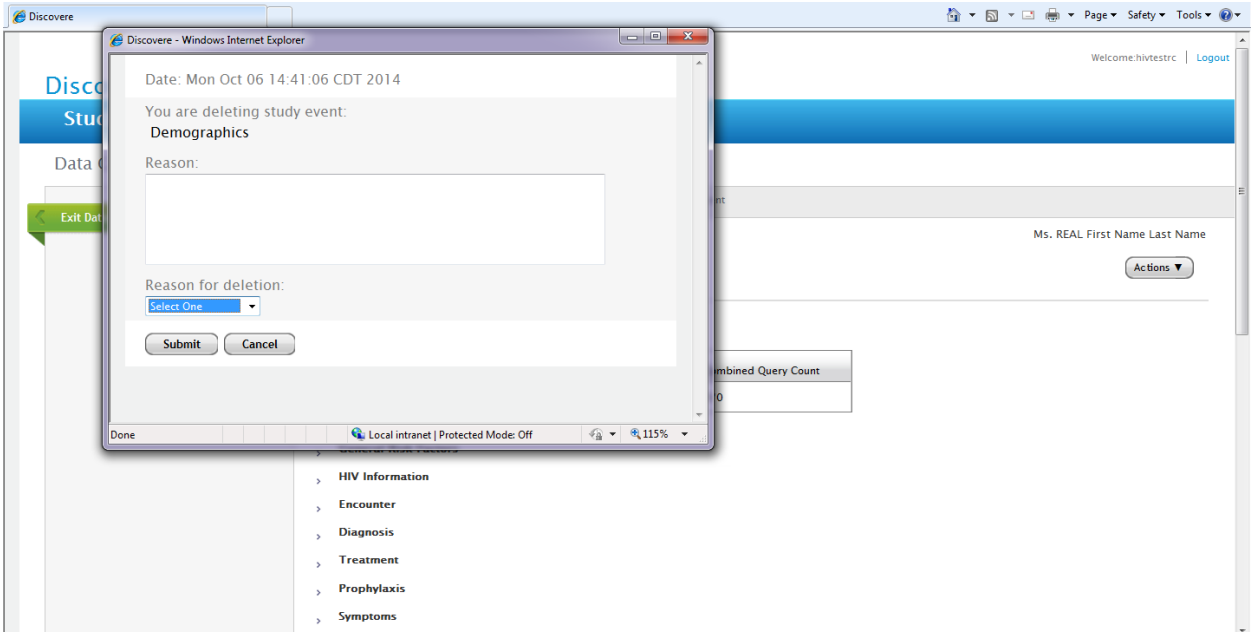
Validation Error Message on Demographics Form:

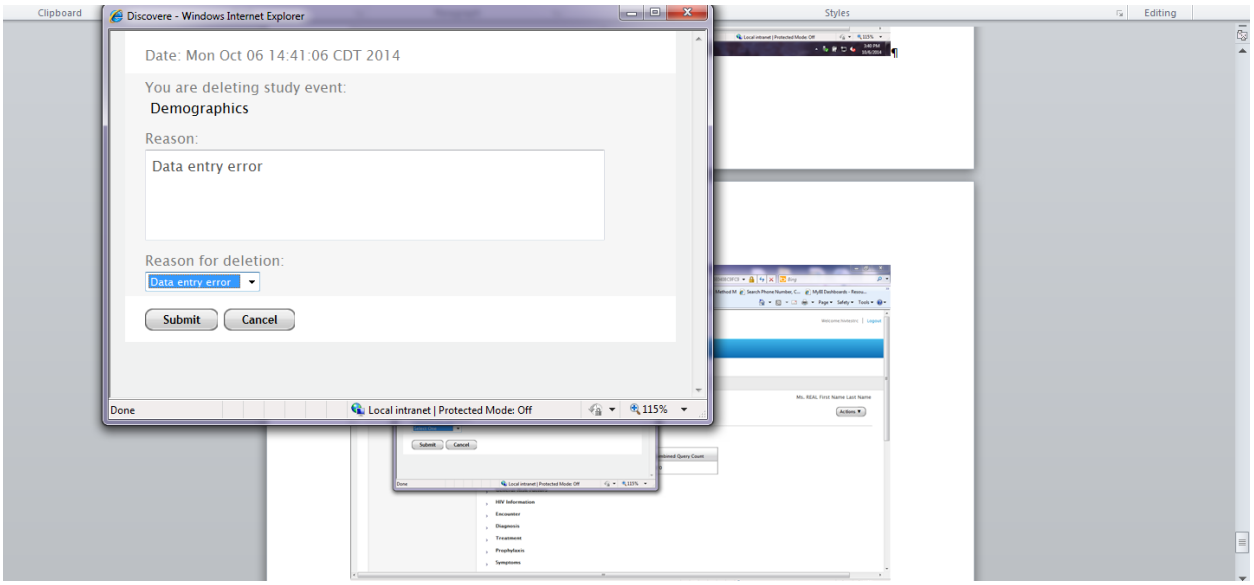


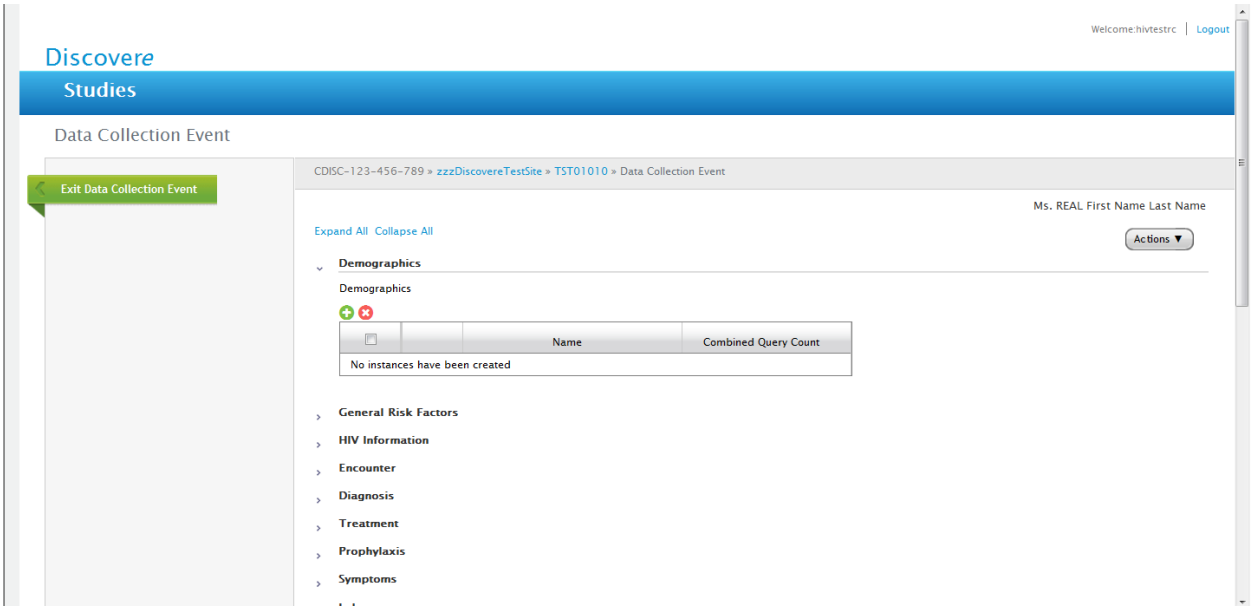
Deleting Demograhics Form (or any form/entry):



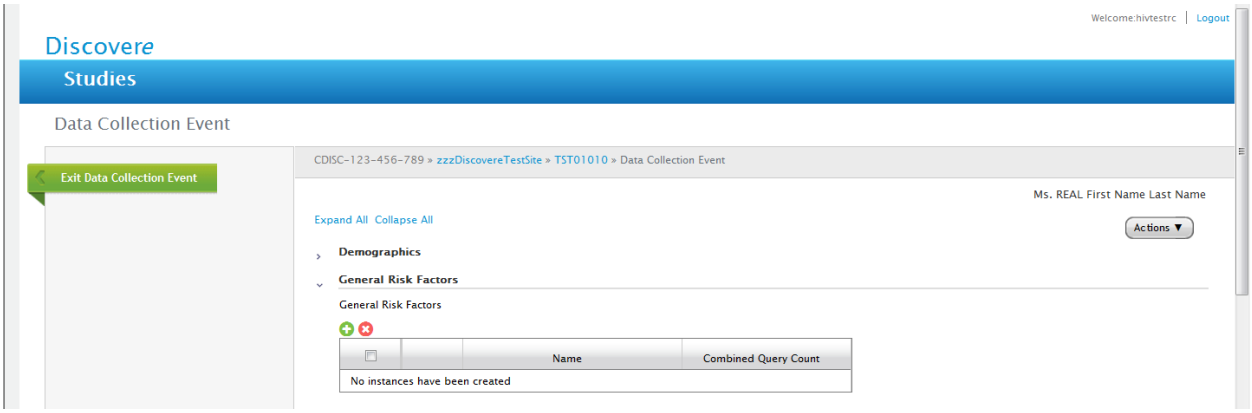
This same message appears for any form that is removed from Discovere view/deleted. (Data is never actually deleted and is maintained in background database.)

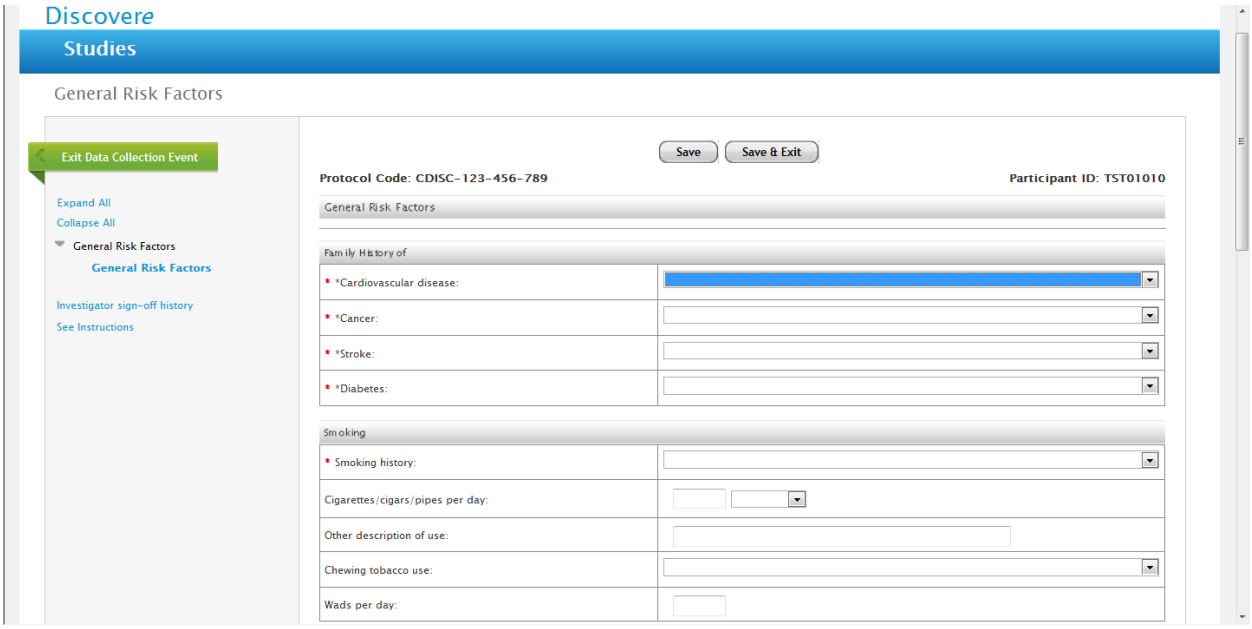


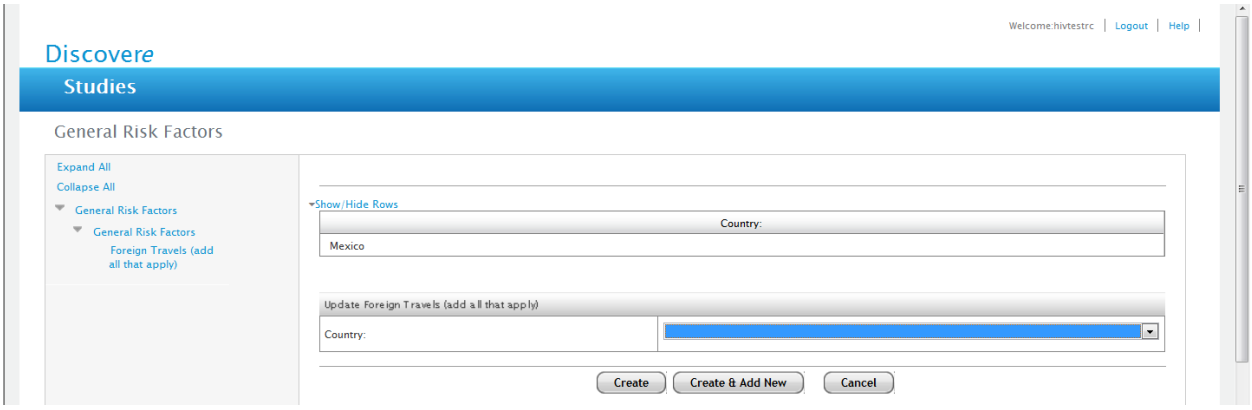

Clipboard
Styles
Editing
Discovere - Windows Internet Explorer
Date: Mon Oct 06 14:41:06 CDT 2014
You are deleting study event:
Demographics
Reason:
Data entry error
Reason for deletion:
Data entry error
Submit
Cancel
Done
Local intranet | Protected Mode: Off
115%


Welcome:hivtestrc | Logout
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
Demographics
Name
Combined Query Count
No instances have been created
General Risk Factors
HIV Information
Encounter
Diagnosis
Treatment
Prophylaxis
Symptoms

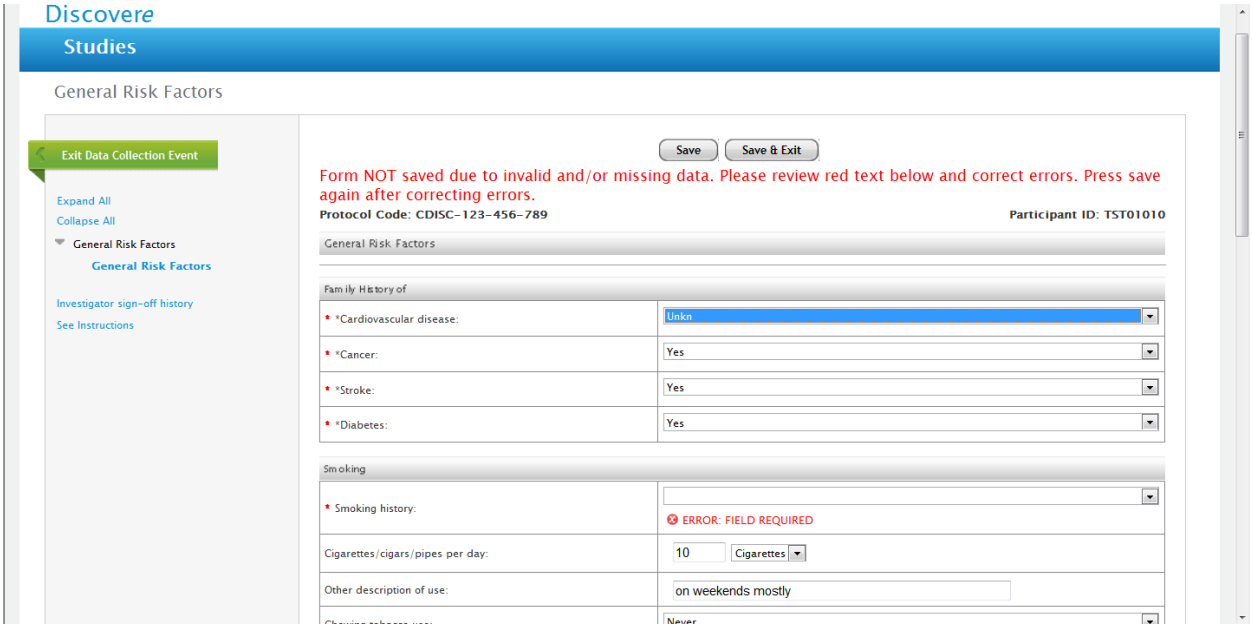
General Risk Factors Form:



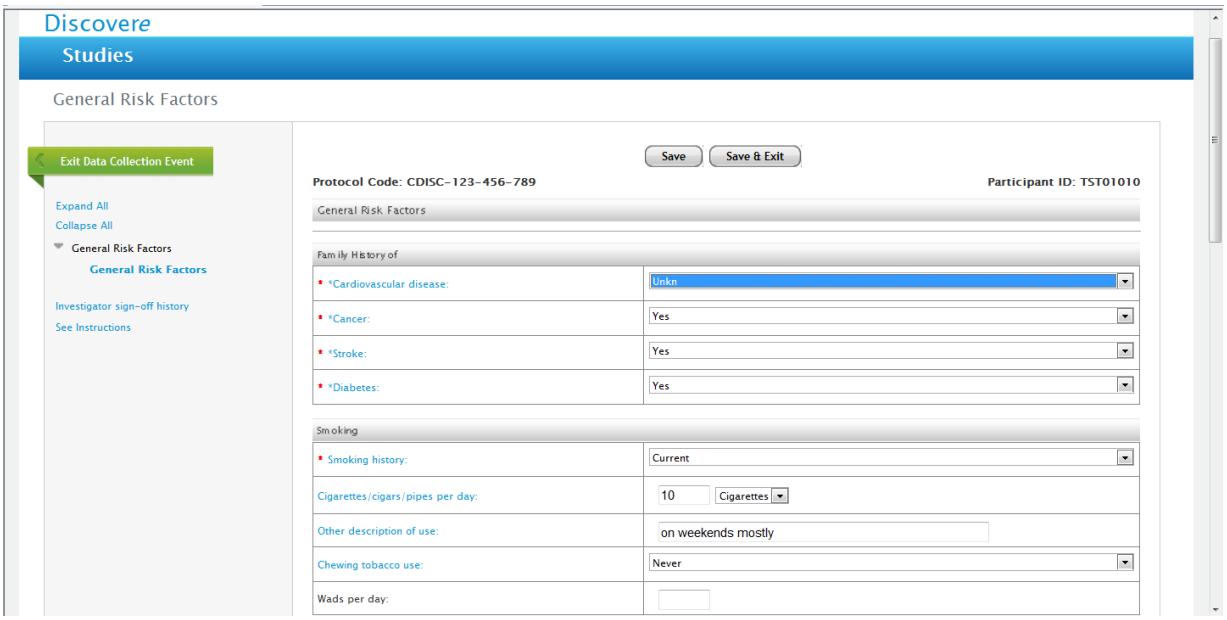


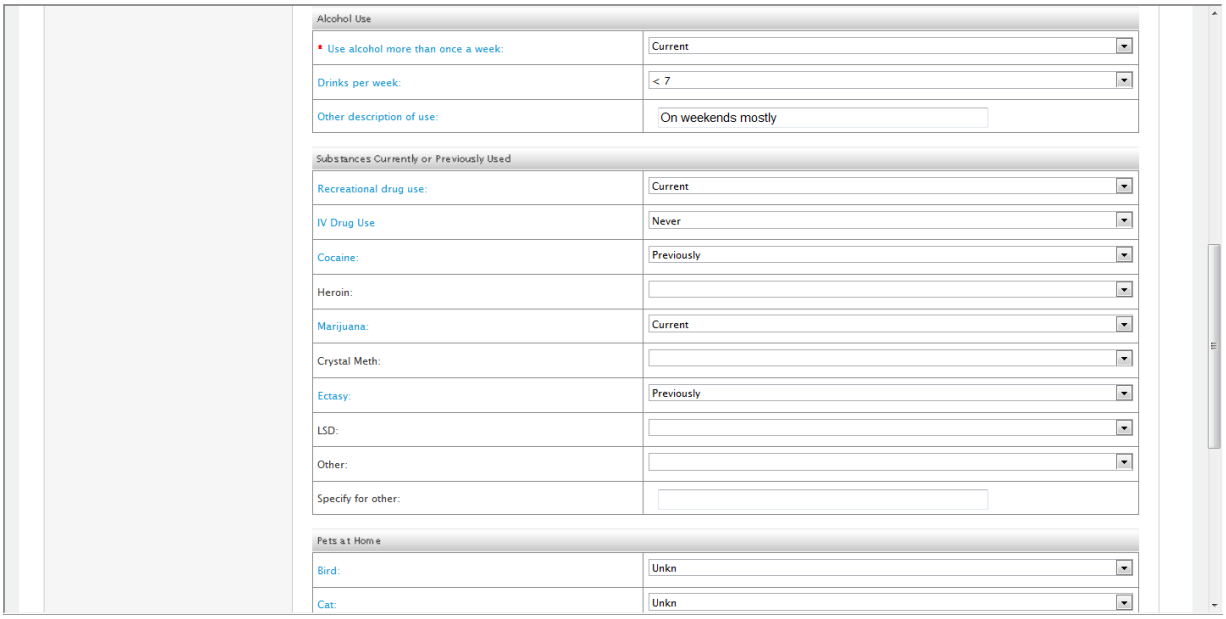


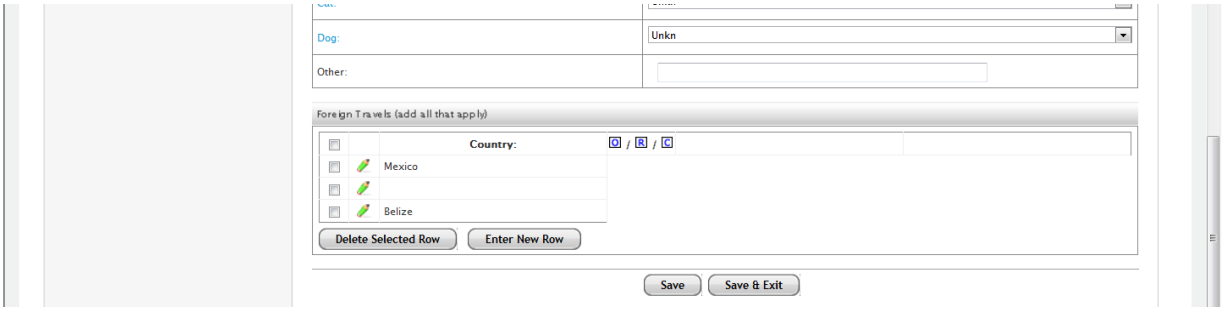
Error message for Gen Risk Form:



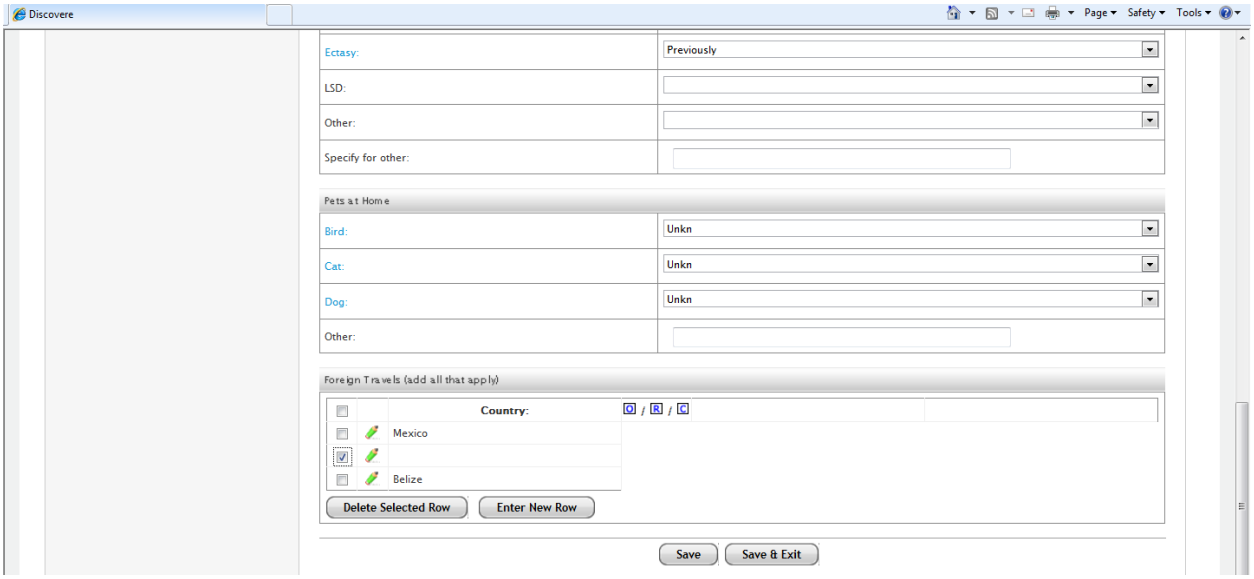
Corrected and Saved General Risk Factors From:

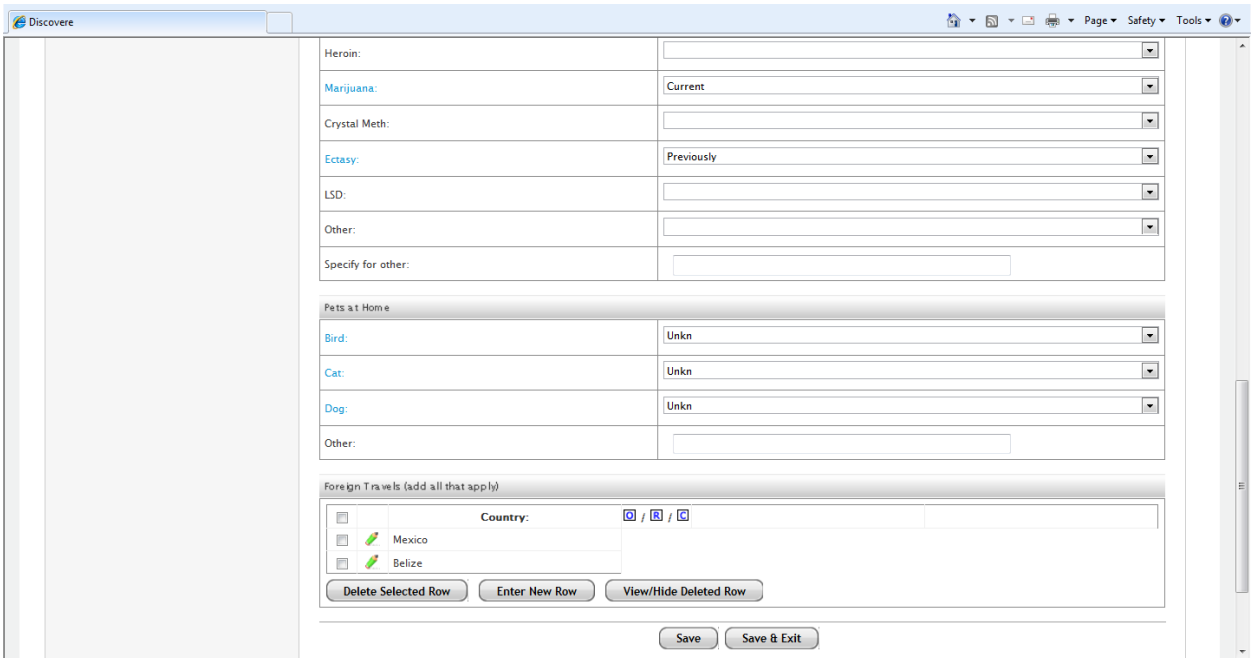



Alcohol Use
Use alcohol more than once a week:
Current
Drinks per week:
< 7
Other description of use:
On weekends mostly
Substances Currently or Previously Used
Recreational drug use:
Current
IV Drug Use
Never
Cocaine:
Previously
Heroin:
Marijuana:
Current
Crystal Meth:
Ectasy:
Previously
LSD:
Other:
Specify for other:
Pets at Home
Bird:
Unkn
Cat:
Unkn

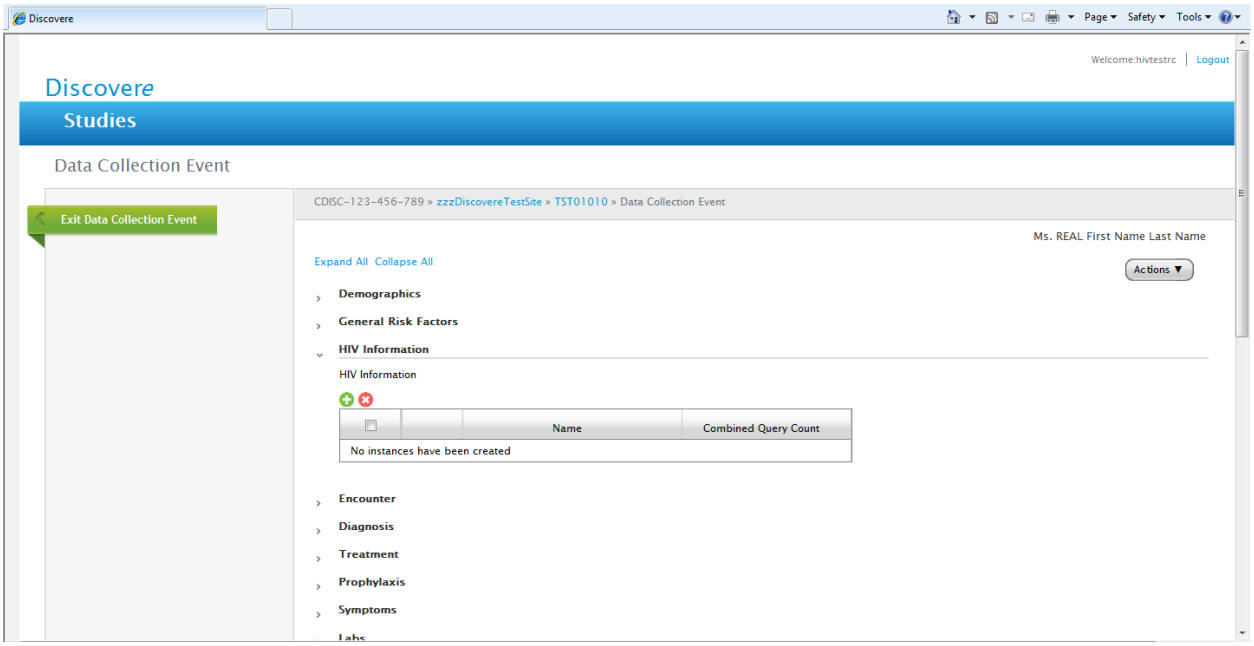

Dog:
Unkn
Other:
Foreign Travels (add all that apply)
Country:
O / R / C
Mexico
Belize
Delete Selected Row
Enter New Row
Save
Save & Exit

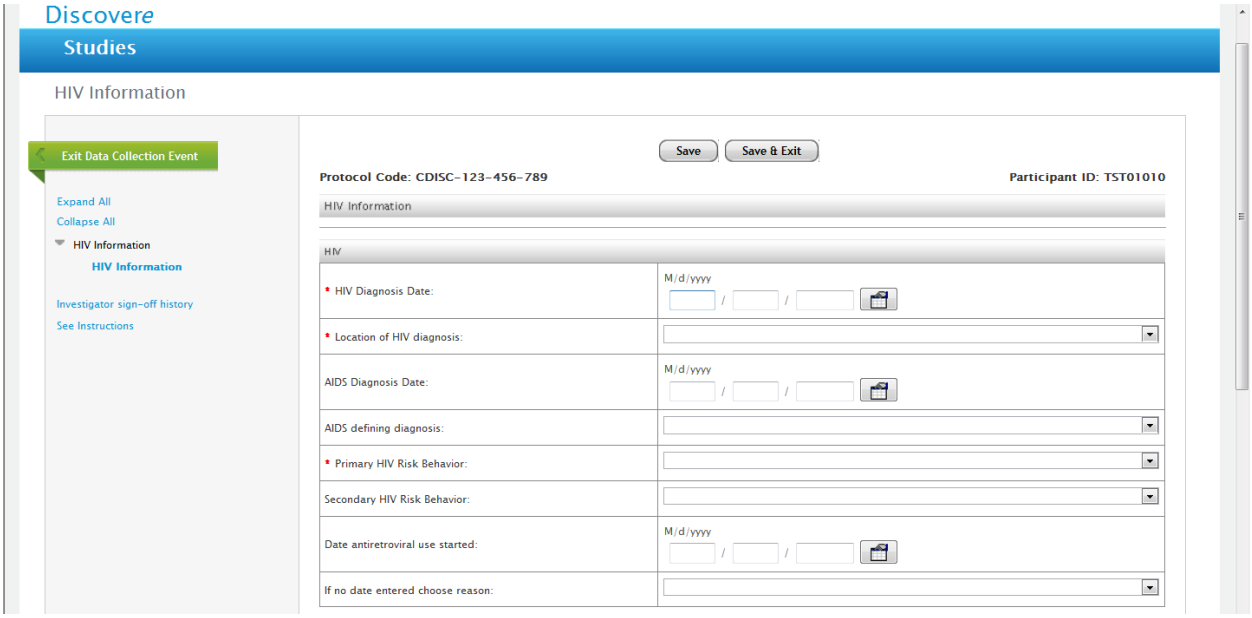
Deleting item on any Form:

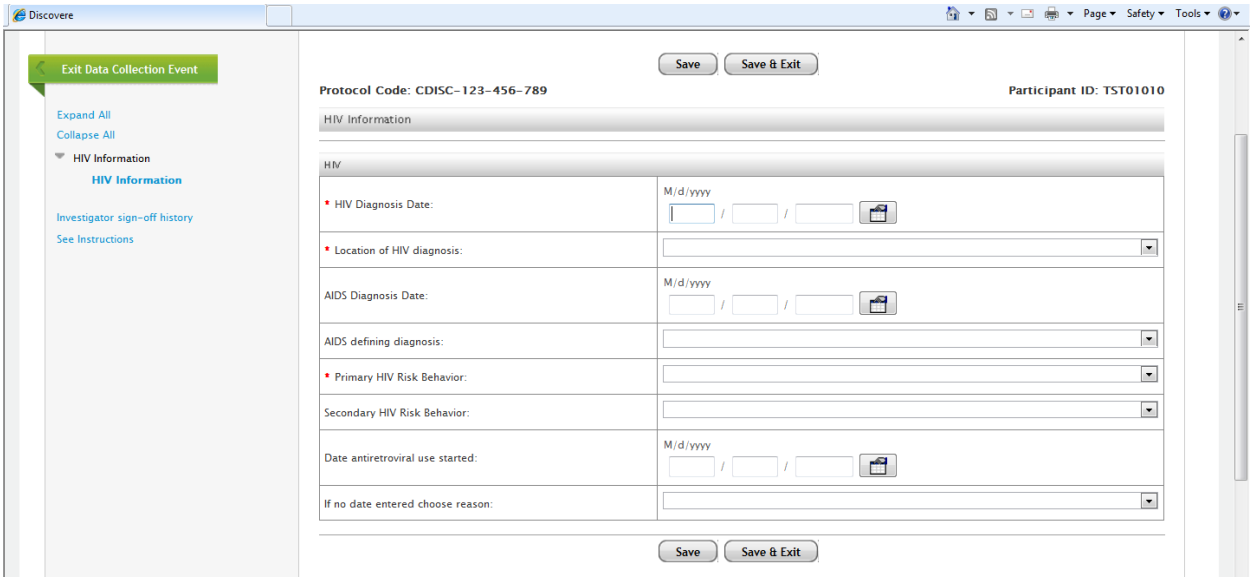




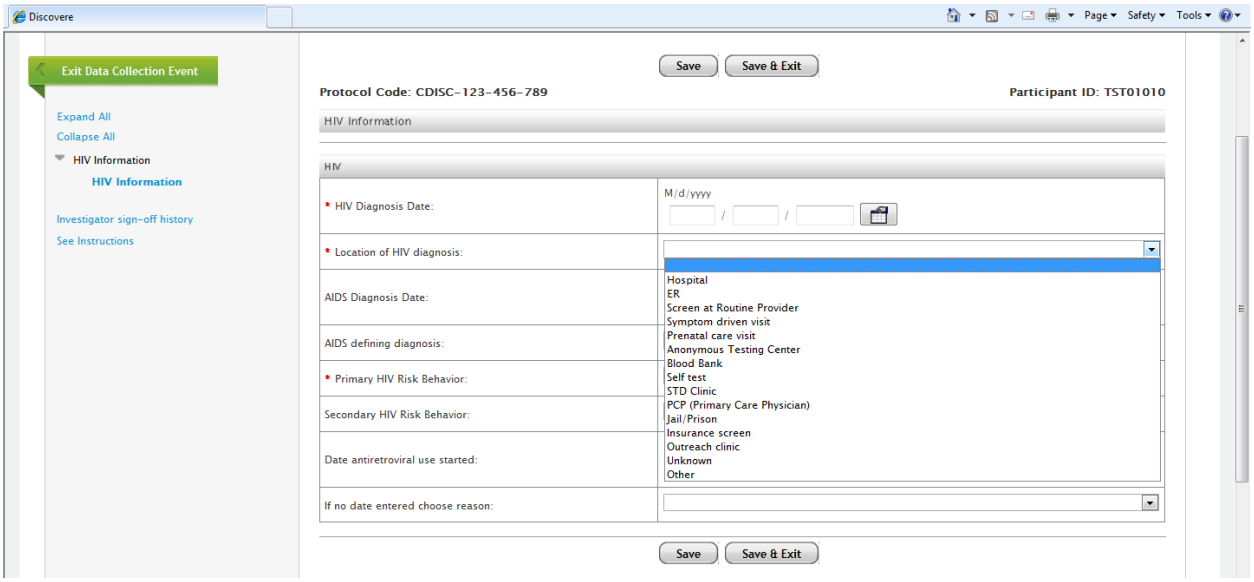
HIV Form:


Discovere
Page
Safety
Tools
Welcome:hivtestrc
Logout
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
HIV Information
Name
Combined Query Count
No instances have been created
Encounter
Diagnosis
Treatment
Prophylaxis
Symptoms
Labs

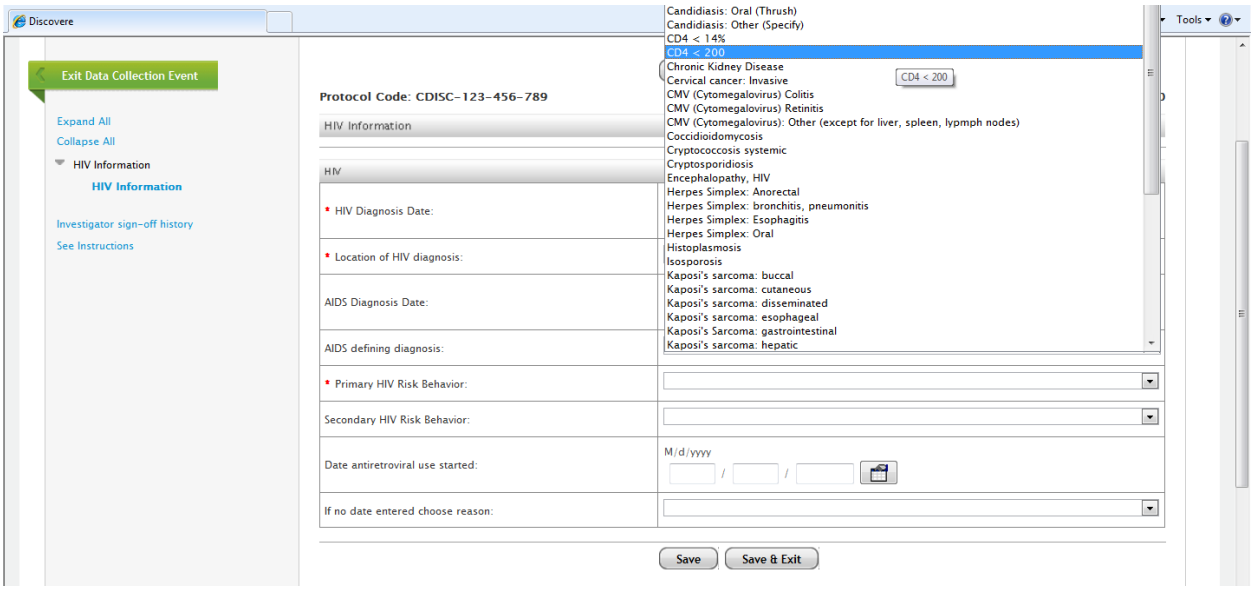

Discovere
Studies
HIV Information
Exit Data Collection Event
Expand All
Collapse All
HIV Information
HIV Information
Investigator sign-off history
See Instructions
Save
Save & Exit
Protocol Code: CDISC-123-456-789
Participant ID: TST01010
HIV Information
HIV
HIV Diagnosis Date:
M/d/yyyy
Location of HIV diagnosis:
AIDS Diagnosis Date:
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:


Discovere
Page
Safety
Tools
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:
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

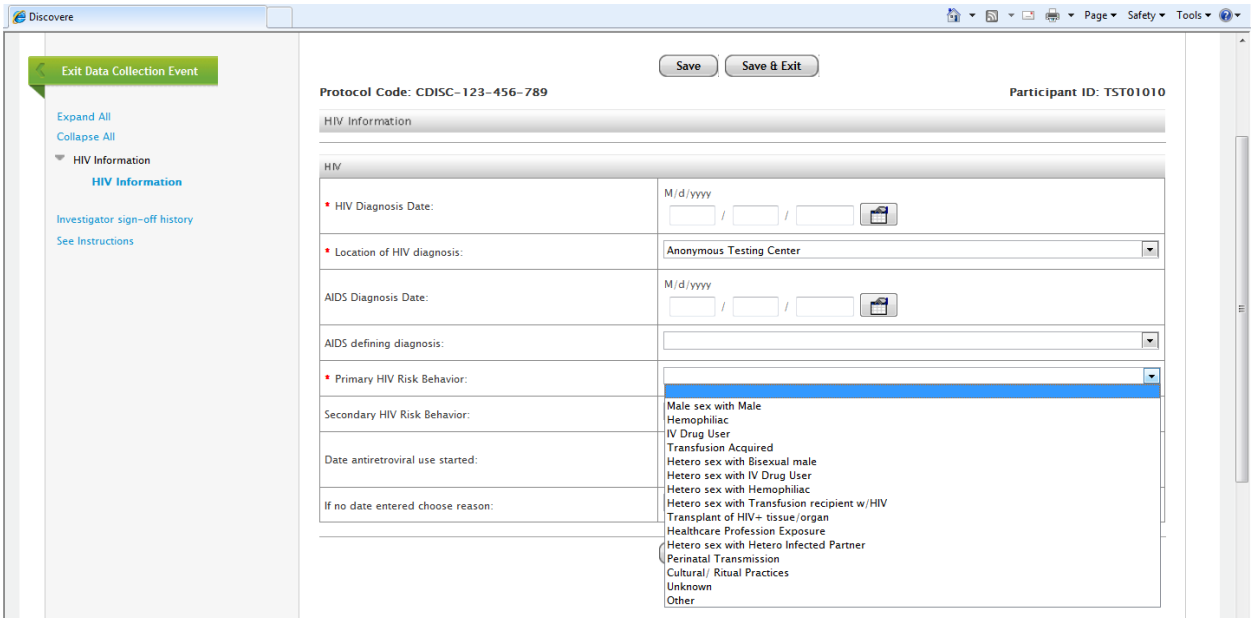
Location of HIV Diagnosis Options in HIV Form:



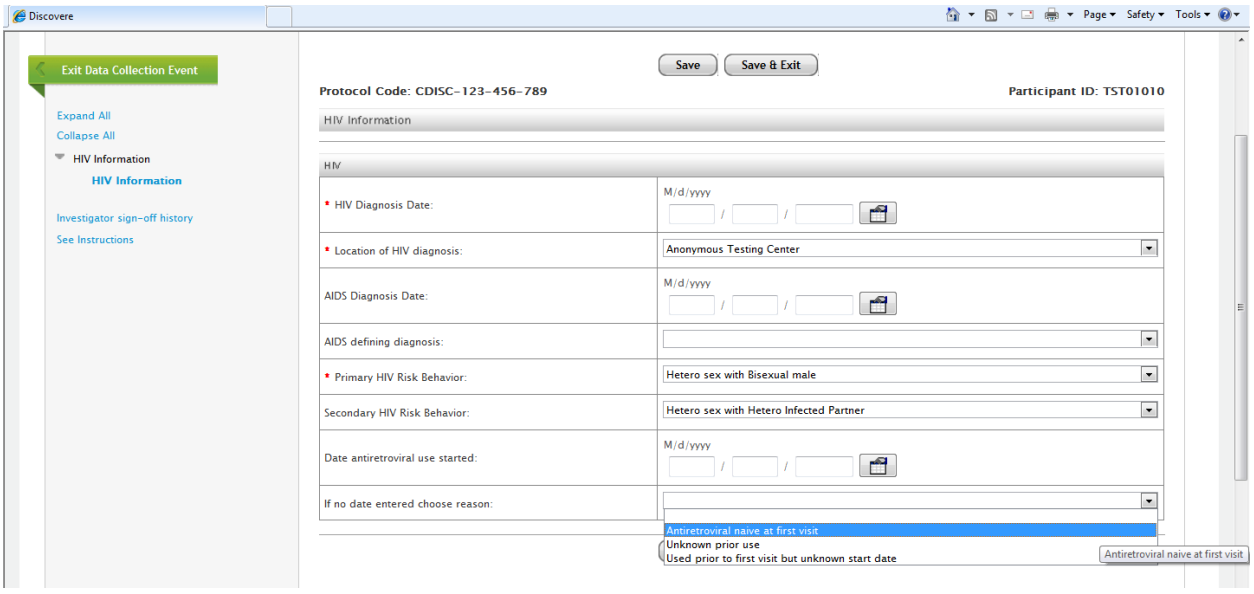
AIDS Defining Illnesses Drop Down List on HIV Form:



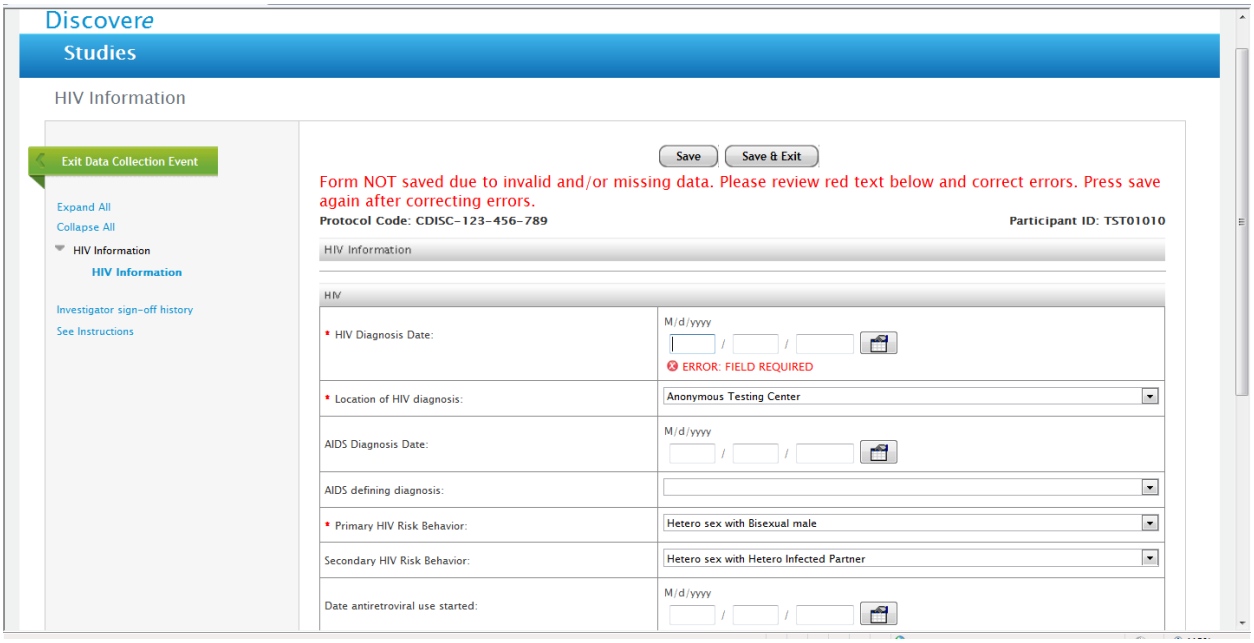
Primary HIV Risk Factor Drop Down List



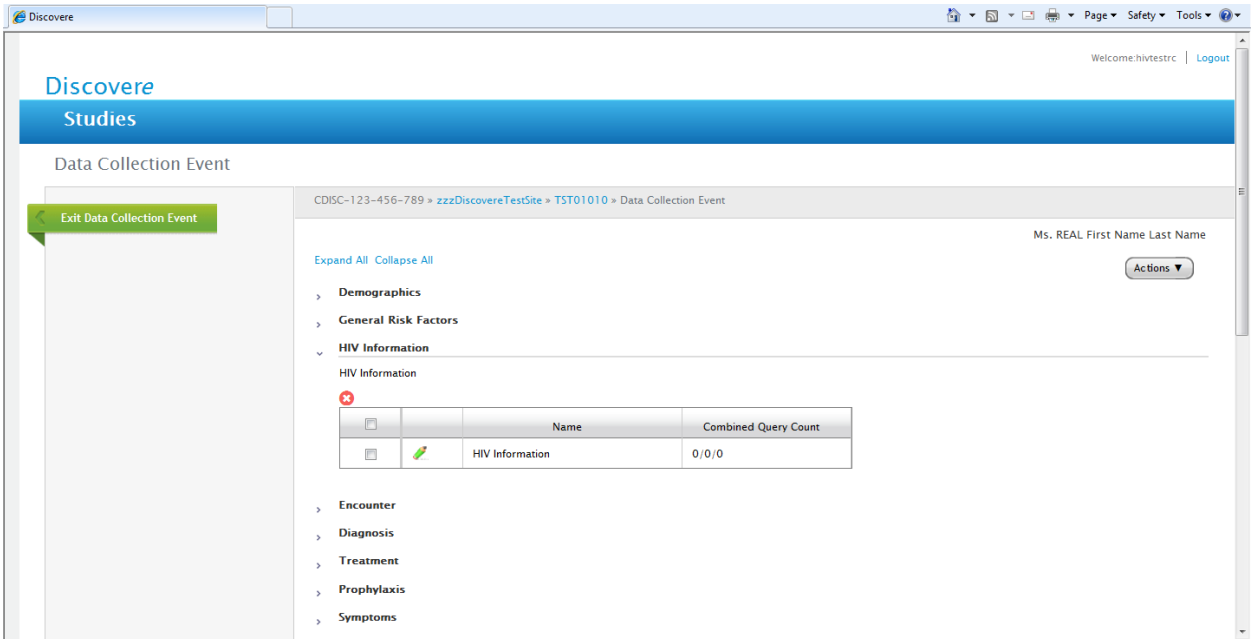
Reason No Date Entered in First ARV Use field drop down list on HIV Form:



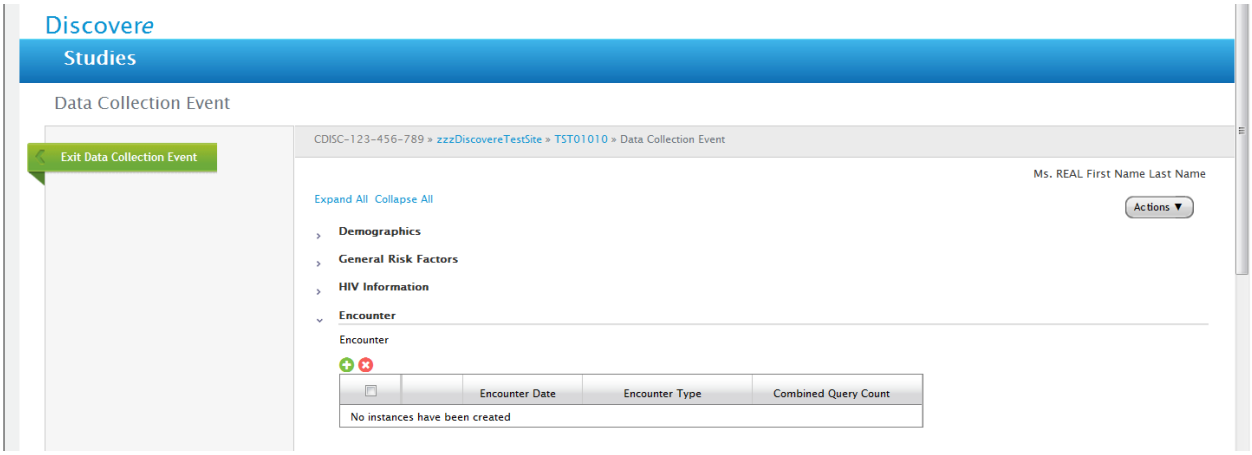
Validation Error Message for HIV Form:

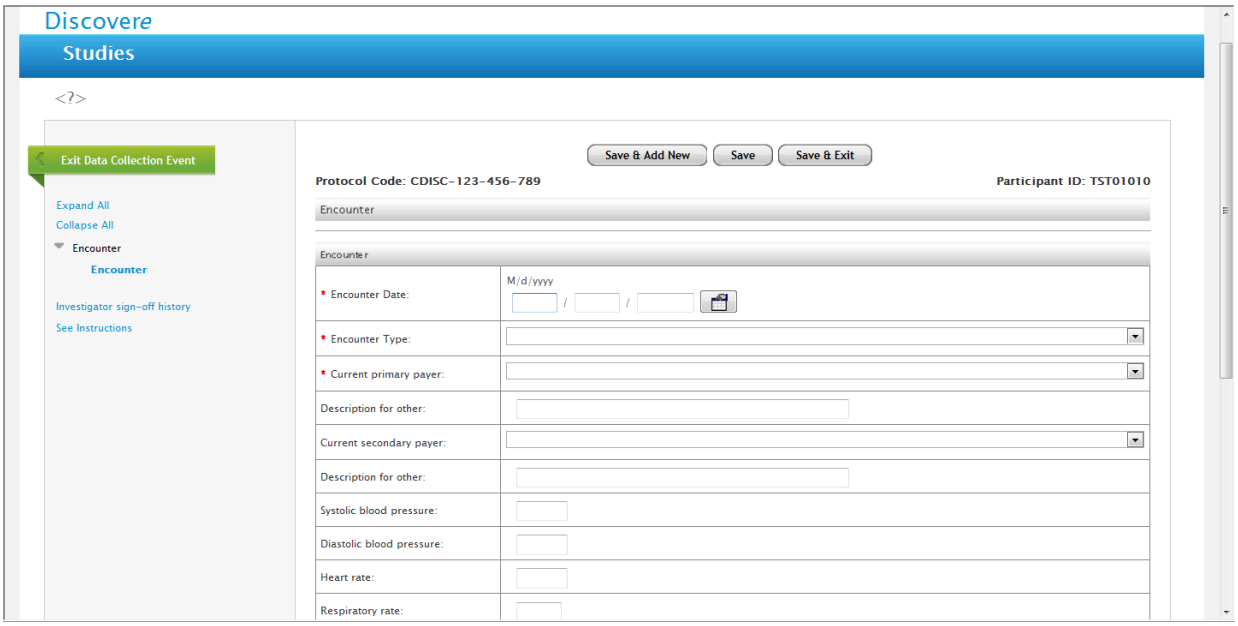


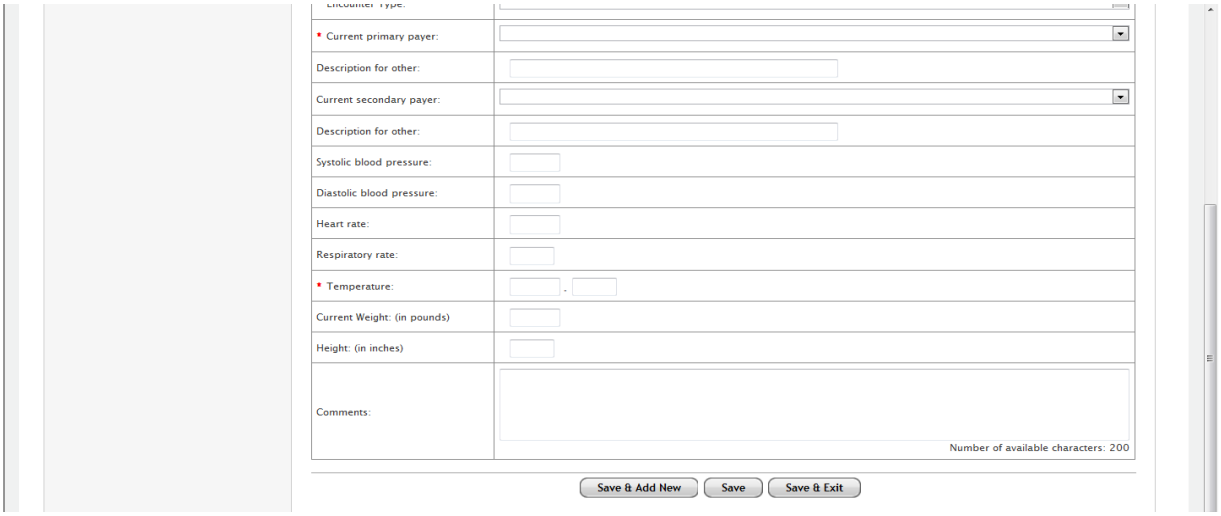
HIV form completed:



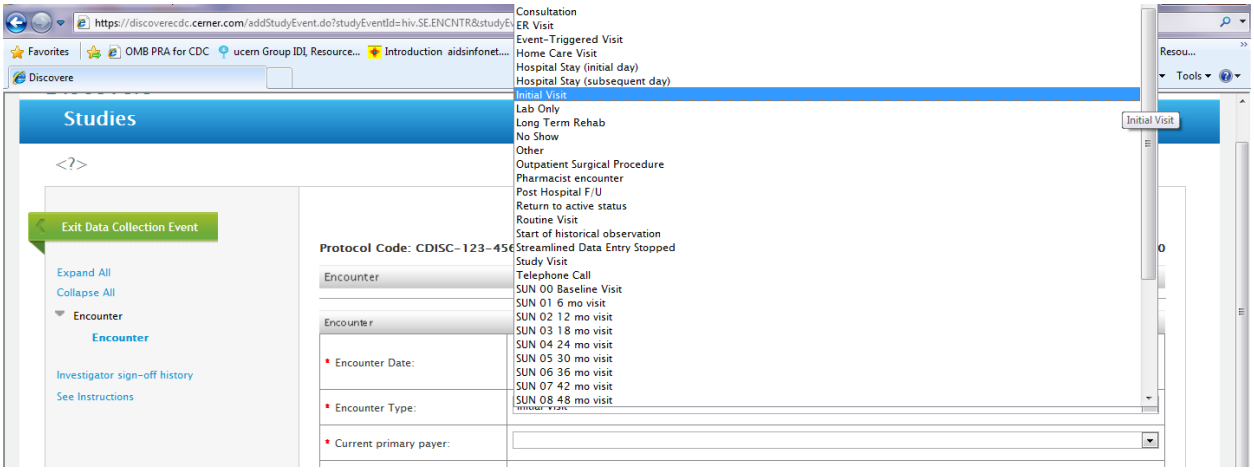
Encounter Form:



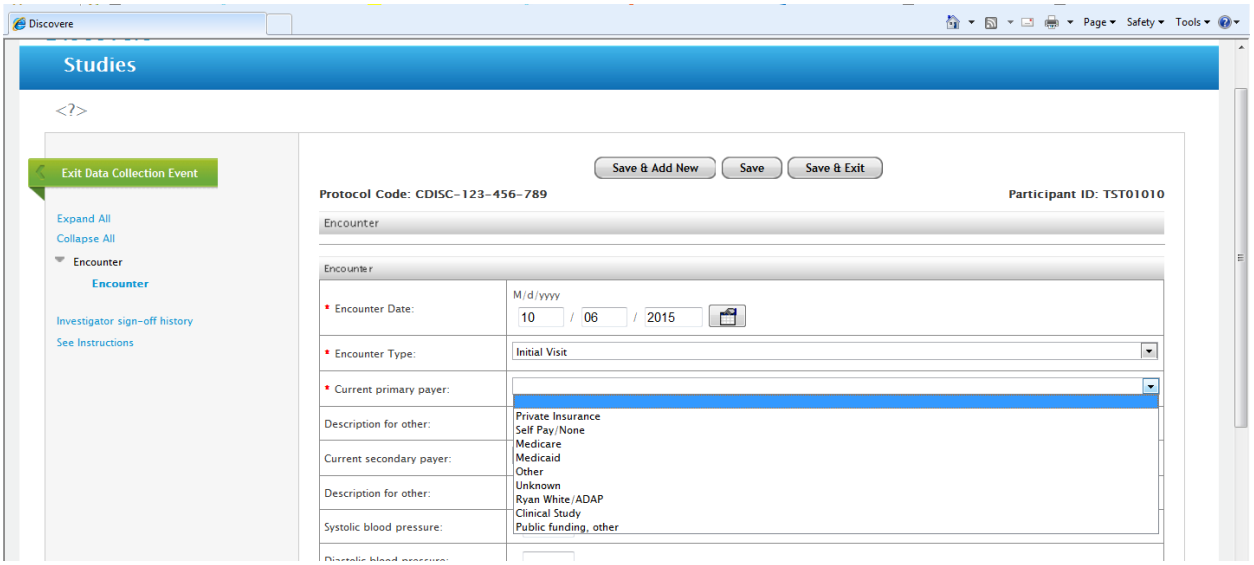




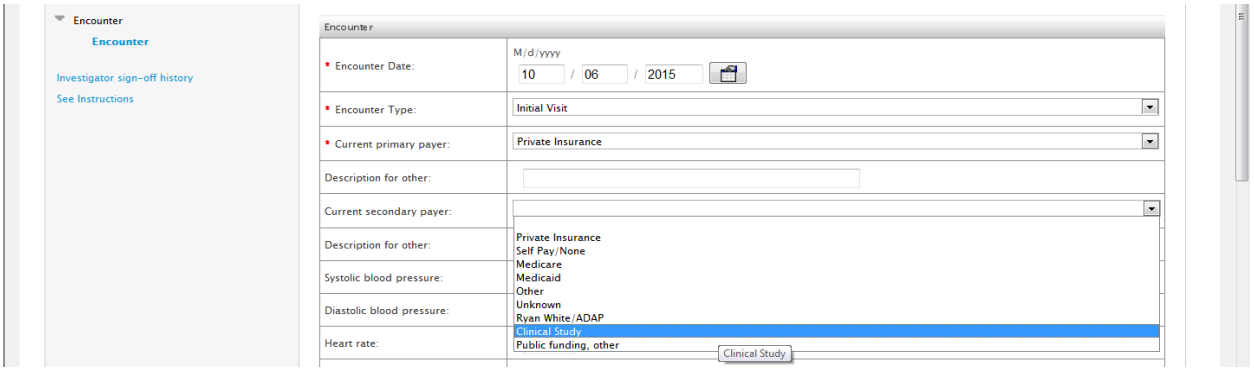
Drop Down List for Encounter Type:



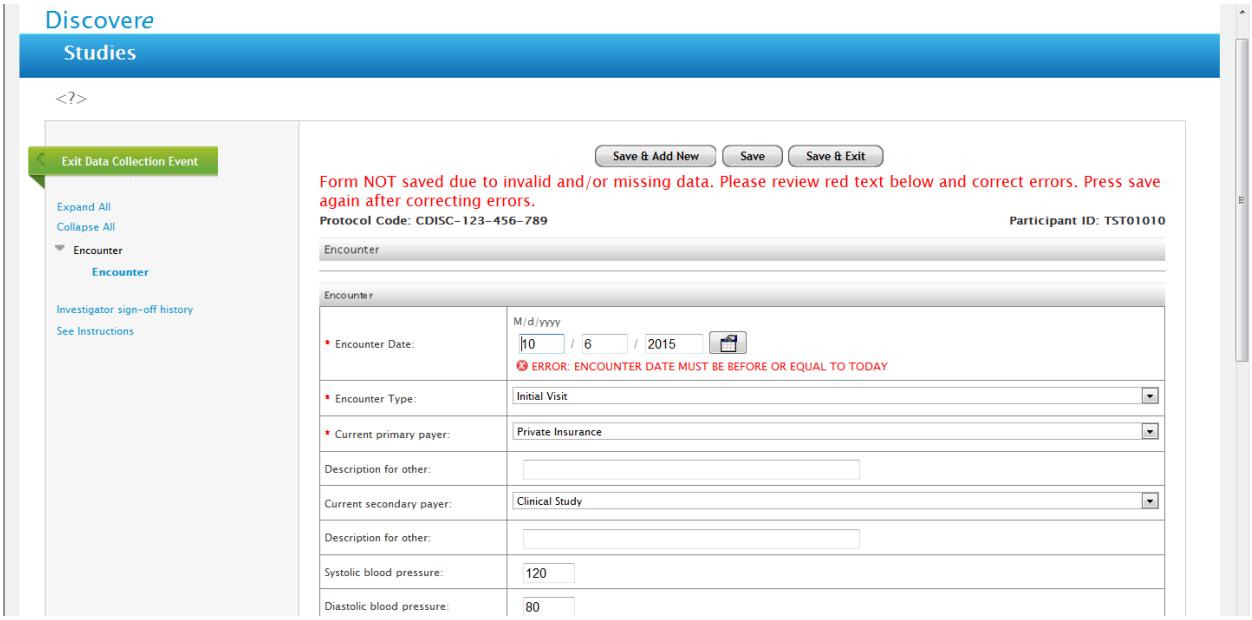
Primary Payor drop down list for Insurance:



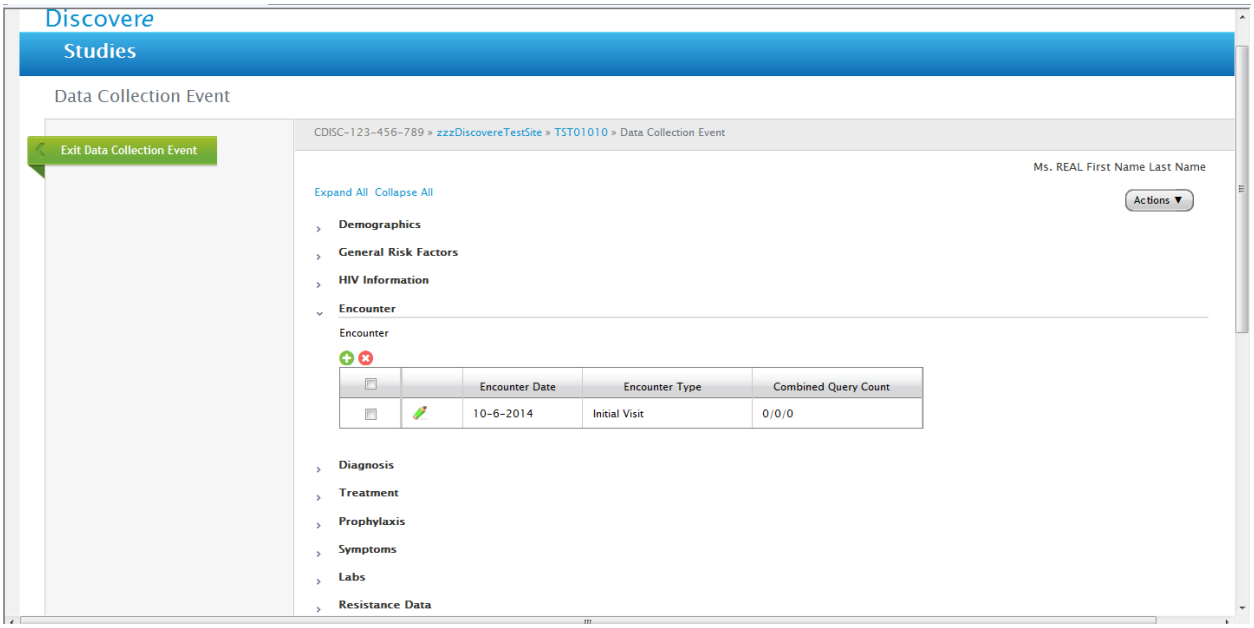
Drop down list for Secondary Payor:



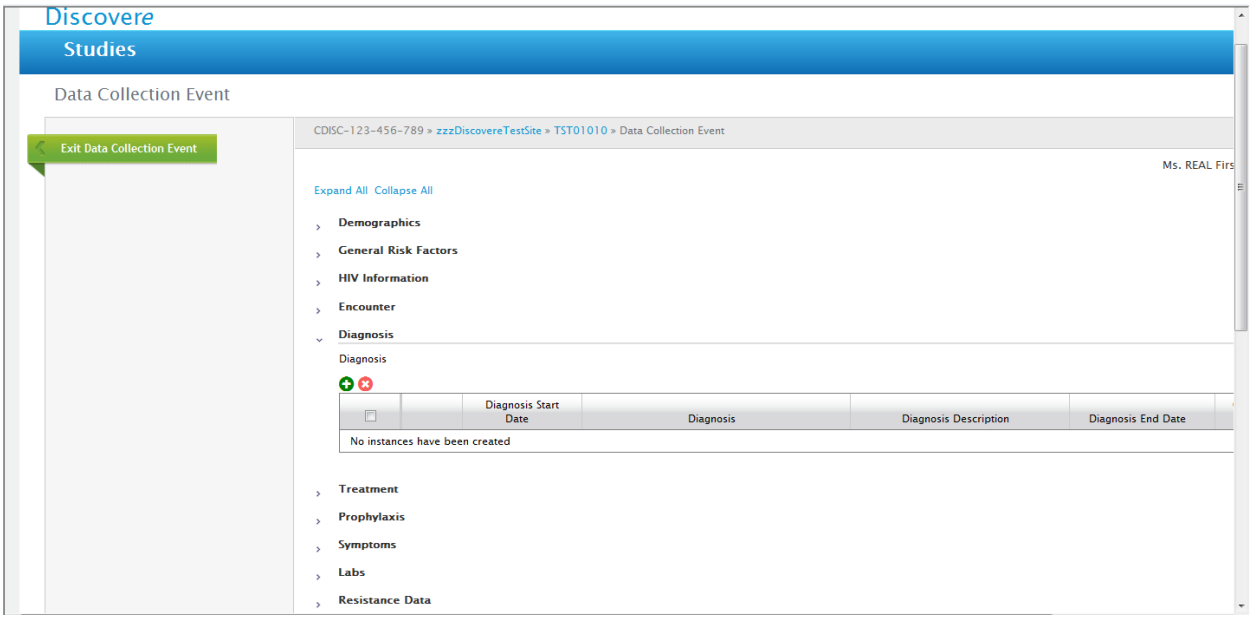
Error Message for Encounter Form:



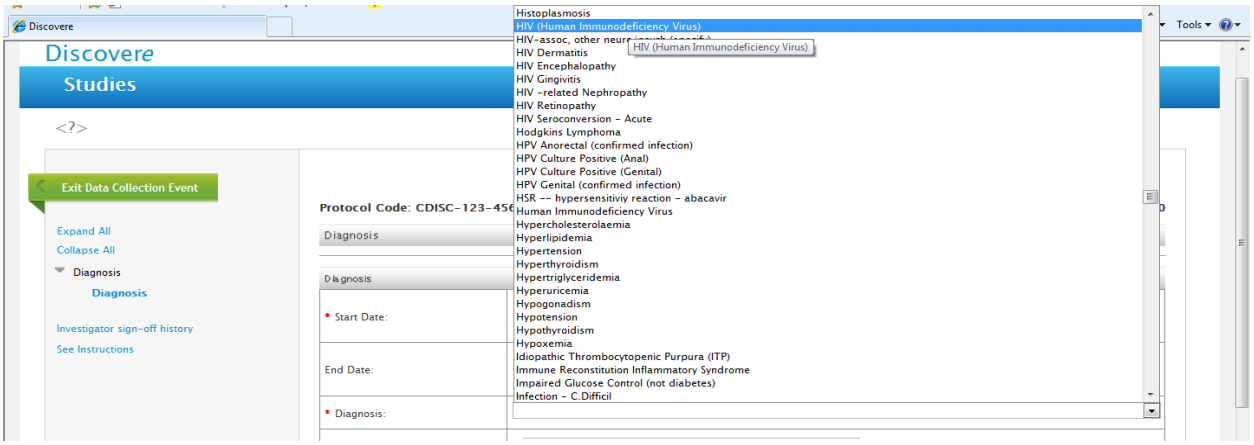
Completed Encounter Screen for Initial Visit:



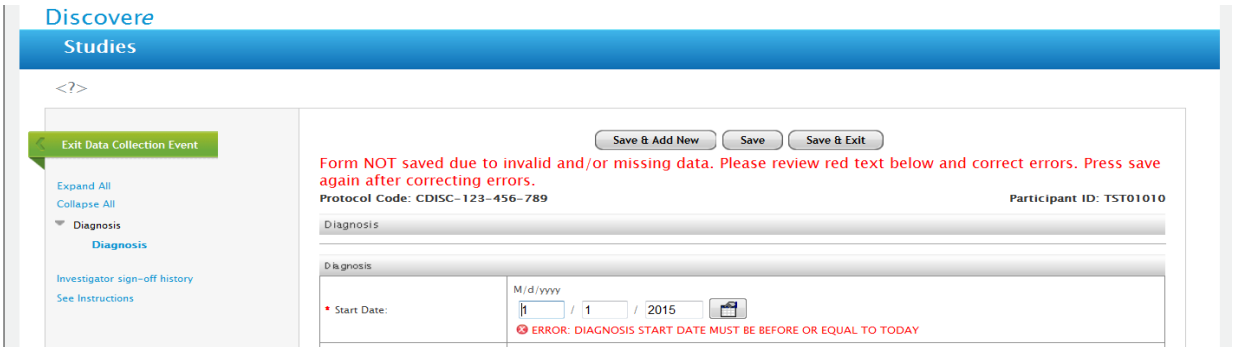
Diagnosis Screen:



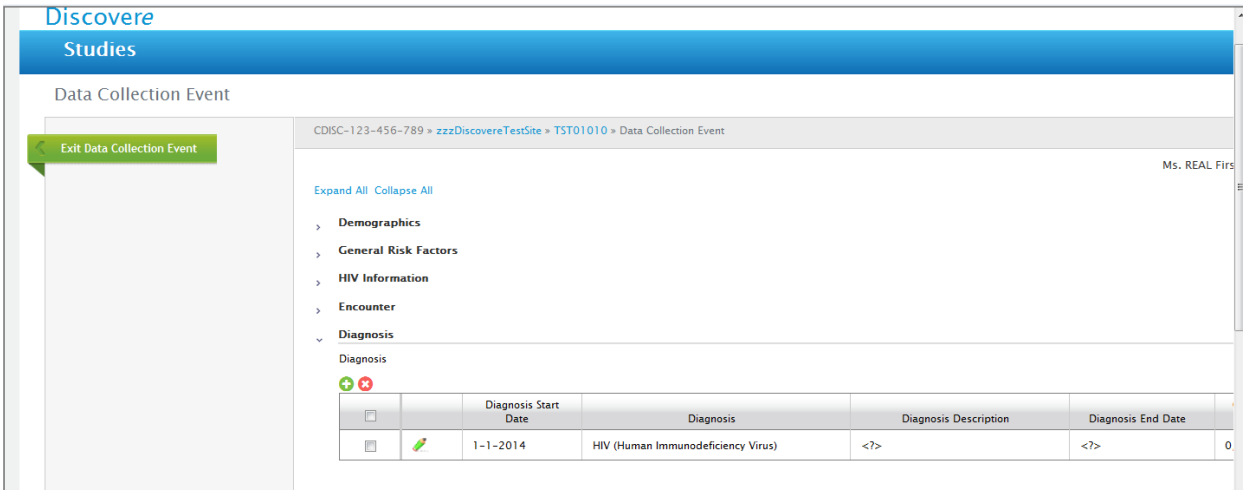
Drop Down List for Diagnosis:



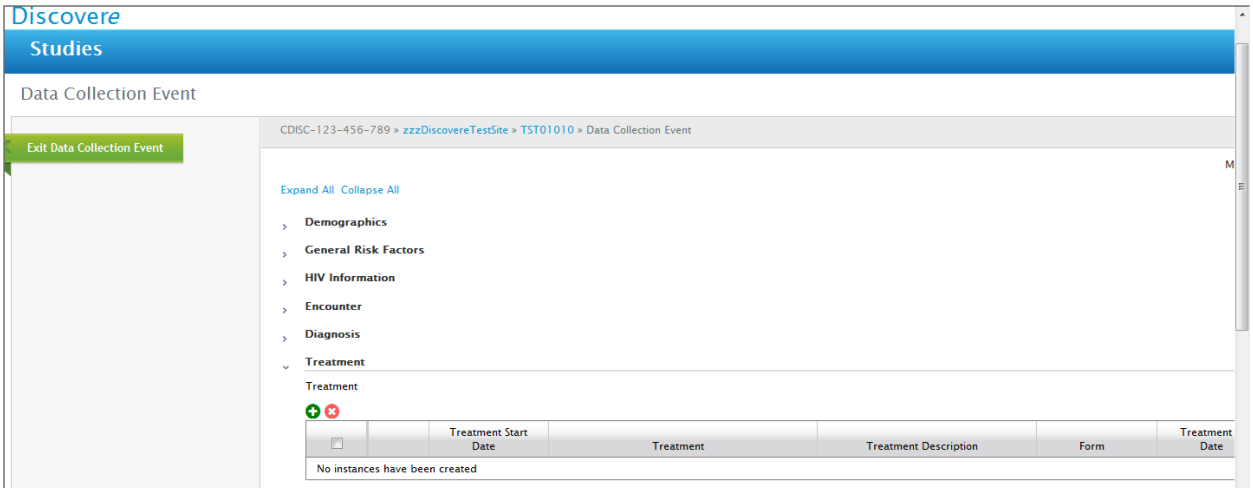
Error Message for Diagnosis Form:

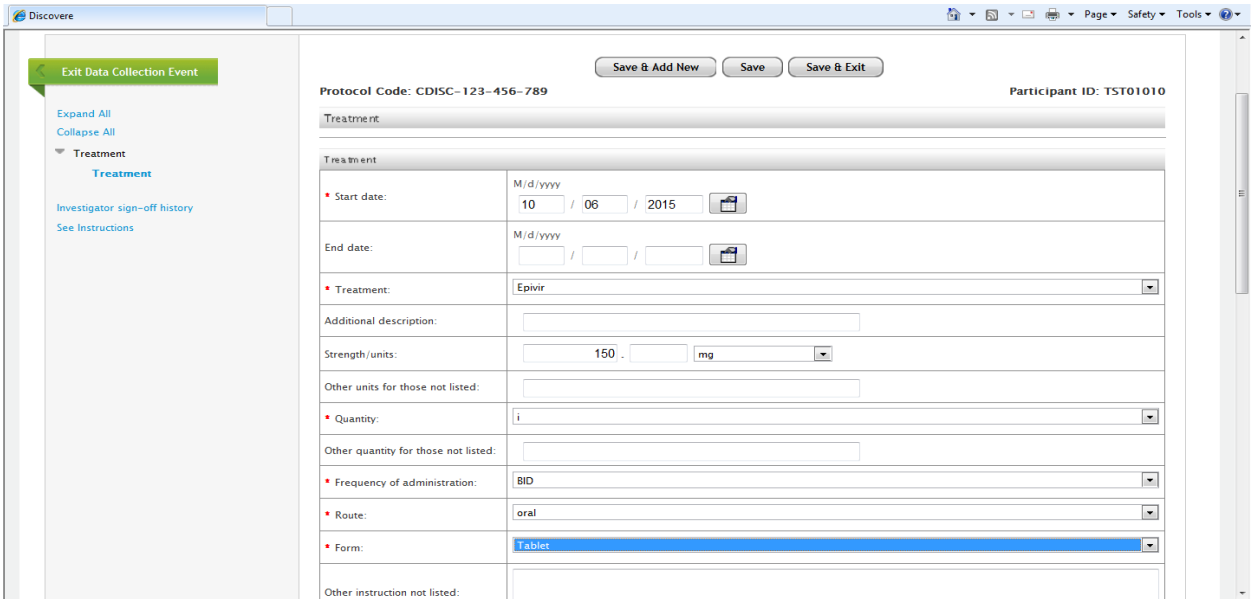


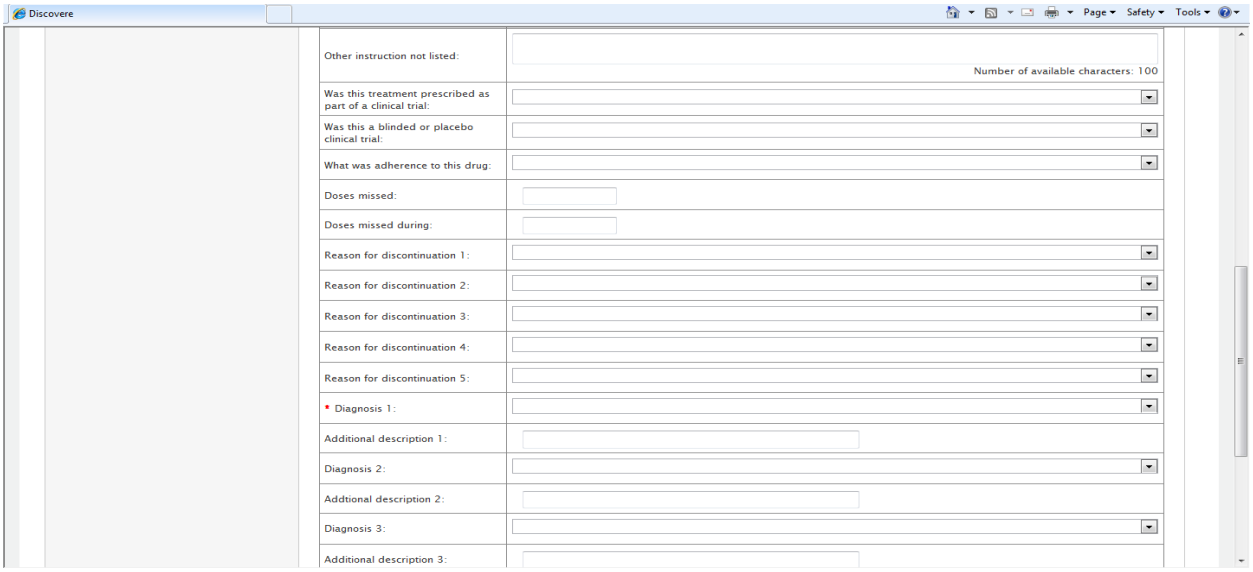
Completed Diagnosis form for ONE diagnosis:

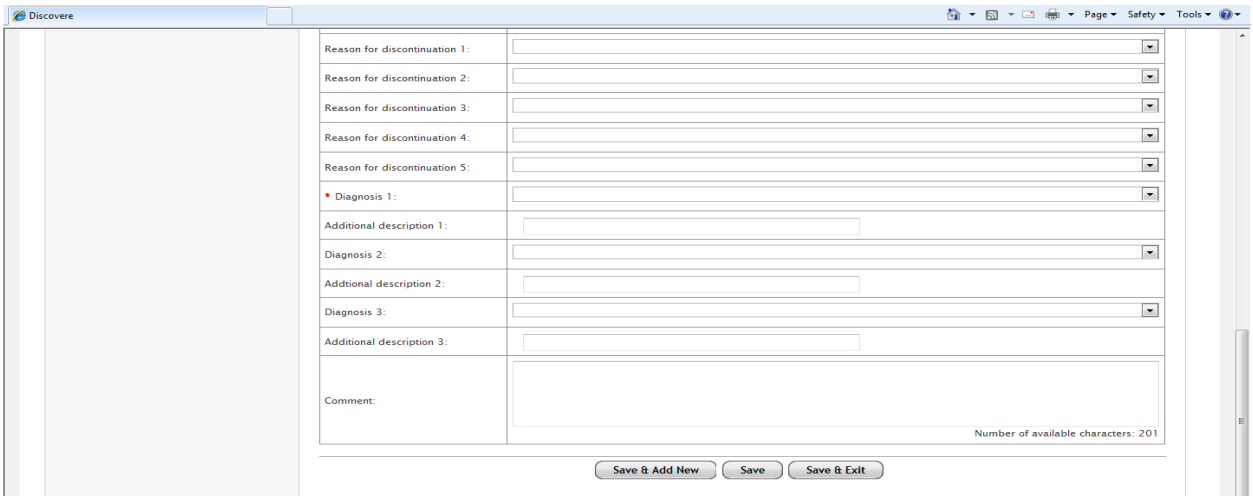


Treatment Form:

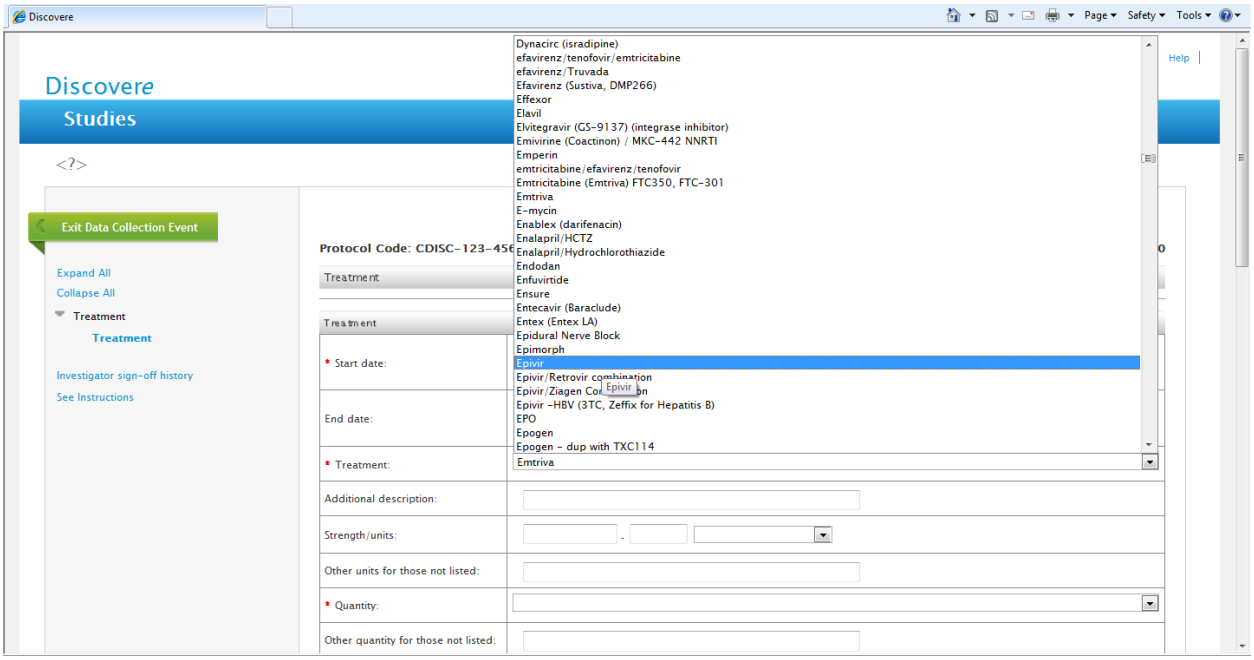



Discovere
Page
Safety
Tools
Exit Data Collection Event
Expand All
Collapse All
Treatment
Treatment
Investigator sign-off history
See Instructions
Save & Add New
Save
Save & Exit
Protocol Code: CDISC-123-456-789
Participant ID: TST01010
Treatment
Treatment
* Start date:
M/d/yyyy
10 / 06 / 2015
End date:
M/d/yyyy
* Treatment:
Epivir
Additional description:
Strength/units:
150 .
mg
Other units for those not listed:
* Quantity:
1
Other quantity for those not listed:
* Frequency of administration:
BID
* Route:
oral
* Form:
Tablet
Other instruction not listed:

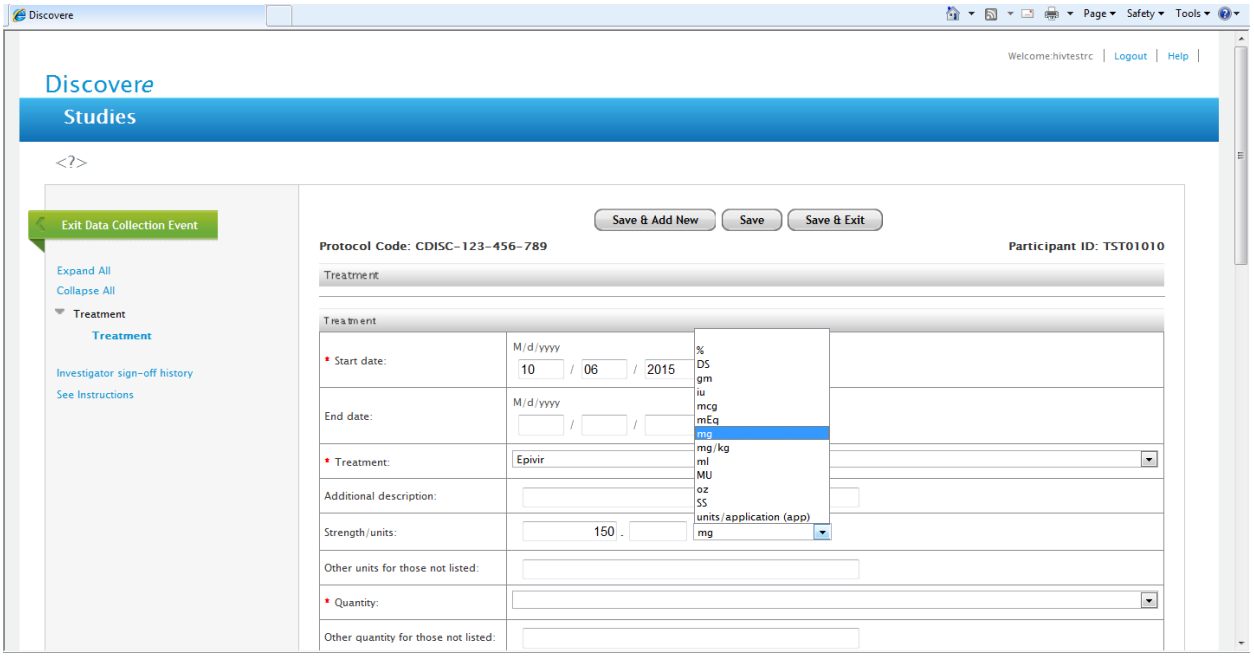

Discovere
Page
Safety
Tools
Other instruction not listed:
Number of available characters: 100
Was this treatment prescribed as part of a clinical trial:
Was this a blinded or placebo clinical trial:
What was adherence to this drug:
Doses missed:
Doses missed during:
Reason for discontinuation 1:
Reason 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:


Discovere
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

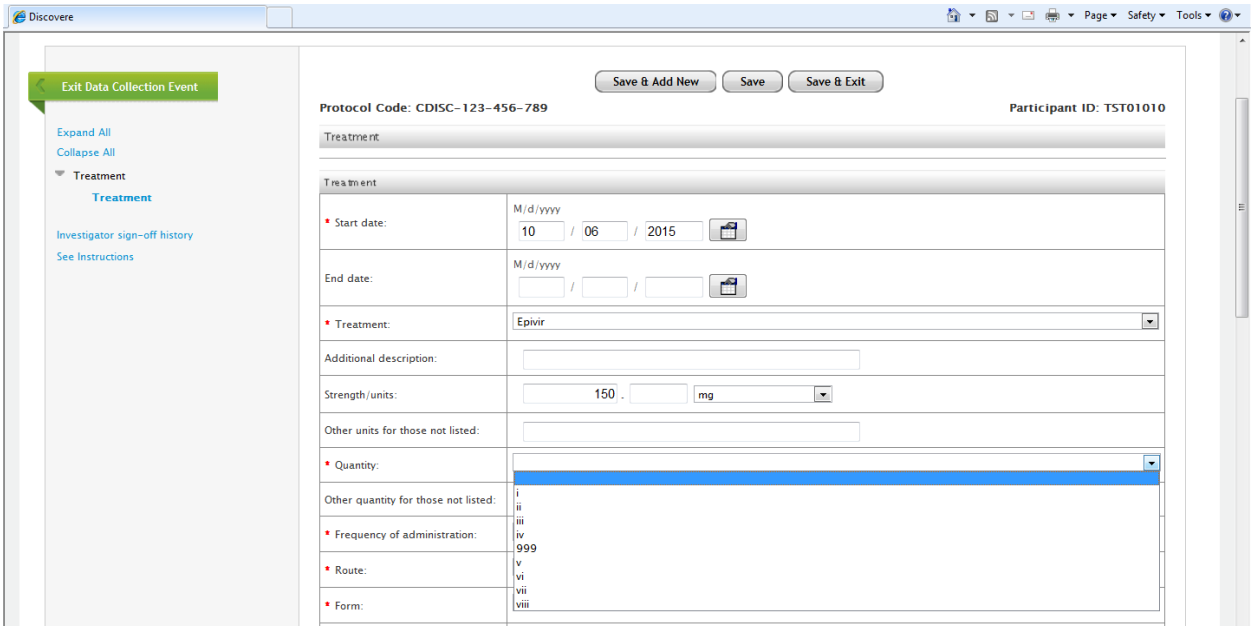
Drop Down List for Treatment Form:



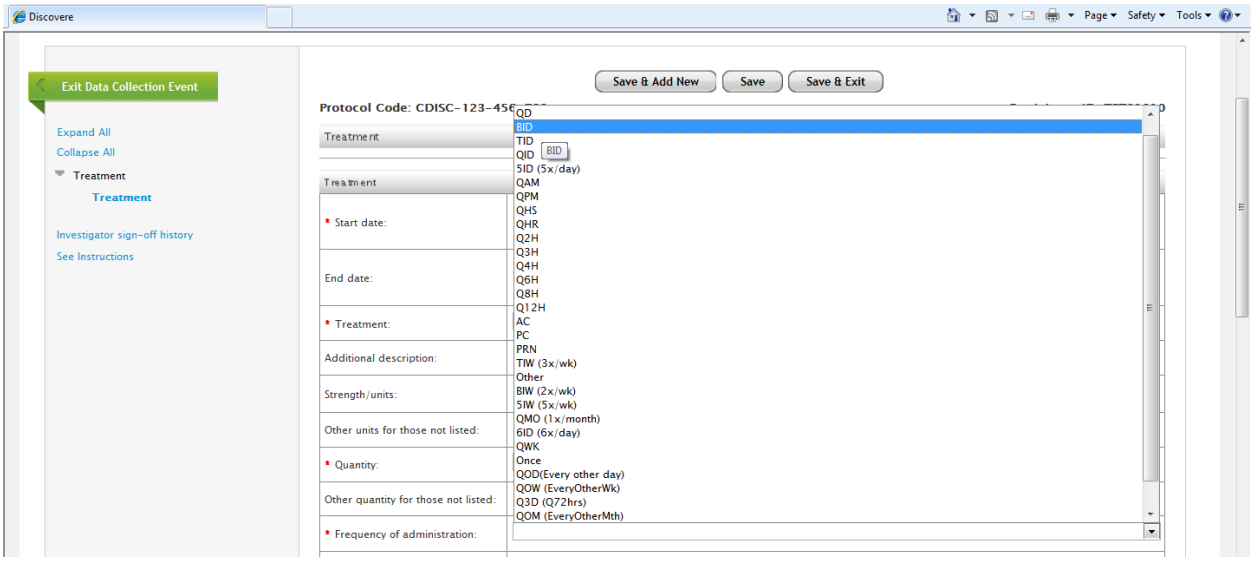
Drop Down List for Strength and Units on Treatment Form:



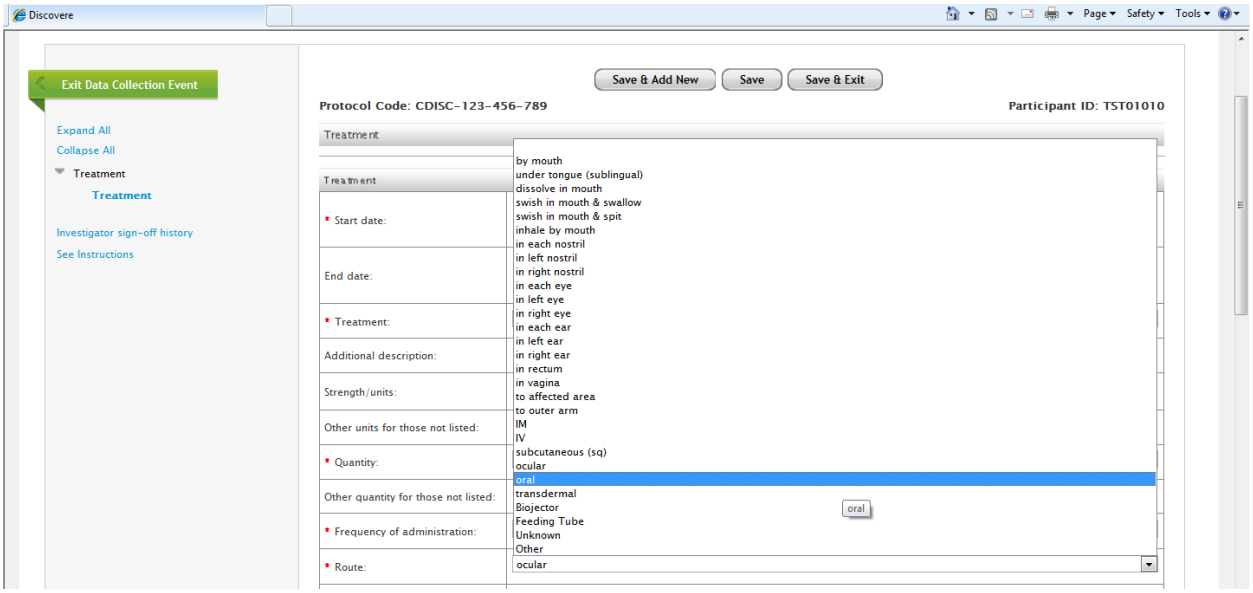
Quantity Drop down list on Treatment Form.



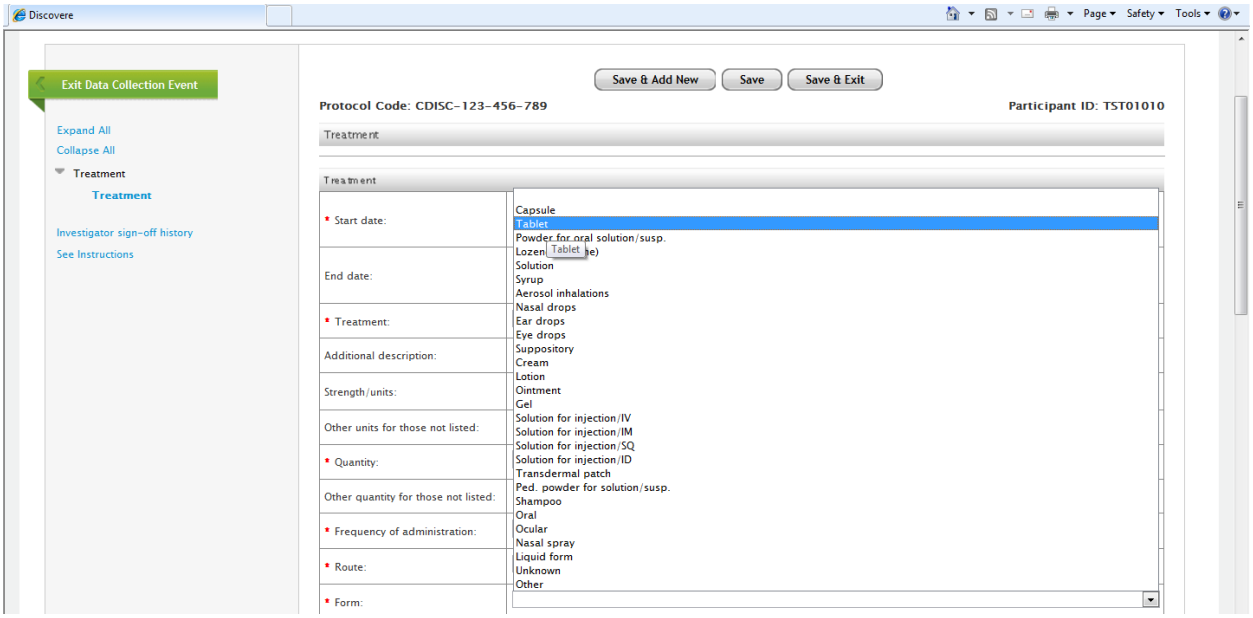
Frequency of Administration drop down list on Treatment Form:



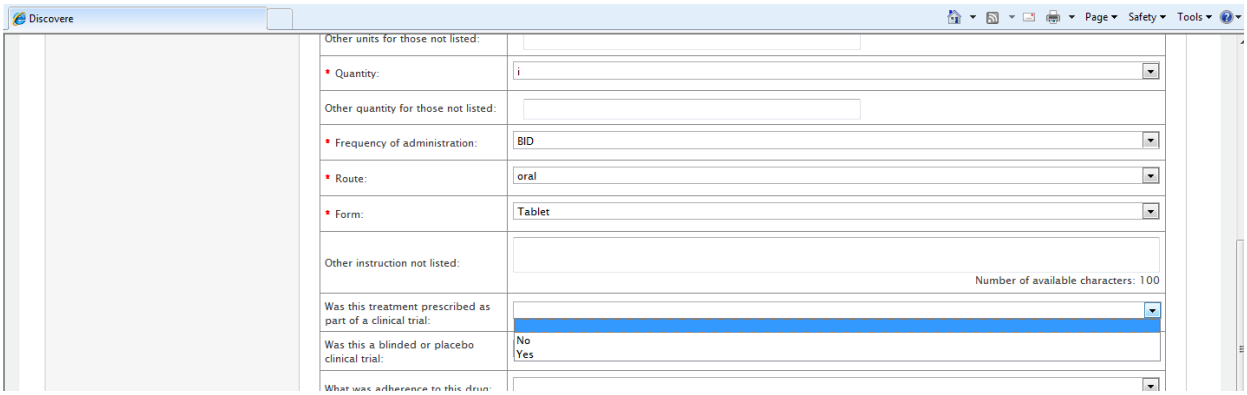
Route drop down list on Treatment Form:



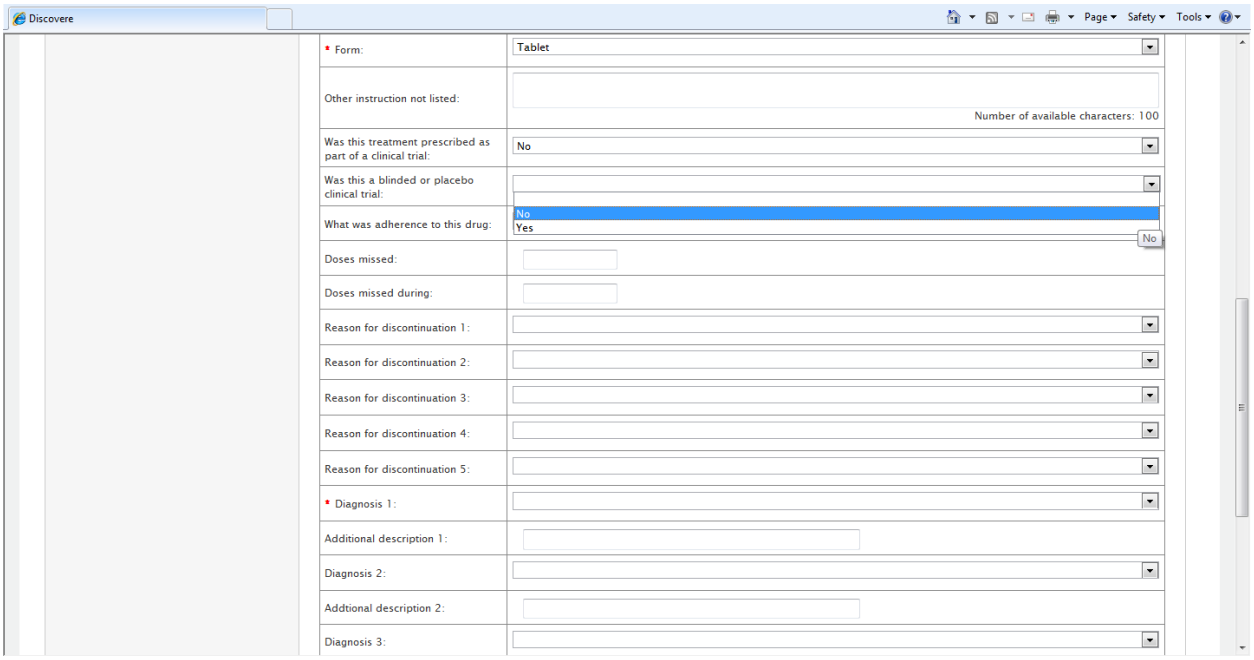
Form of Treatment drop down list on the Treatment Form:



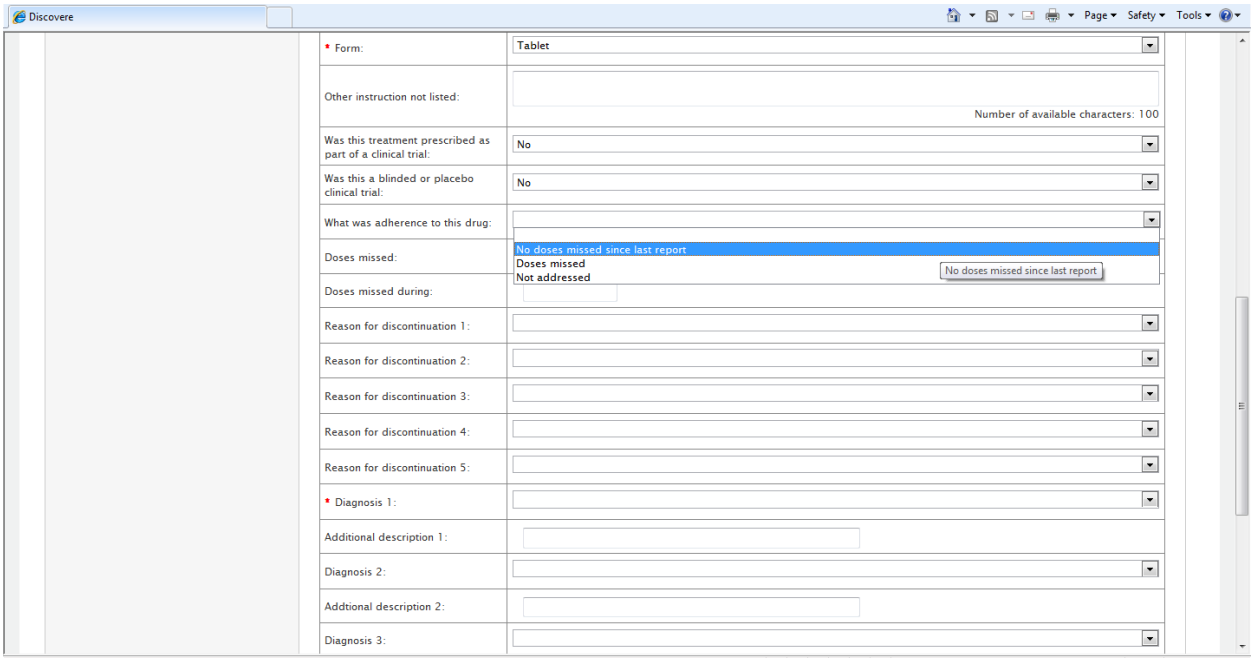
Down List for “Was this medication prescribed as part of a clinical trial”:



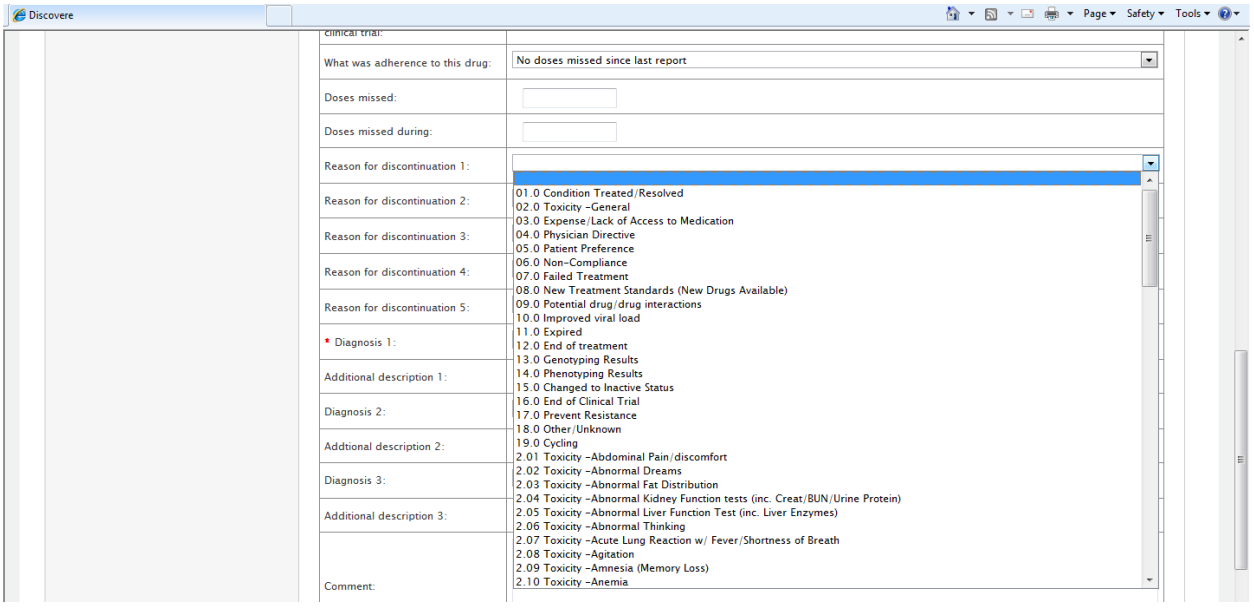
Drop Down List for “Was this a blinded or placebo controlled study”:



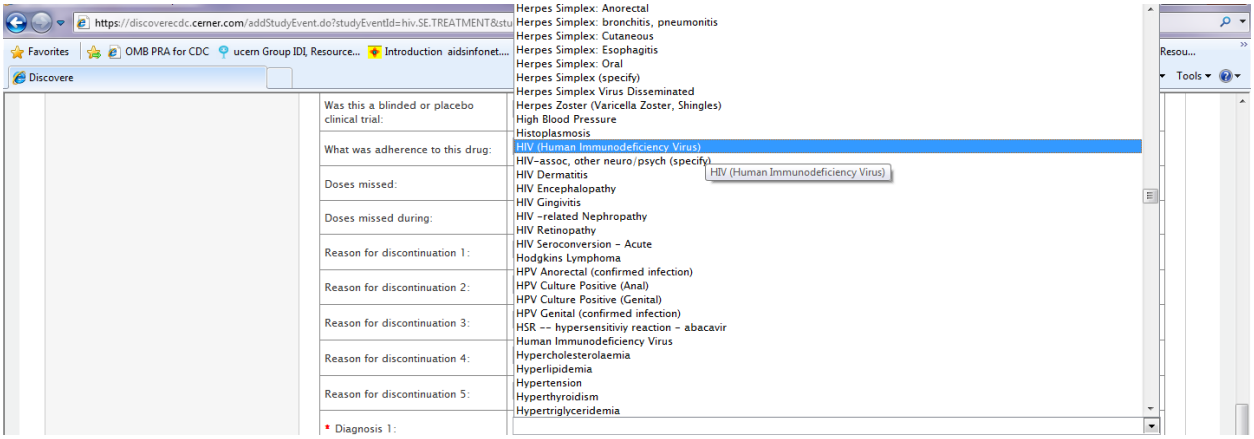
Drop down list for “What was the adherence to this drug”:



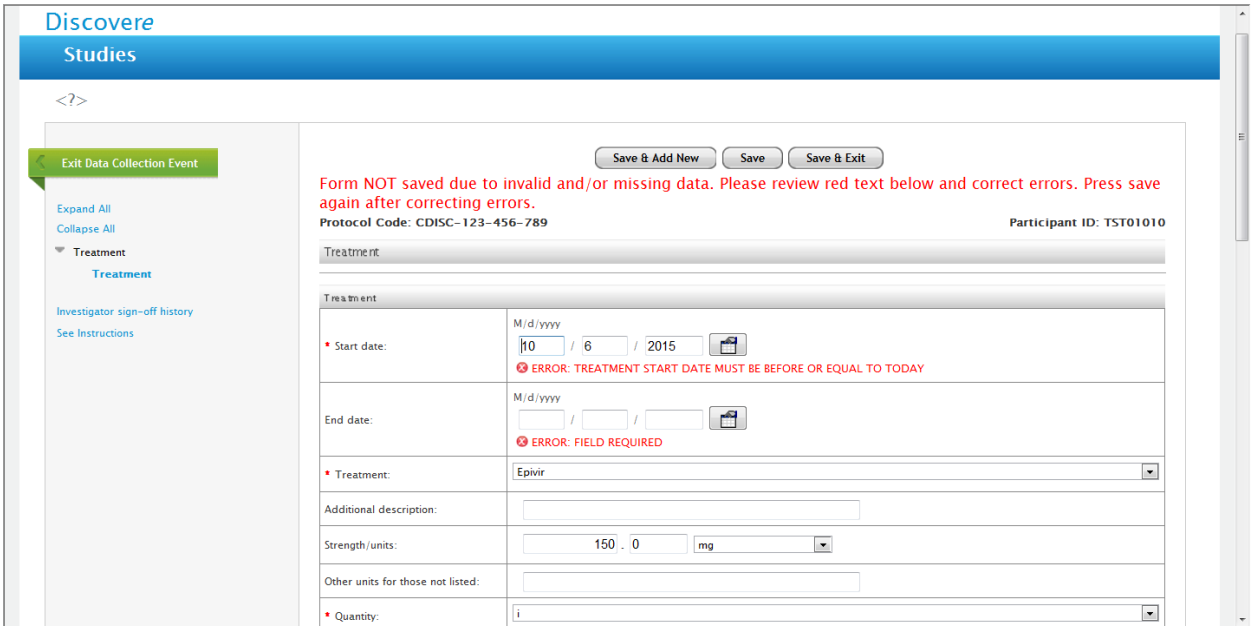
Drop Down List for “Reasons for Discontinuation” on Treatment Form?



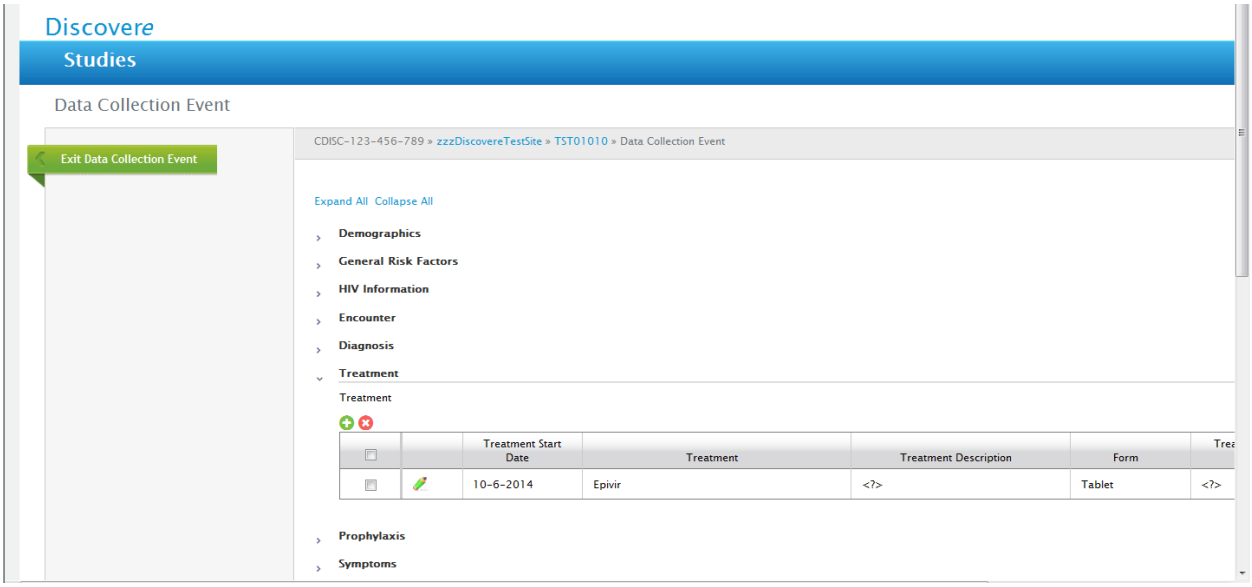
Drop Down List for “Diagnosis link to treatment” on Treatment Form:



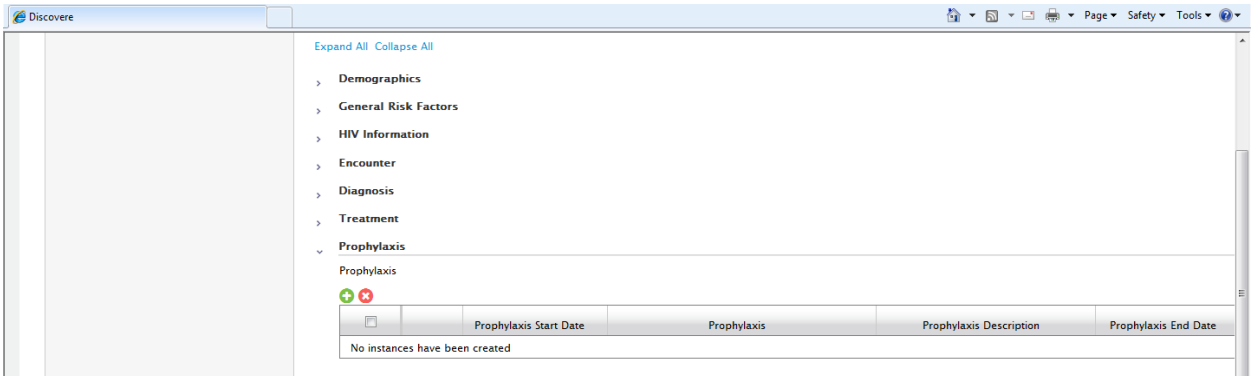
Error Messages on Treatment Form:

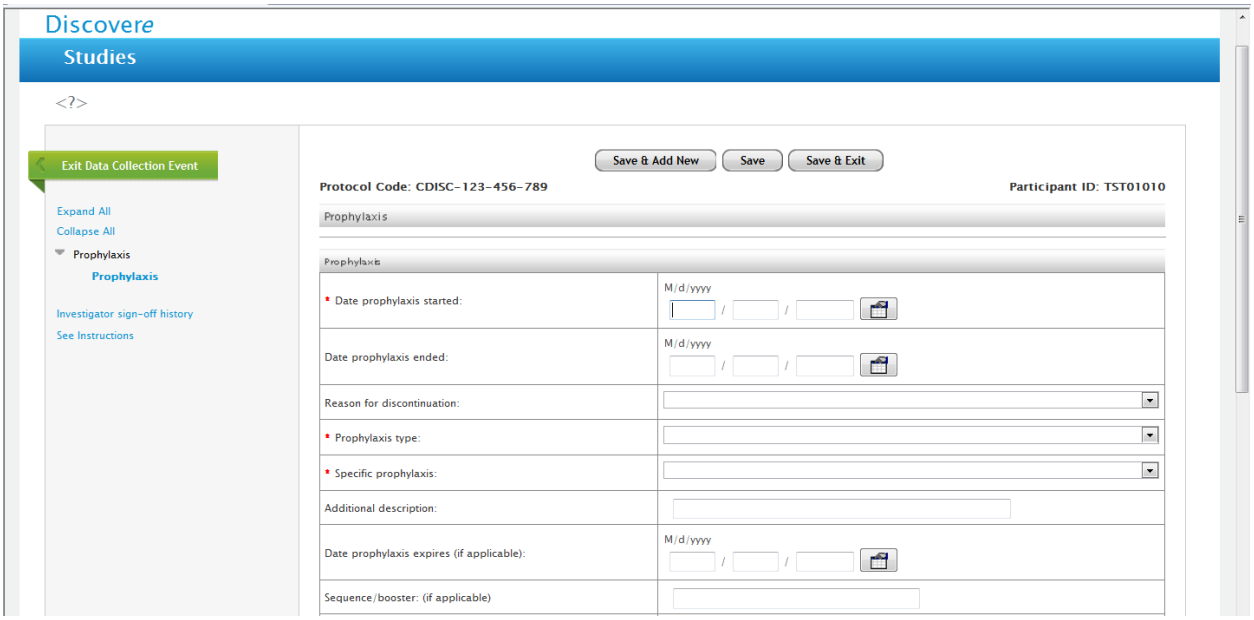


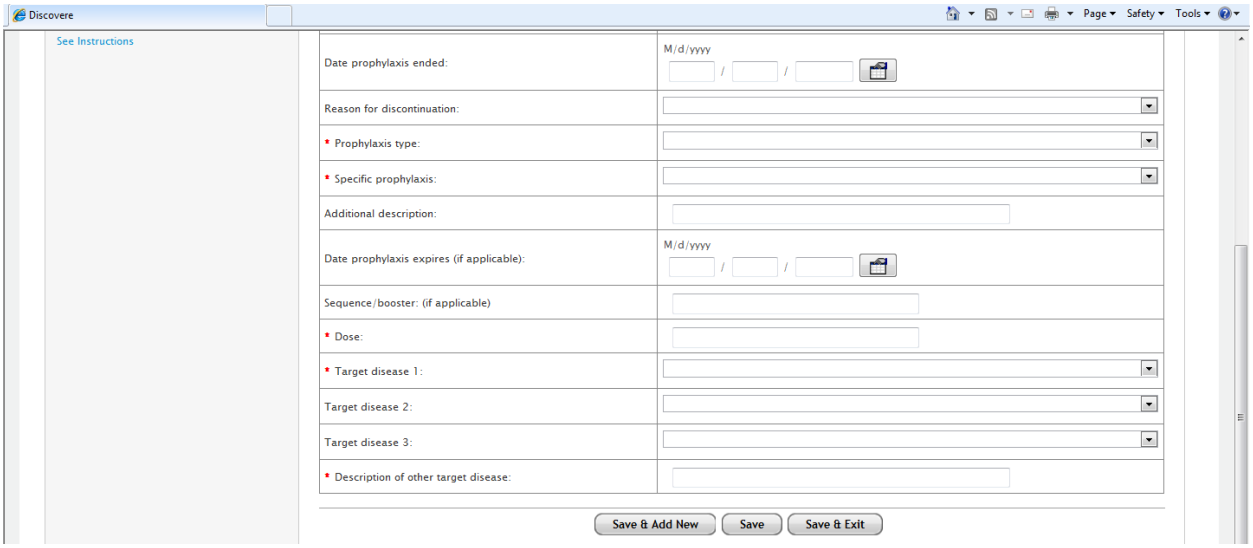
Completed Treatment Form for one treatment:



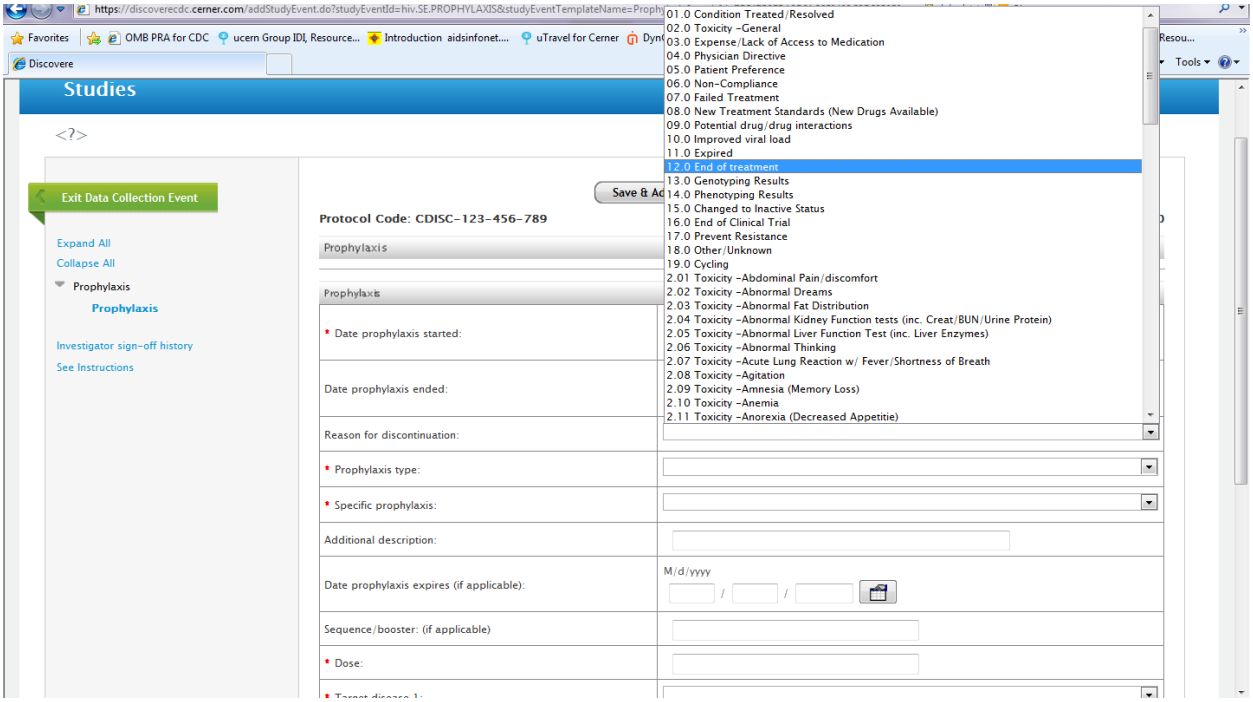
Prophylaxis Form:



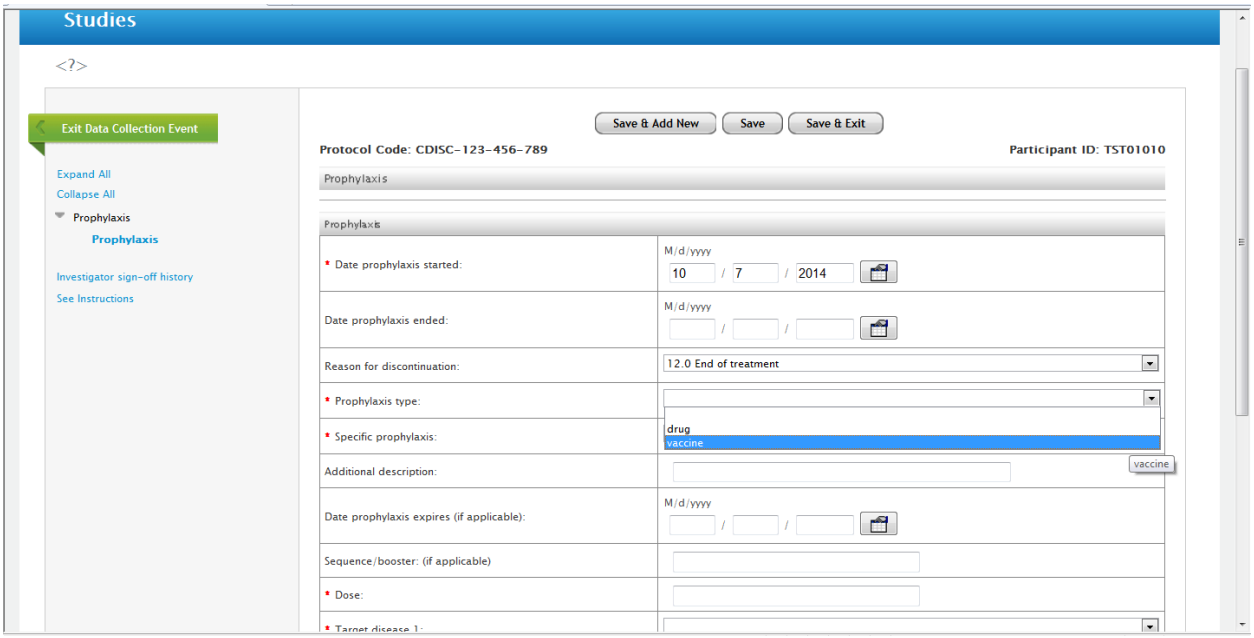




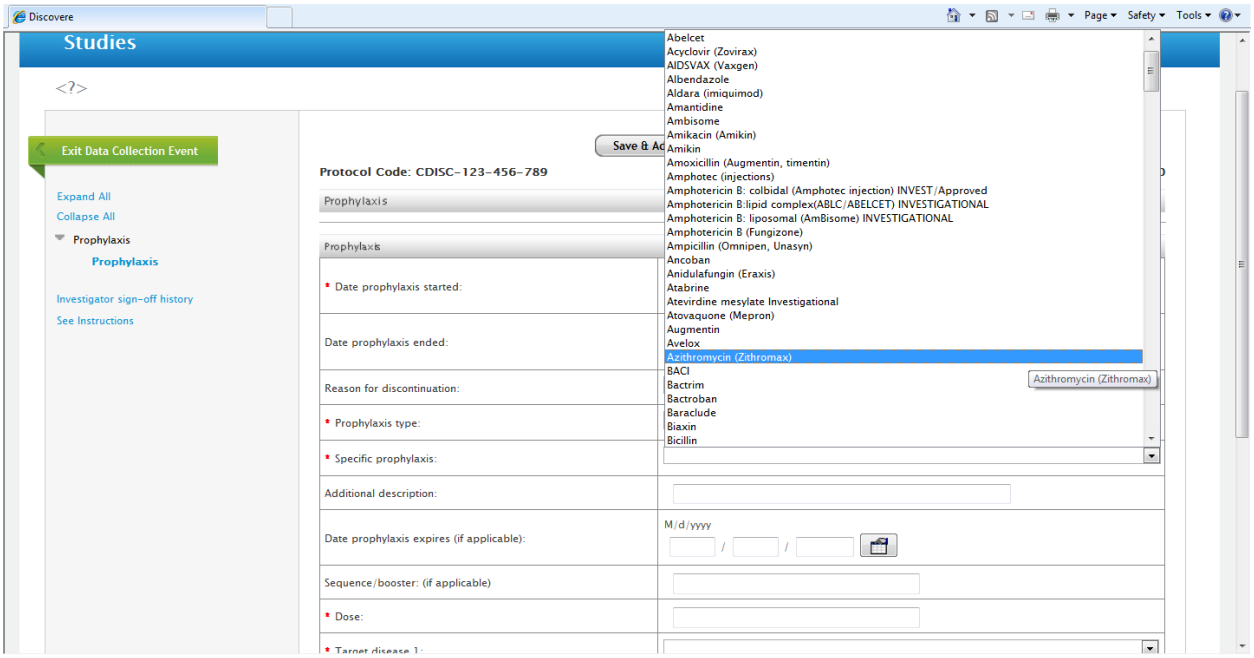
“Reason for Discontinuation” Drop Down List on Prophylaxis Form:



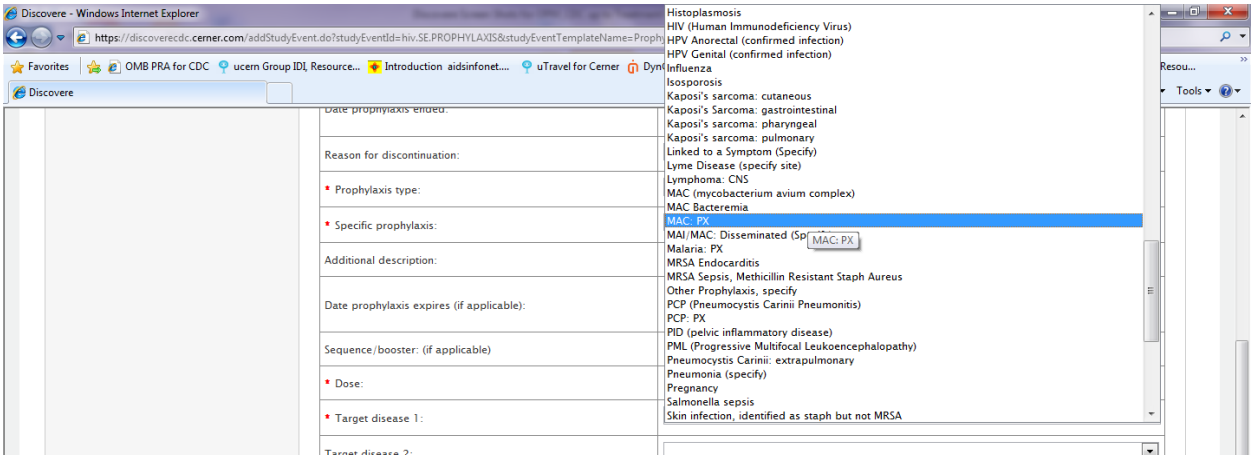
Prophylaxis Type:



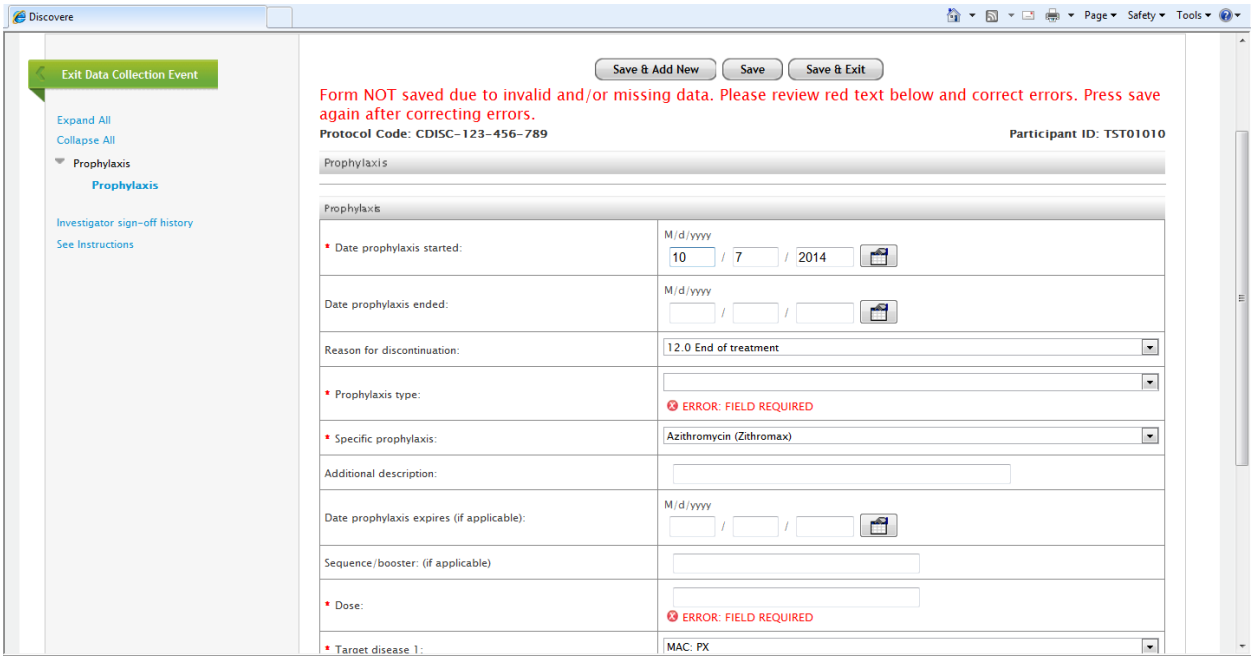
“Specific Prophylaxis” drop down menu:



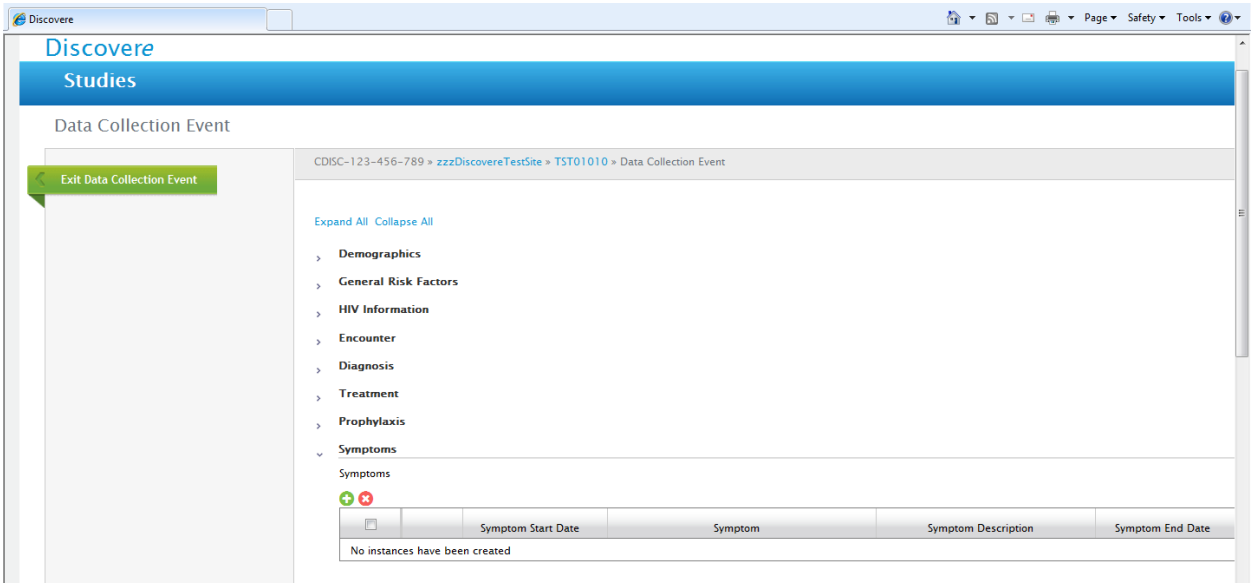
“Target Disease 1, 2 and 3” Drop Down Screen (each is the same although for 3 alternate entries if needed) on Prophylaxis Form:



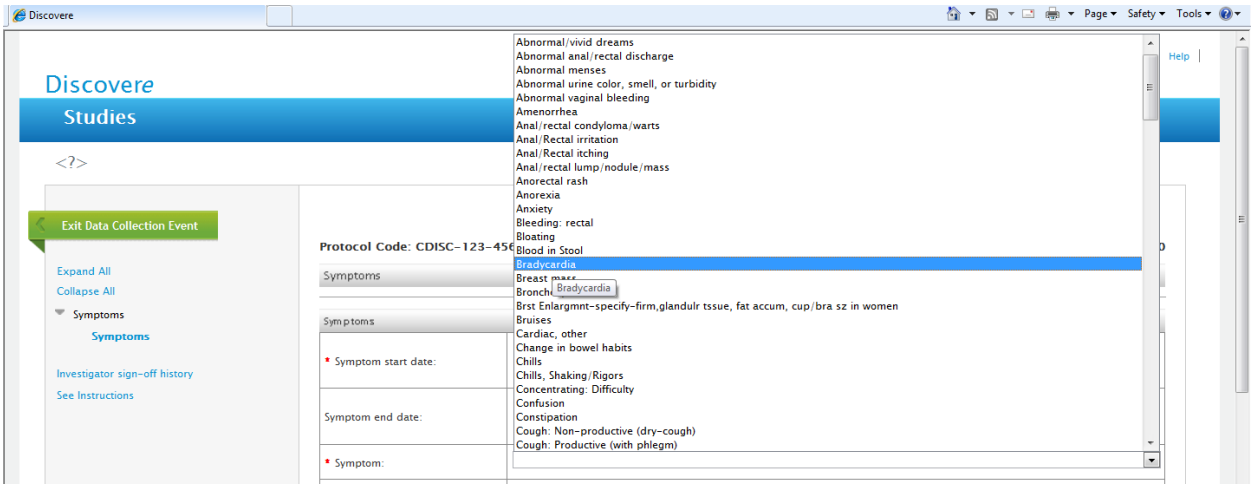
Error messages on Prophylaxis Form:



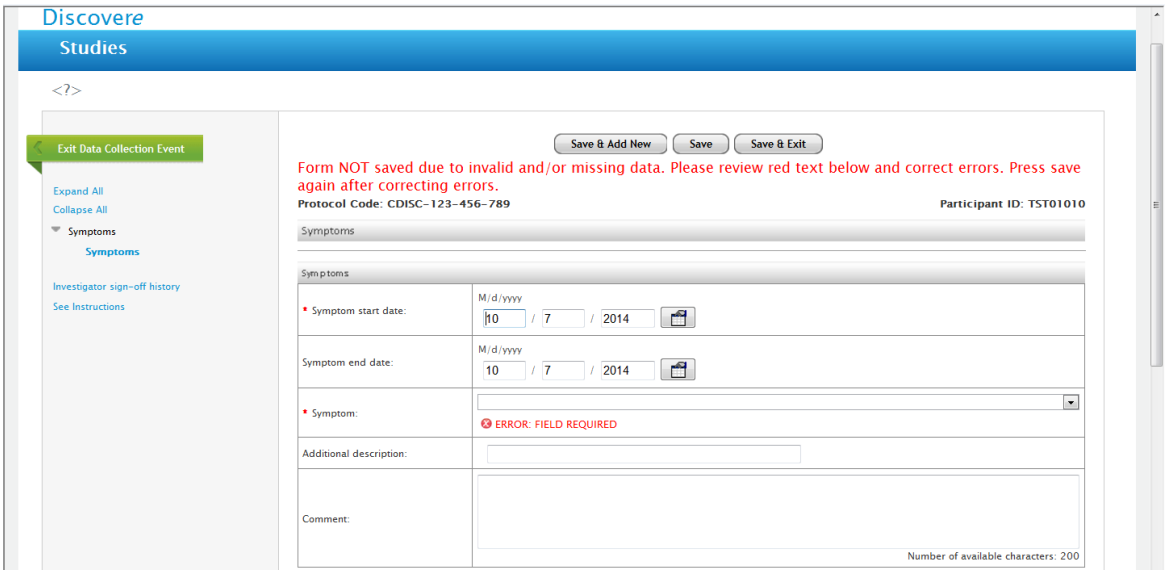
Symptoms Form (this form is not typically used by most HOPS sites currently):



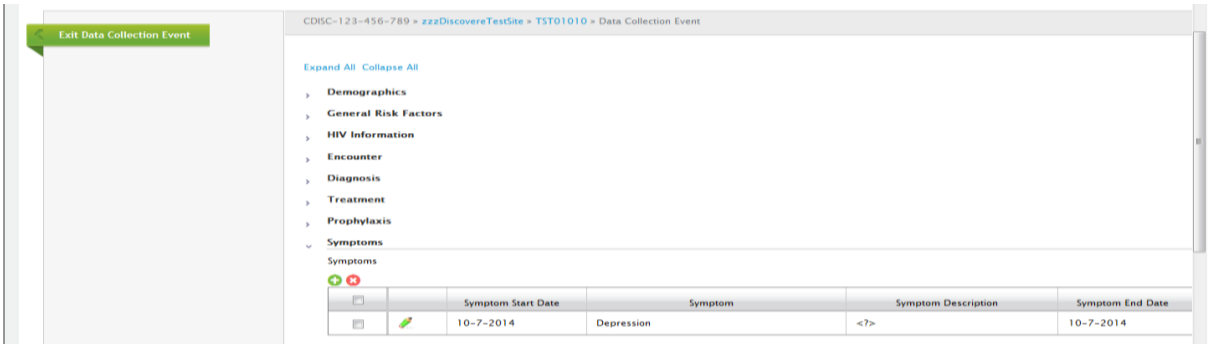
Symptoms Drop Down Screen (sample):



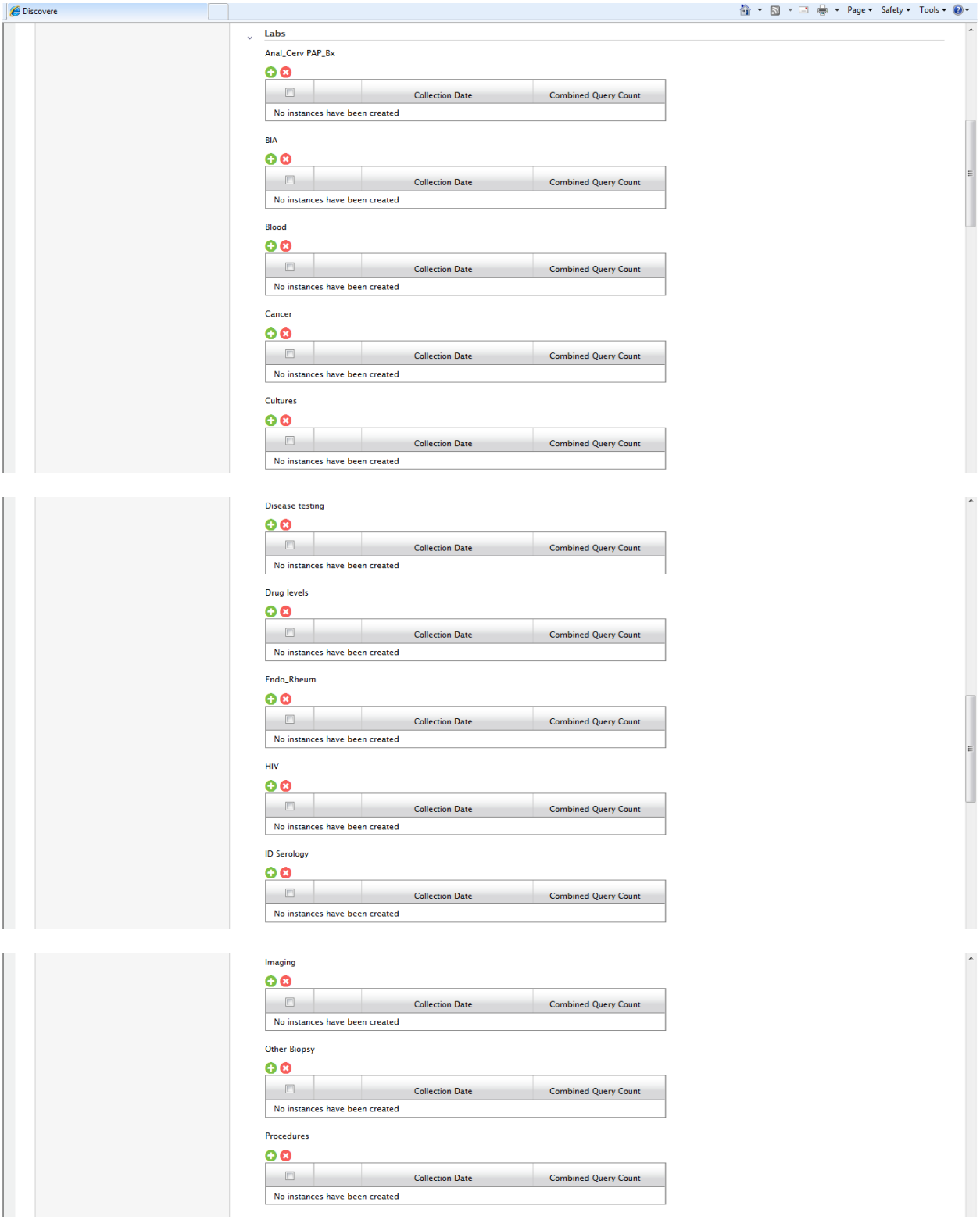
Error message for Symptom Form:



Completed Symptom Form for one symptom:



Lab Forms:


Discovere
Page
Safety
Tools
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			

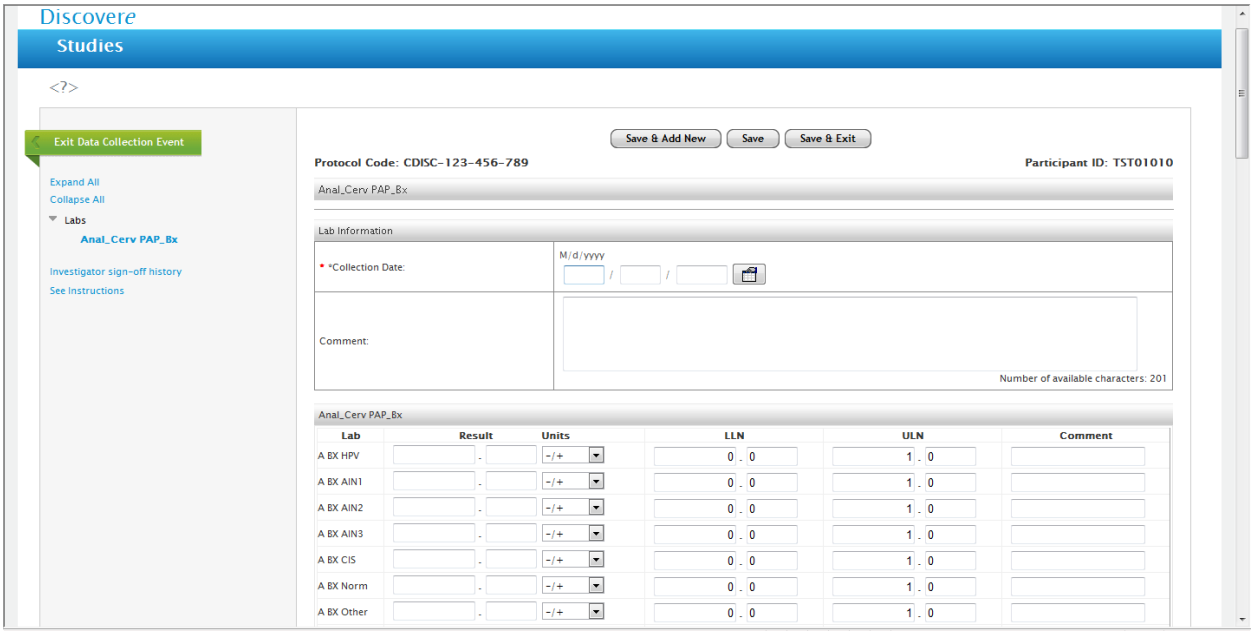
Surveys_Forms

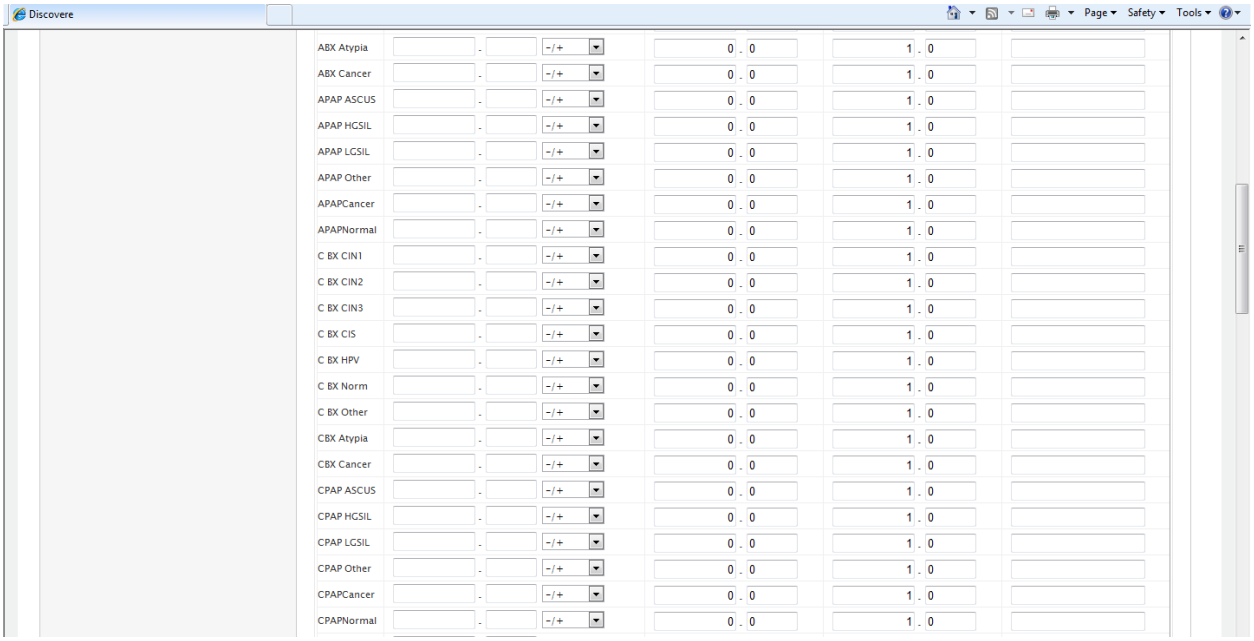
		Collection Date	Combined Query Count
No instances have been created			

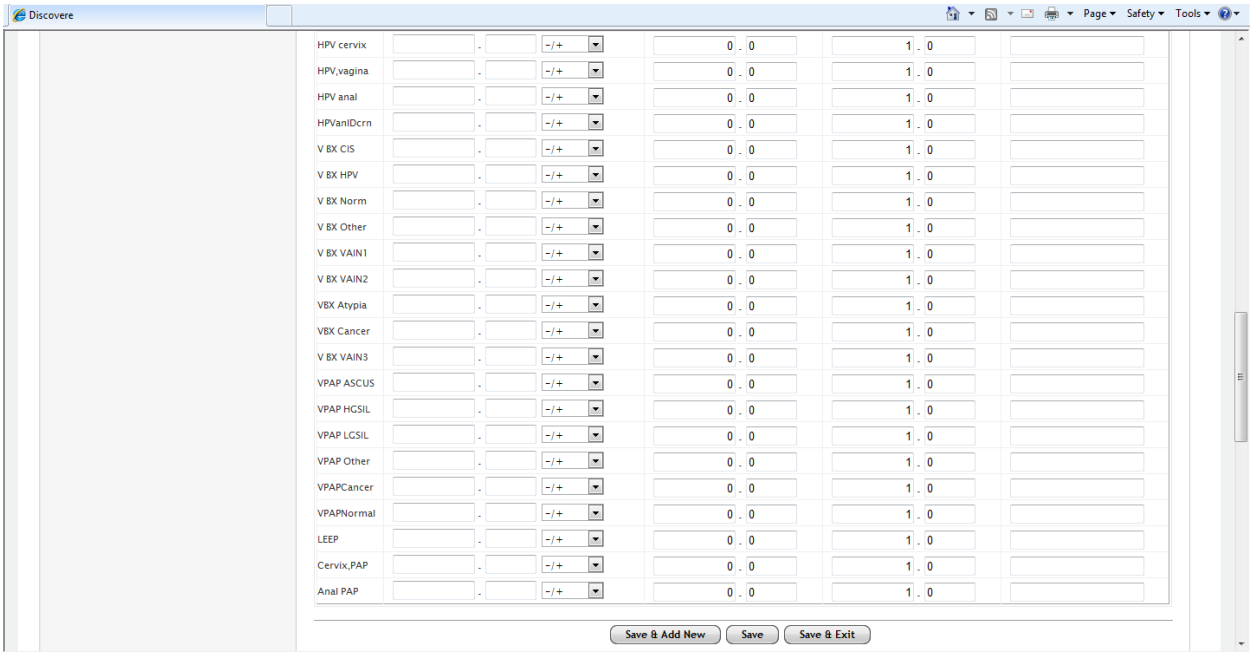
Urine

		Collection Date	Combined Query Count
No instances have been created			

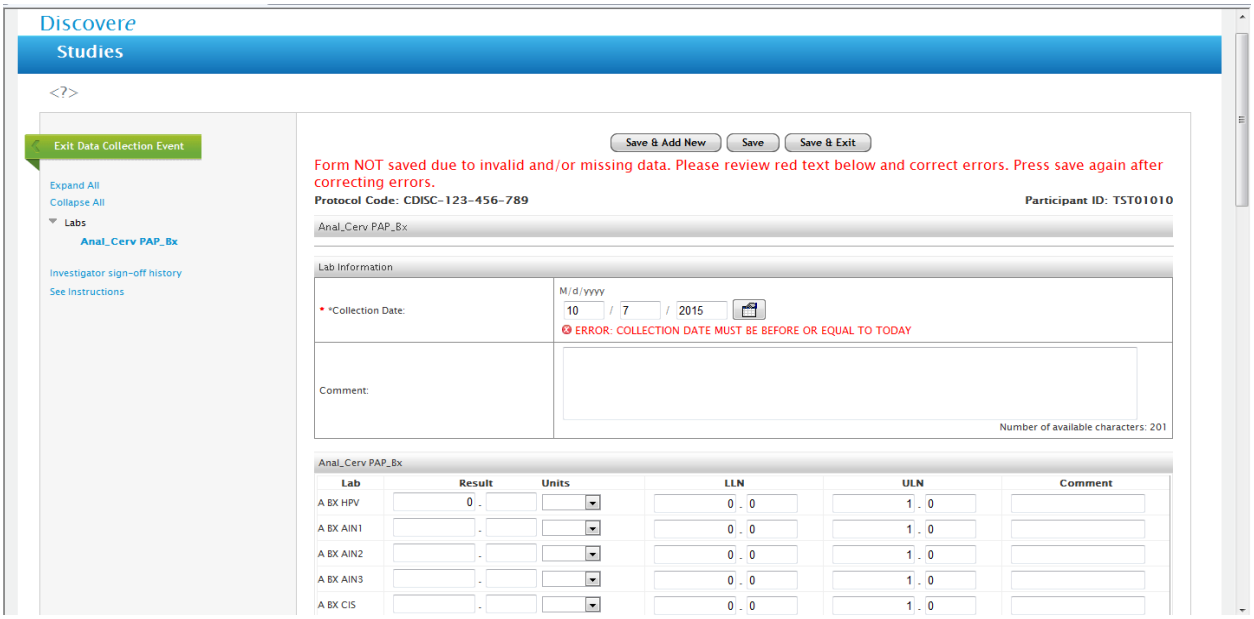
Anal Cervical PAP Bx Lab Form:



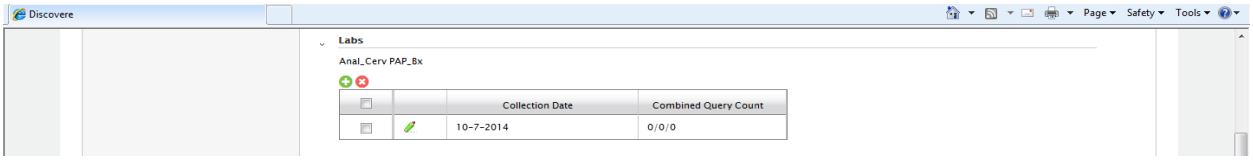



Discovere
Page
Safety
Tools
HPV cervix
HPV,vagina
HPV anal
HPVanlDcrn
V BX CIS
V BX HPV
V BX Norm
V BX Other
V BX VAIN1
V BX VAIN2
VBX Atypia
VBX Cancer
V BX VAIN3
VPAP ASCUS
VPAP HGSIL
VPAP LGSIL
VPAP Other
VPAPCancer
VPAPNormal
LEEP
Cervix,PAP
Anal PAP
-/+
0 . 0
1 . 0
Save & Add New
Save
Save & Exit

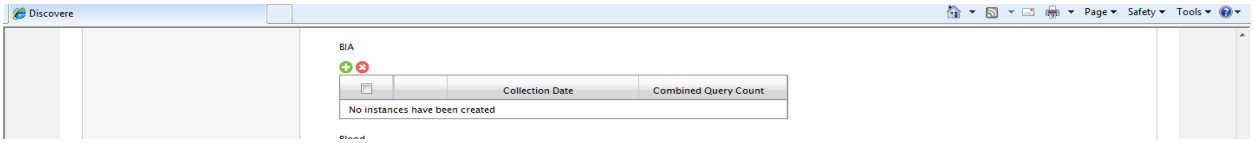
Error Message on Anal Cervical PAP Bx Form:



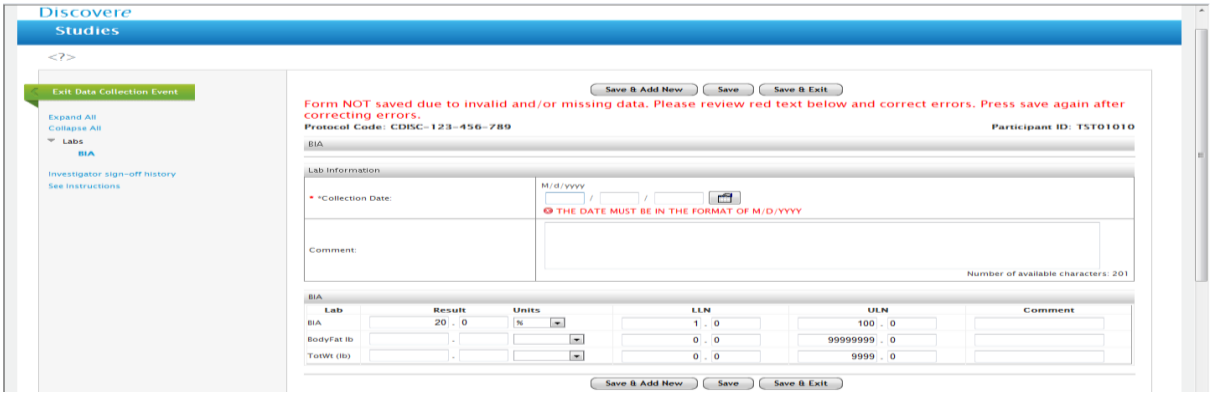
Completed Anal Cervical PAP Bx Form:



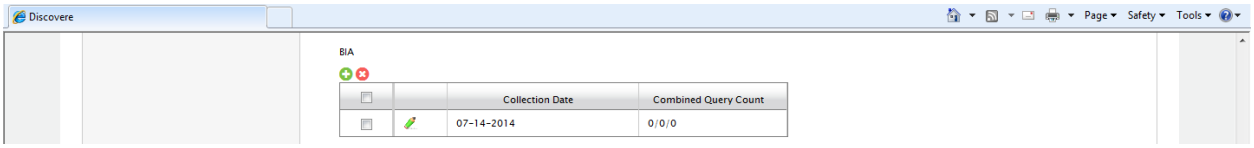
BIA Form:



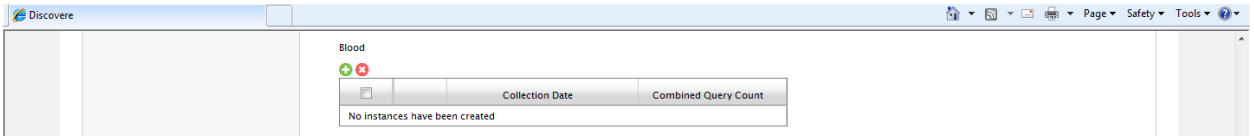
Error Message BIA Form:

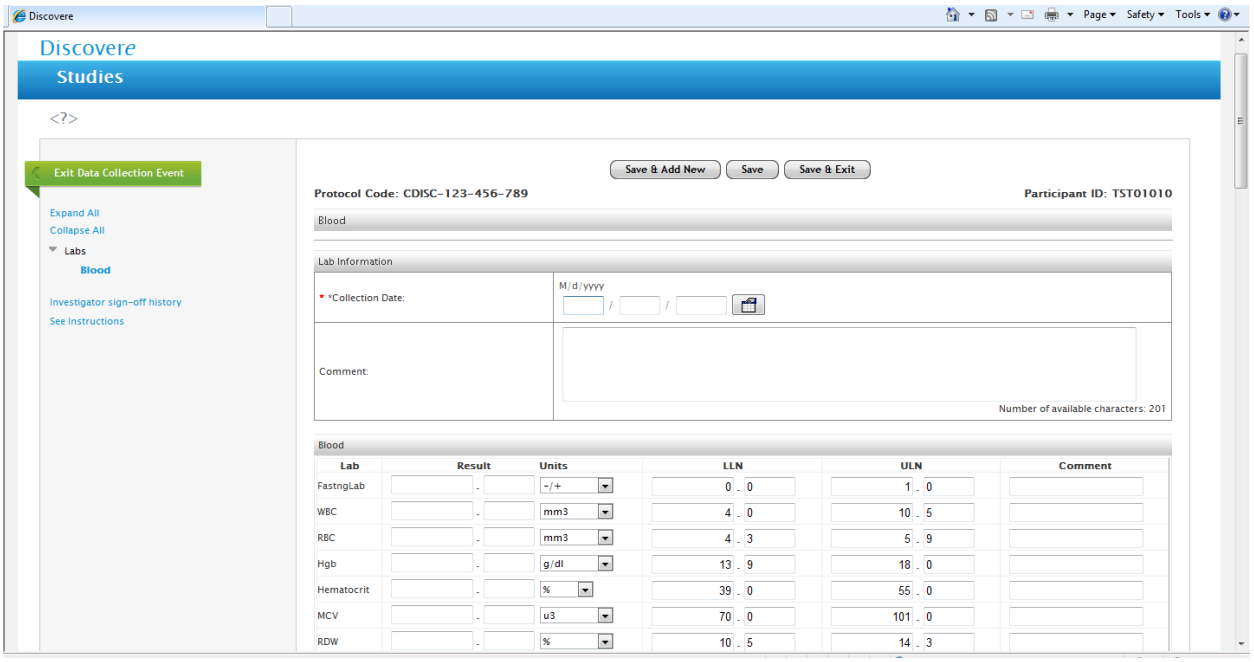


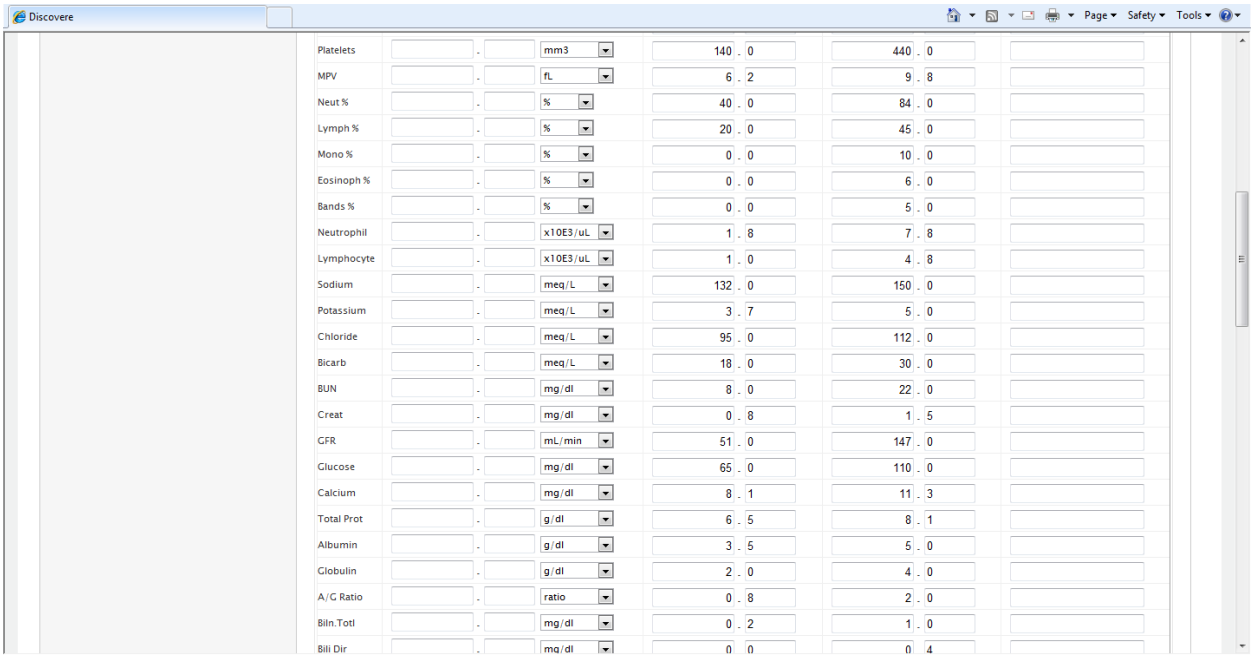
Completed BIA Form:



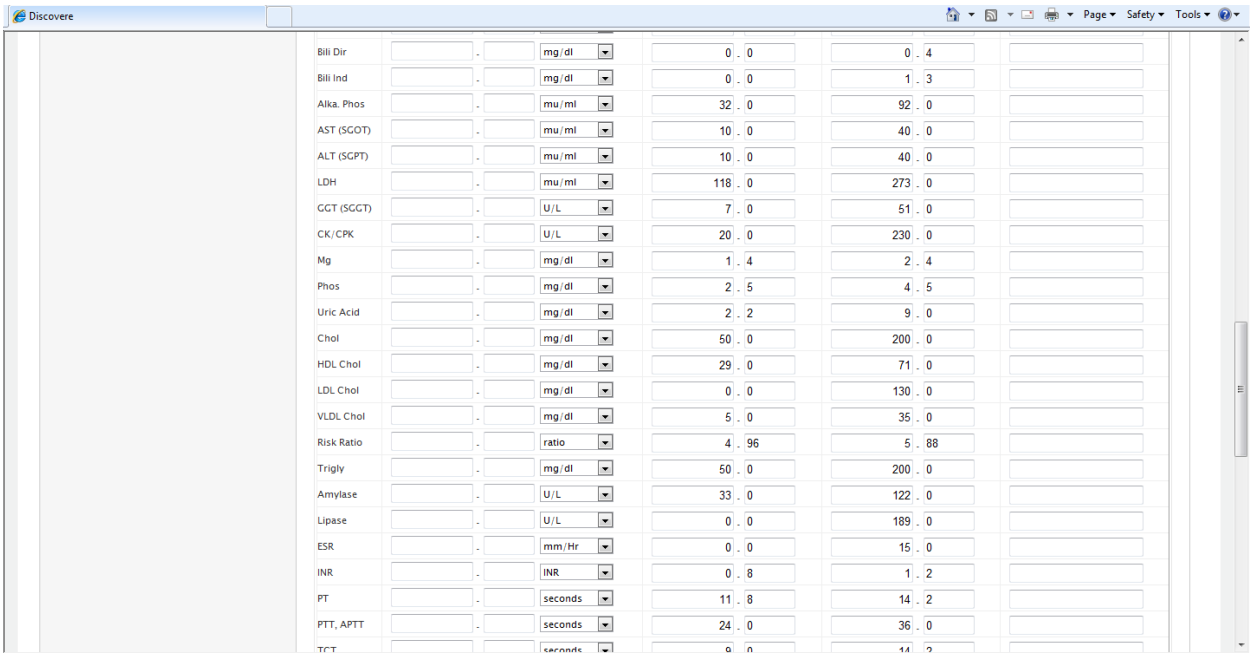
Blood (Chemistry and CBC) Form:



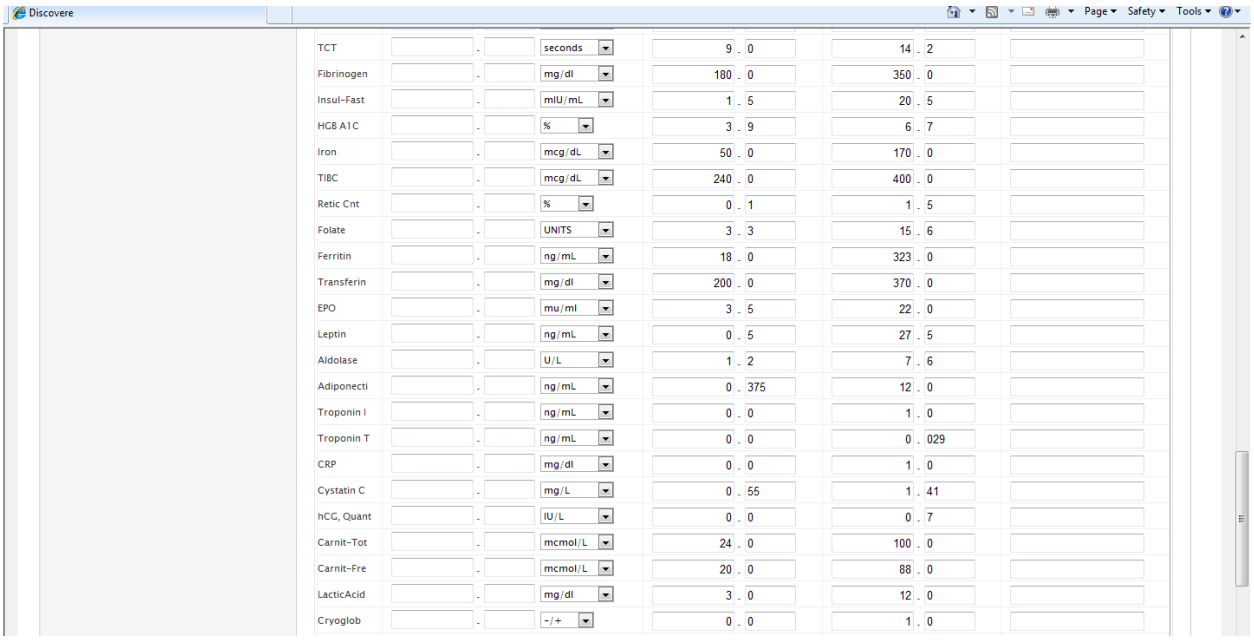




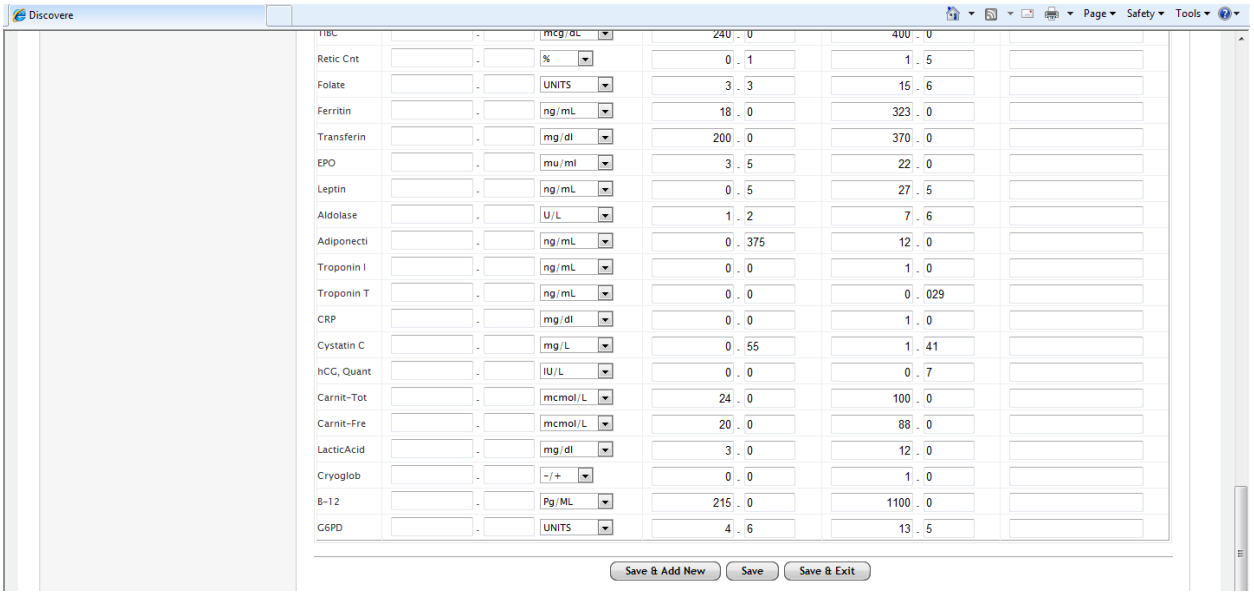
Platelets			mm3	140	0	440	0			
MPV			fL	6	2	9	8			
Neut %			%	40	0	84	0			
Lymph %			%	20	0	45	0			
Mono %			%	0	0	10	0			
Eosinoph %			%	0	0	6	0			
Bands %			%	0	0	5	0			
Neutrophil			x10E3/uL	1	8	7	8			
Lymphocyte			x10E3/uL	1	0	4	8			
Sodium			meq/L	132	0	150	0			
Potassium			meq/L	3	7	5	0			
Chloride			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				



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			



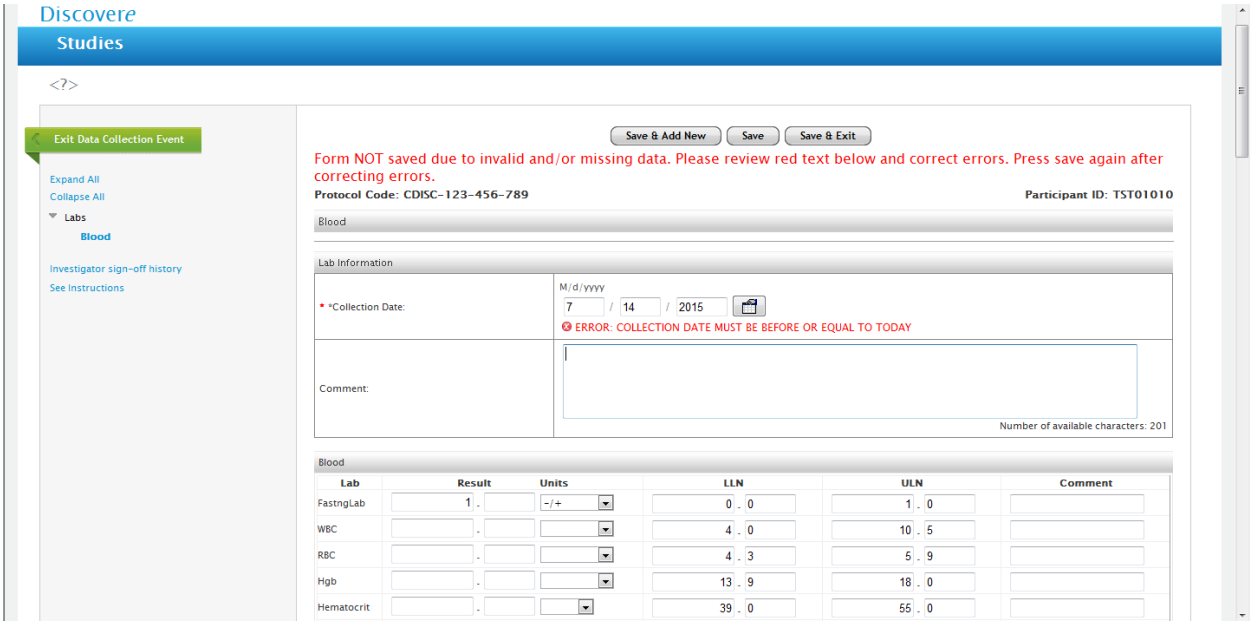
TCT			seconds	9	0	14	2	
Fibrinogen			mg/dl	180	0	350	0	
Insul-Fast			mIU/mL	1	5	20	5	
HGB A1C			%	3	9	6	7	
Iron			mcg/dL	50	0	170	0	
TIBC			mcg/dL	240	0	400	0	
Retic Cnt			%	0	1	1	5	
Folate			UNITS	3	3	15	6	
Ferritin			ng/mL	18	0	323	0	
Transferin			mg/dl	200	0	370	0	
EPO			mu/ml	3	5	22	0	
Leptin			ng/mL	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	



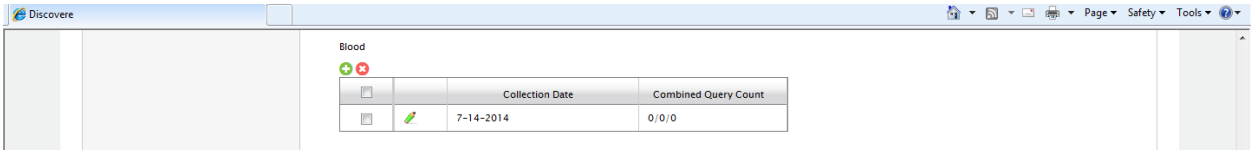
TIBC			mcg/dL	240	0	400	0	
Retic Cnt			%	0	1	1	5	
Folate			UNITS	3	3	15	6	
Ferritin			ng/mL	18	0	323	0	
Transferin			mg/dl	200	0	370	0	
EPO			mu/ml	3	5	22	0	
Leptin			ng/mL	0	5	27	5	
Aldolase			U/L	1	2	7	6	
Adiponecti			ng/mL	0	375	12	0	
Troponin I			ng/mL	0	0	1	0	
Troponin T			ng/mL	0	0	0	029	
CRP			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

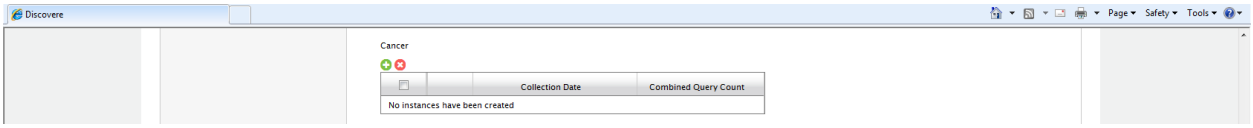
Error Message on the Blood Form:



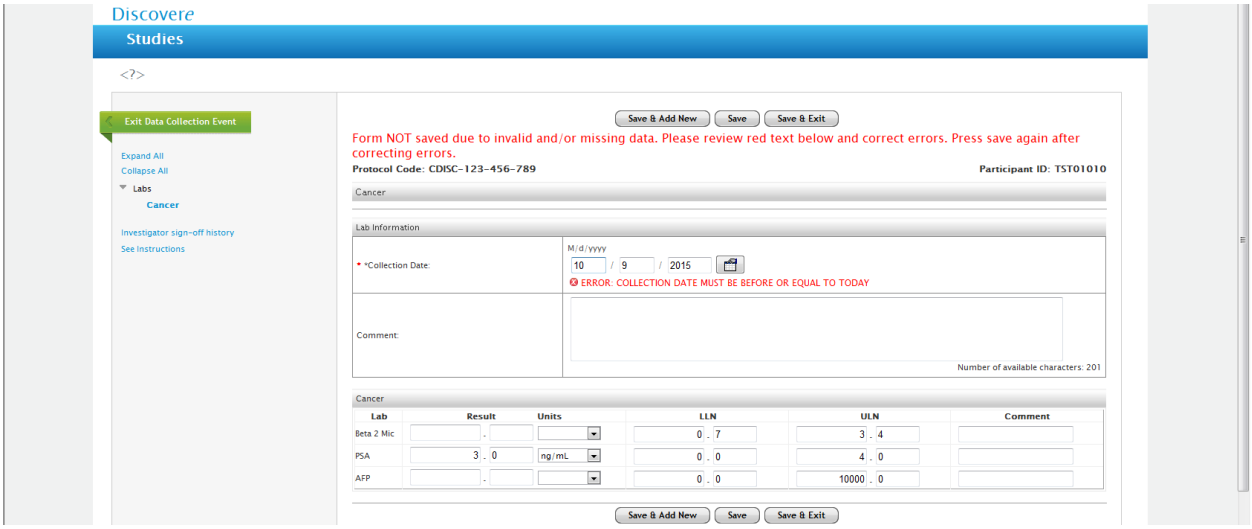
Completed Blood Form:



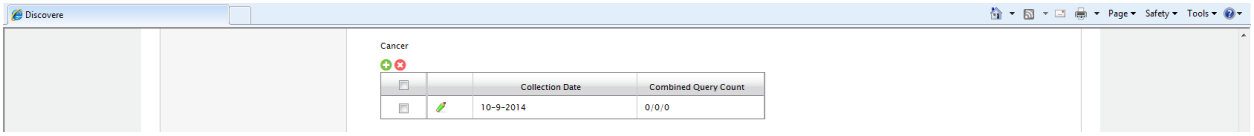
Cancer Form:



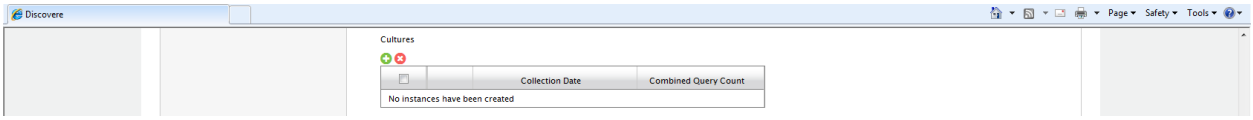
Error Message on Cancer Form:



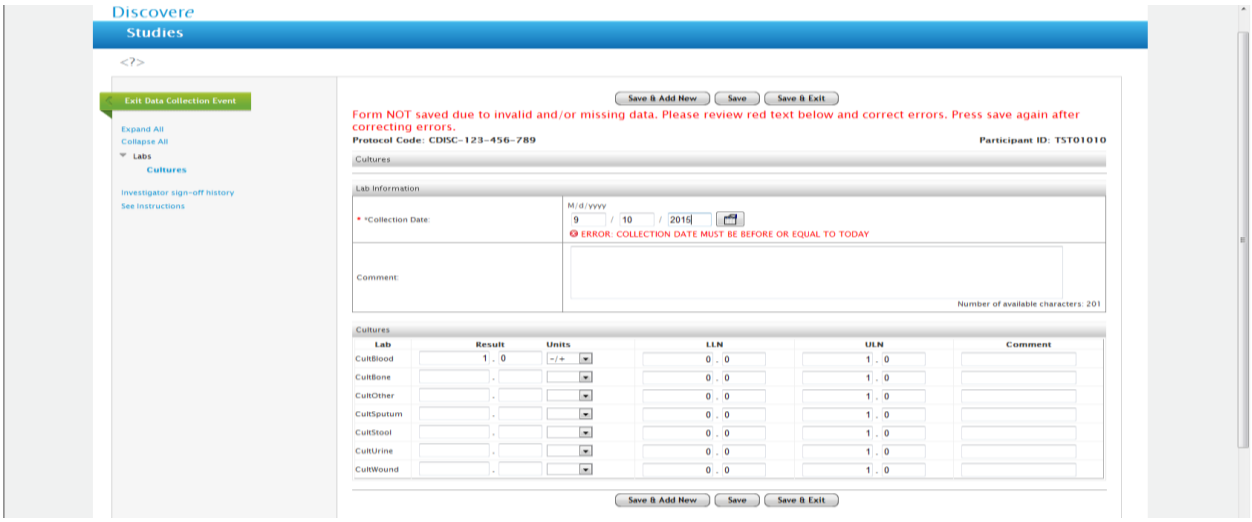
Completed Cancer Form:



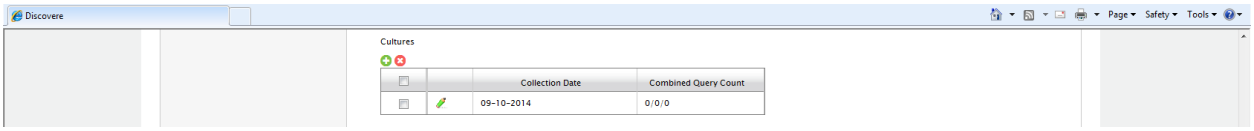
Cultures Form:



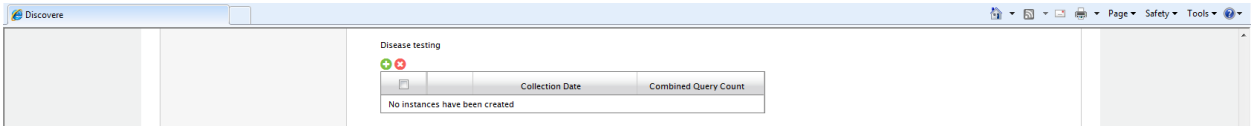
Error message on Cultures Form:



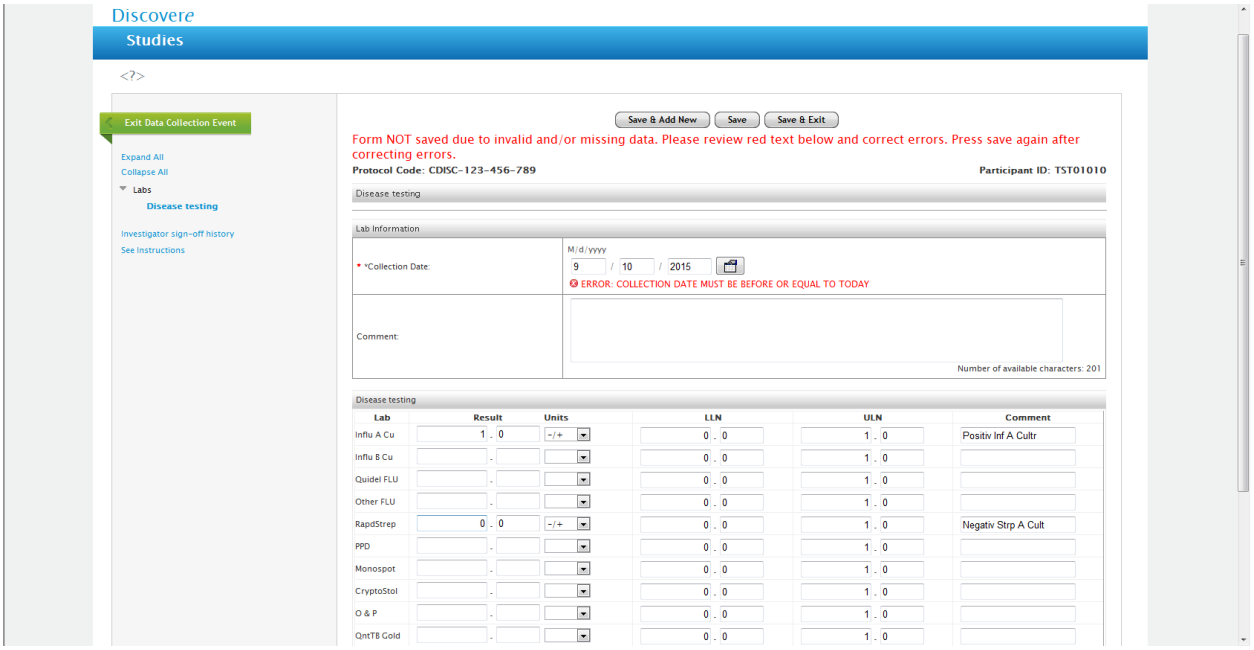
Completed Culture Form:



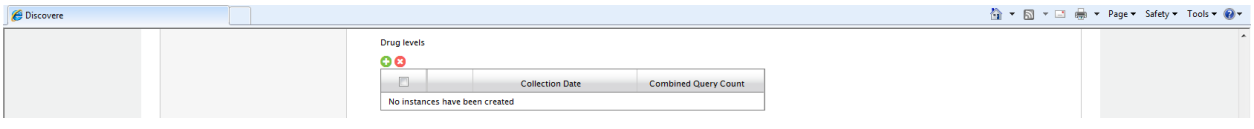
Disease Testing Form:



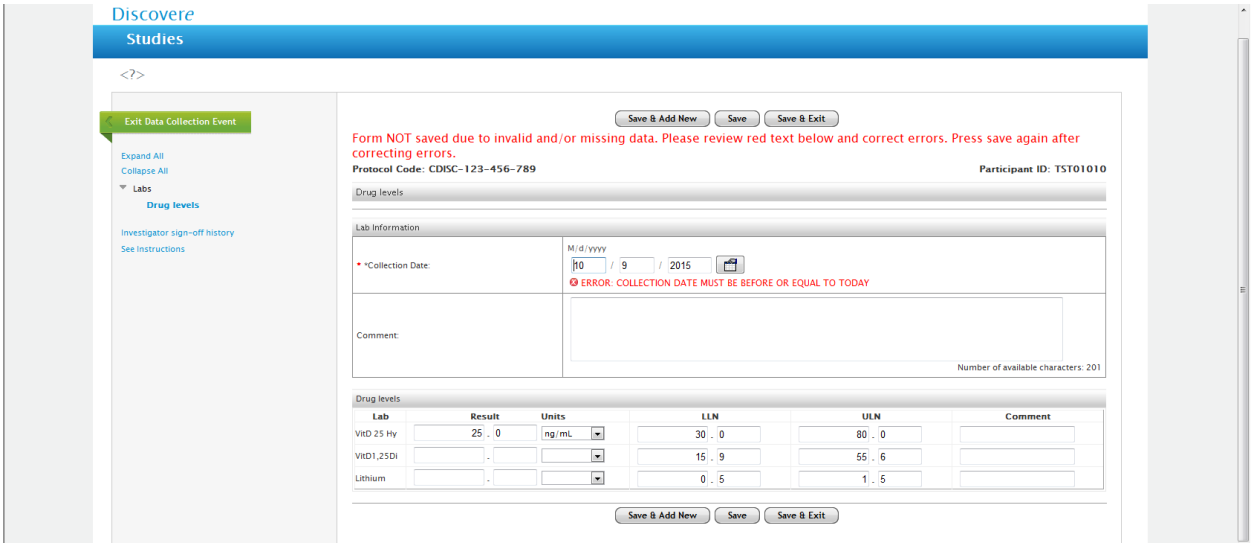
Error Message on Disease Testing Form:



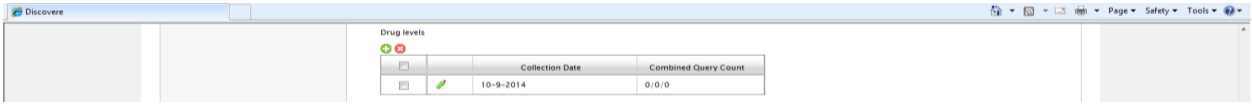
Drug Levels Form:



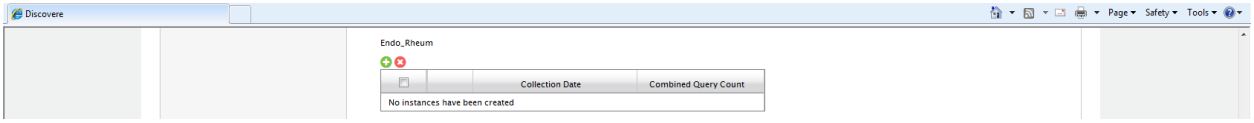
Error Message on Drug Levels Form:



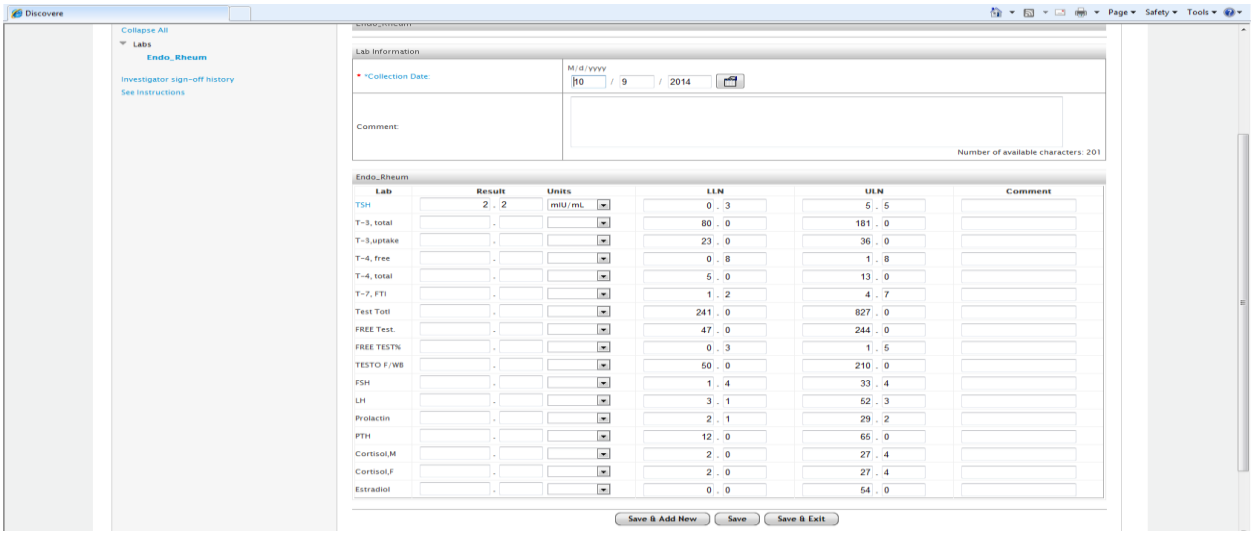
Completed Drug Levels Form:



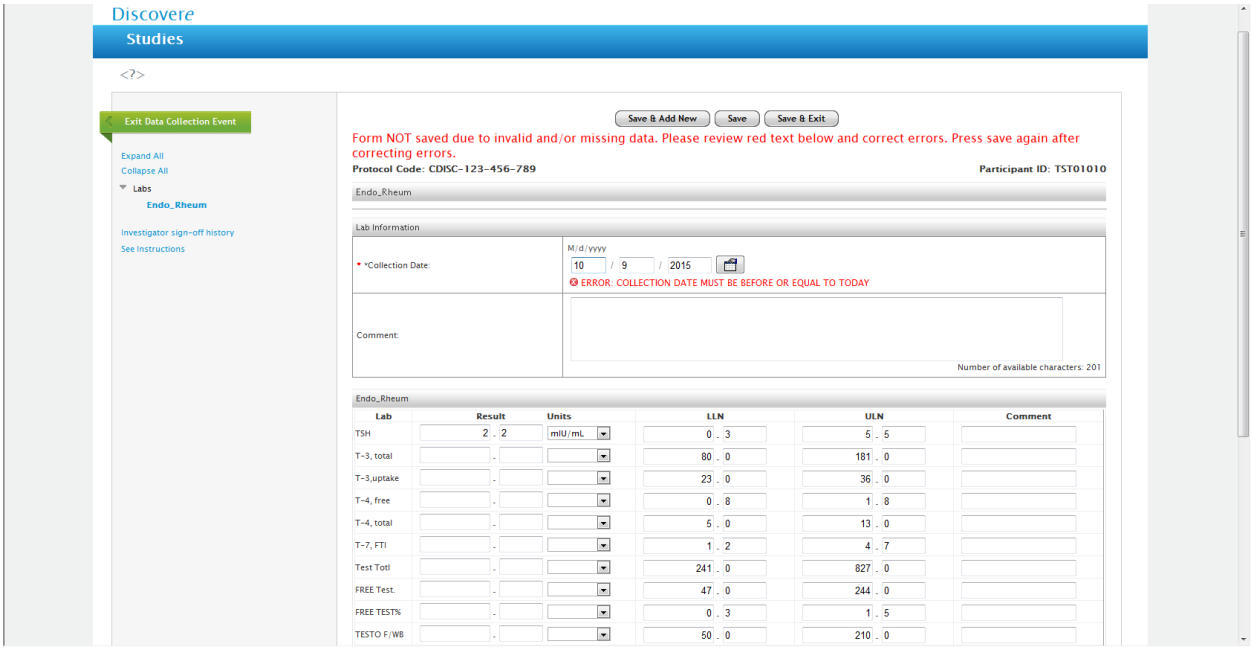
Endo_Rheum Form:



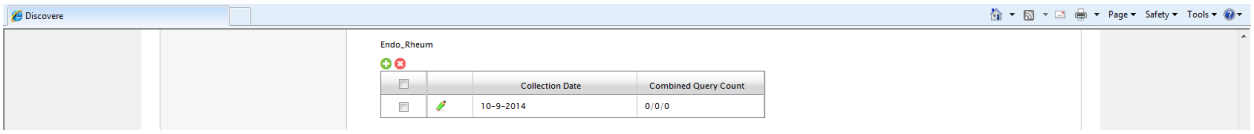
Endo_Rheum Form:



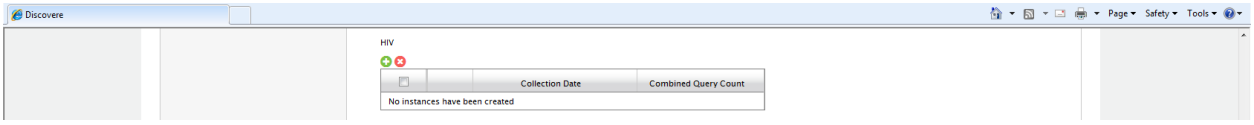
Error Message on Endo_Rheum Form:



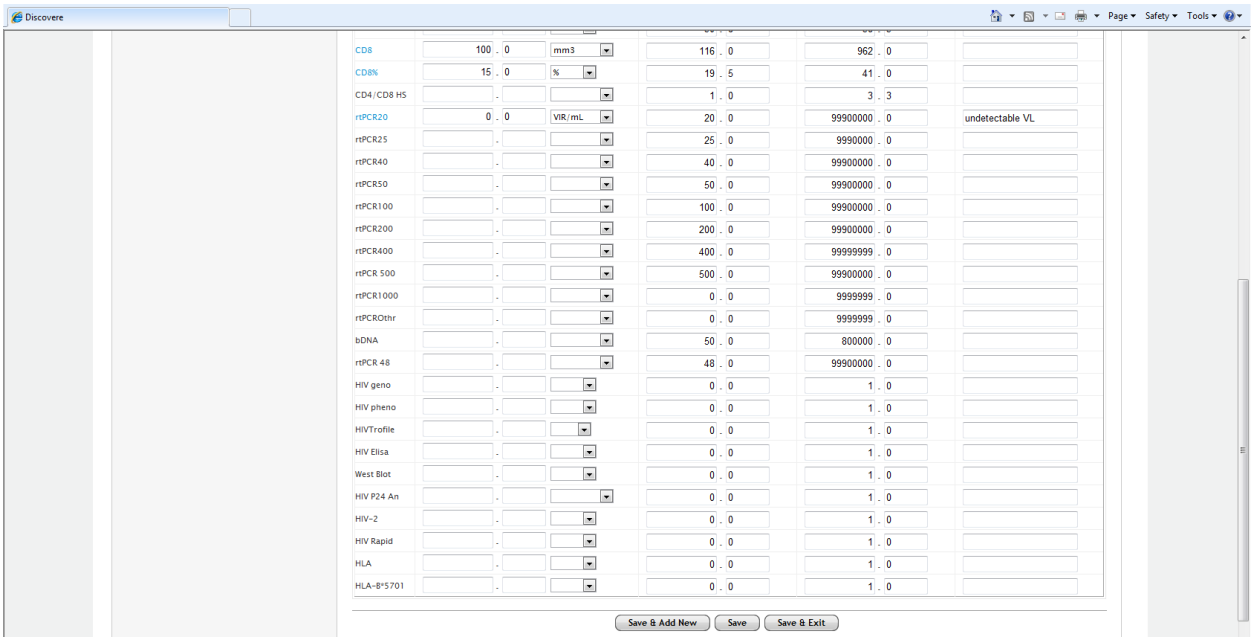
Completed Endo_Rheum Form:



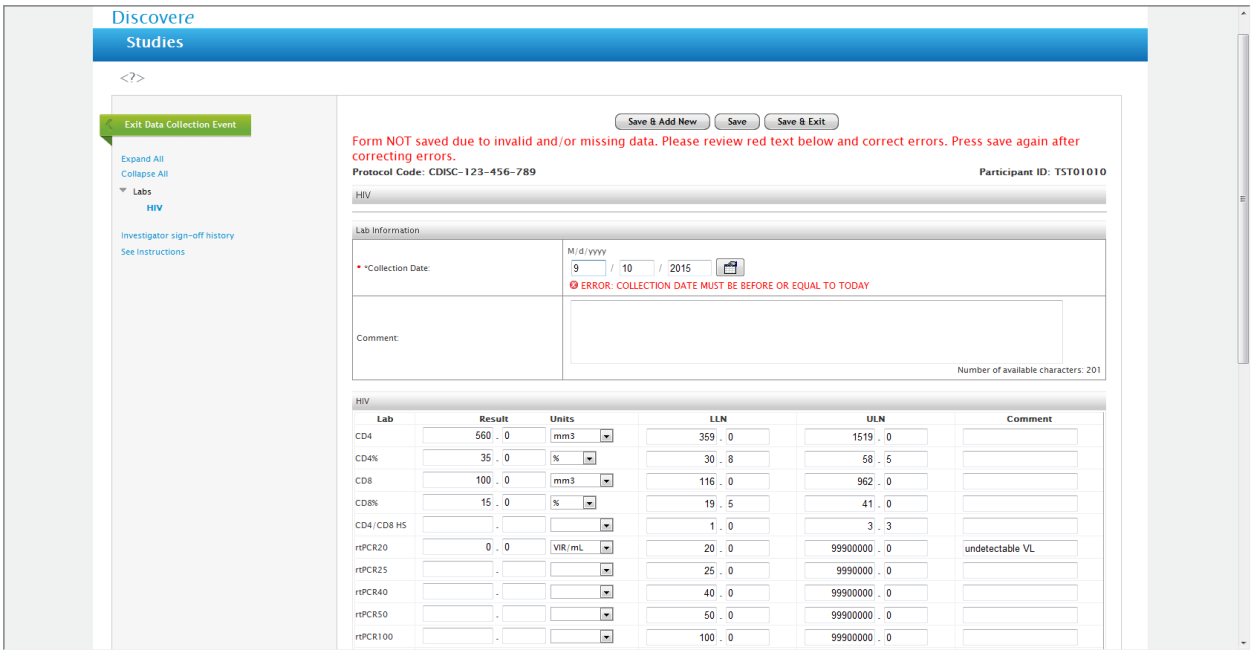
HIV Form:



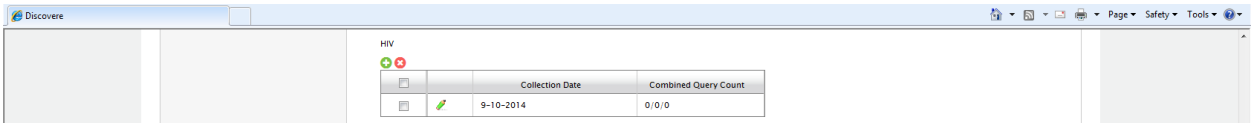
HIV Form:



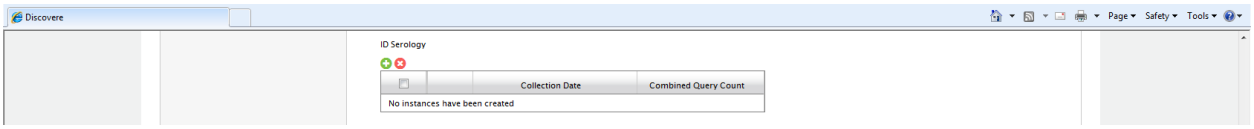
Error Message on HIV Form:



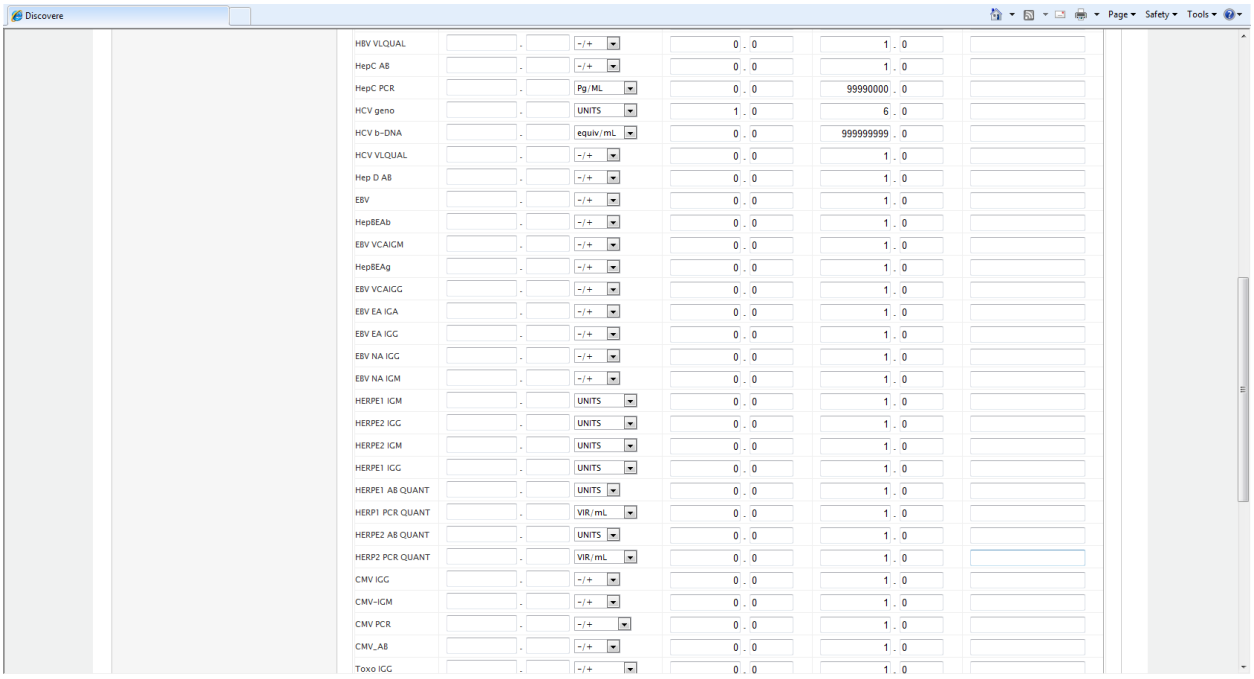
Completed HIV Form:



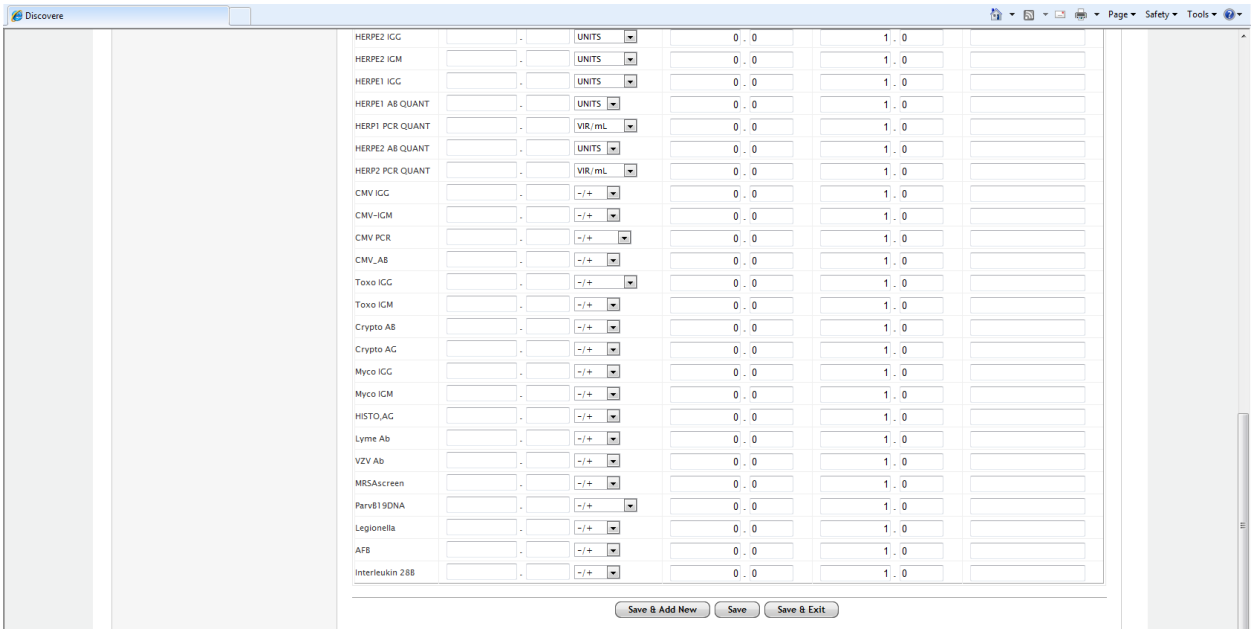
ID Serology Form:



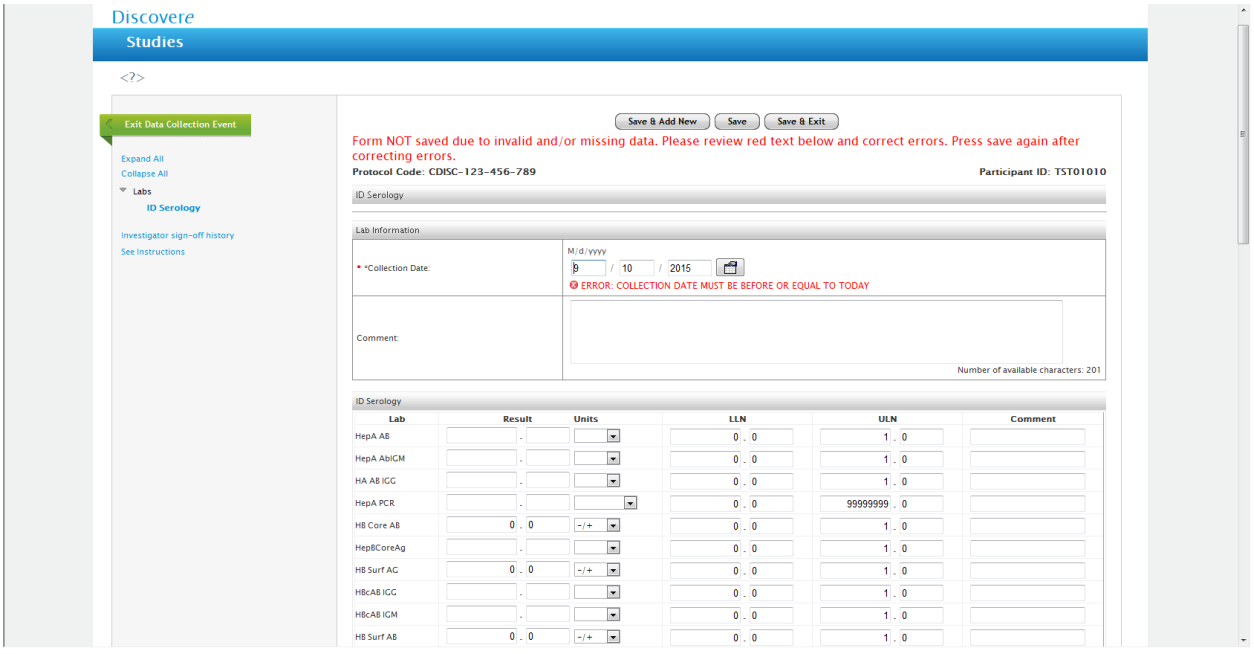
ID Serology Form:



Bottom of ID Serology Form

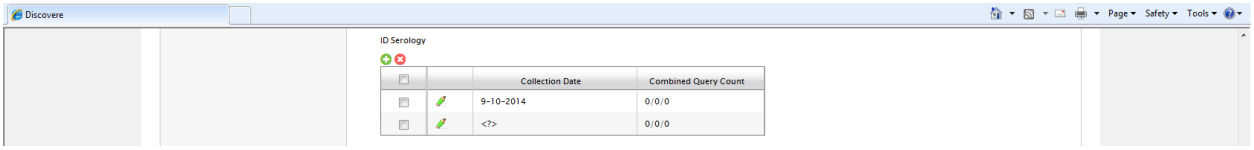


Error Message on ID Serology Form:

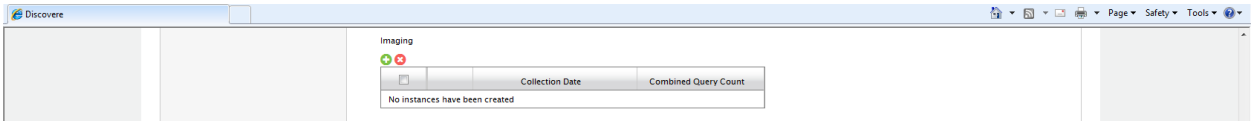


Completed ID Serology Lab Form

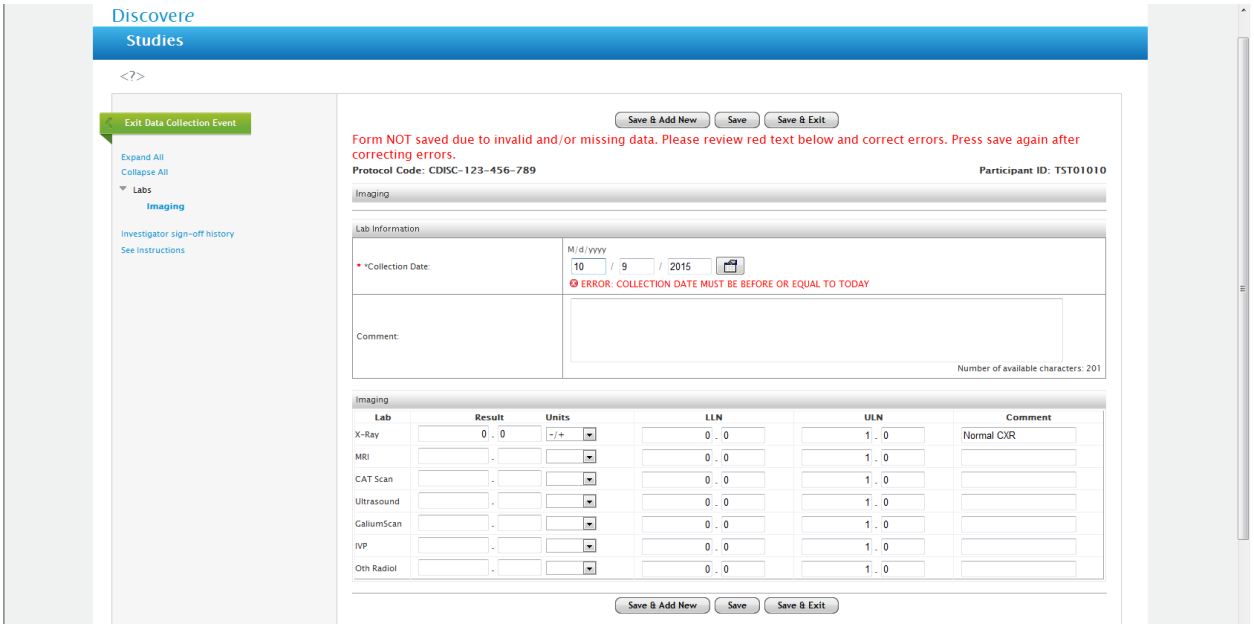
Plus a second order noted: "Question Mark" indicates an INCOMPLETE form DATE….This applies to all lab forms:



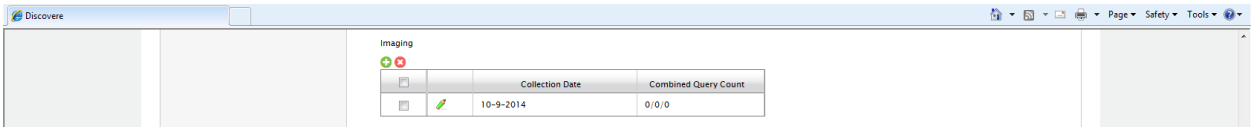
Imaging Form:



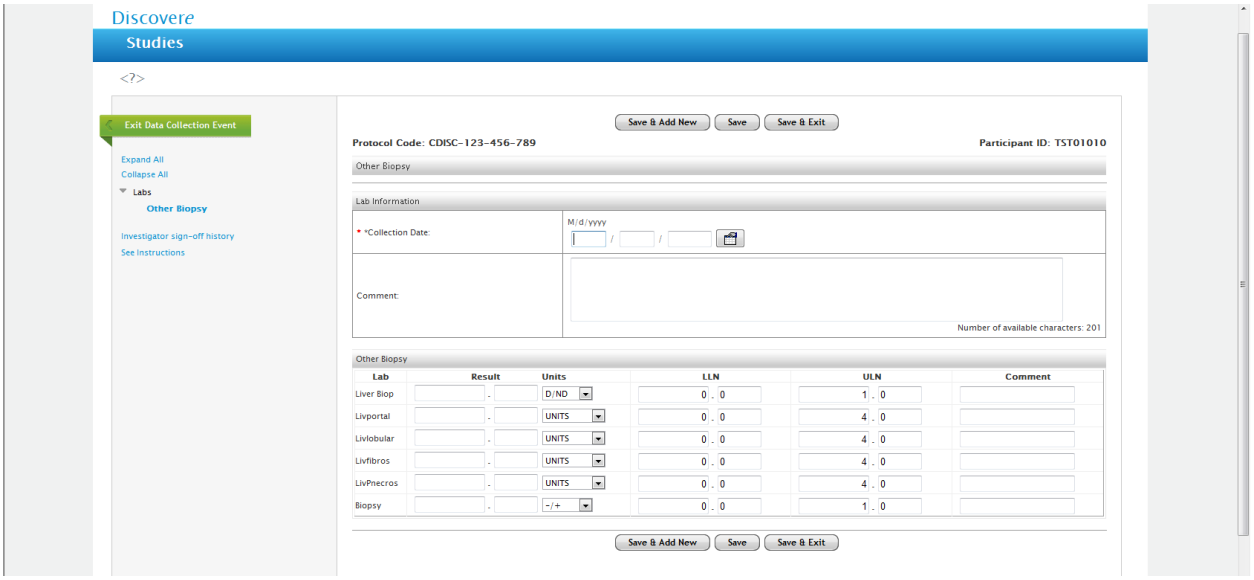
Error Message on the Imaging Form:



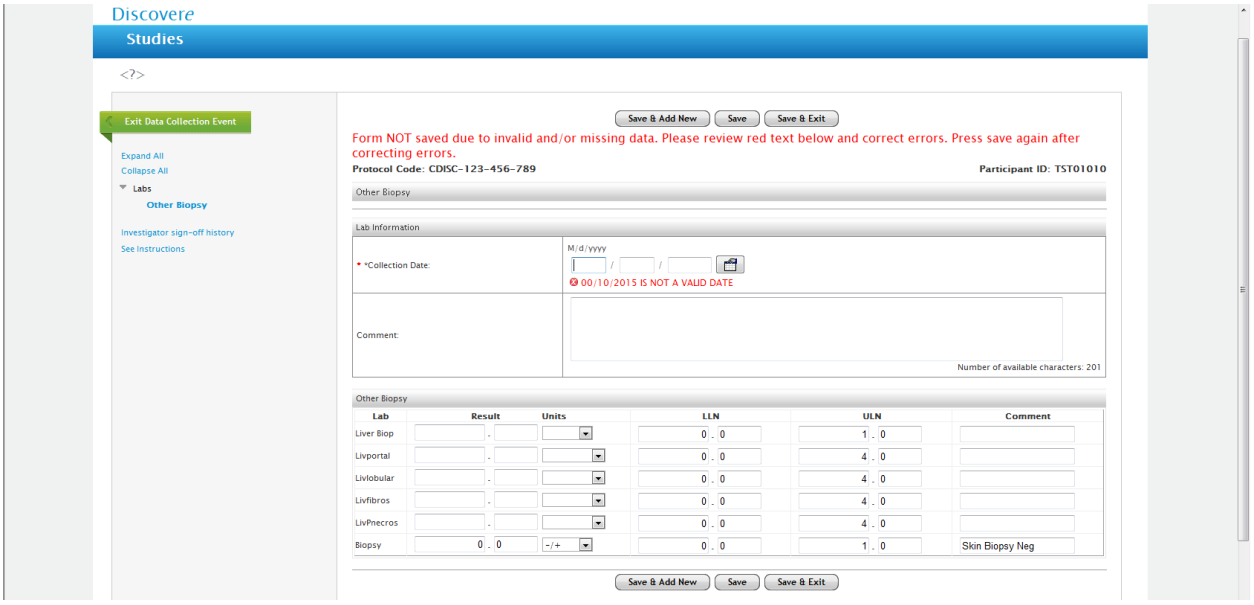
Completed Imaging Form:



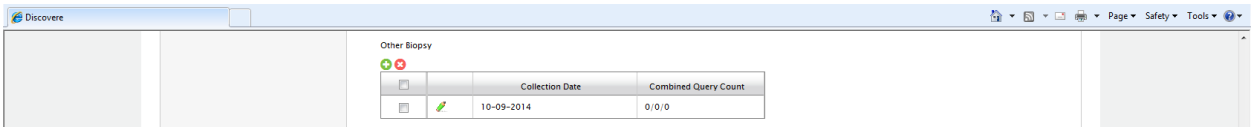
Other Biopsy Form:



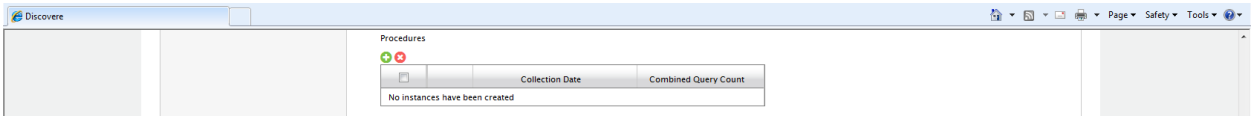
Error Message on The Other Biopsy Form:



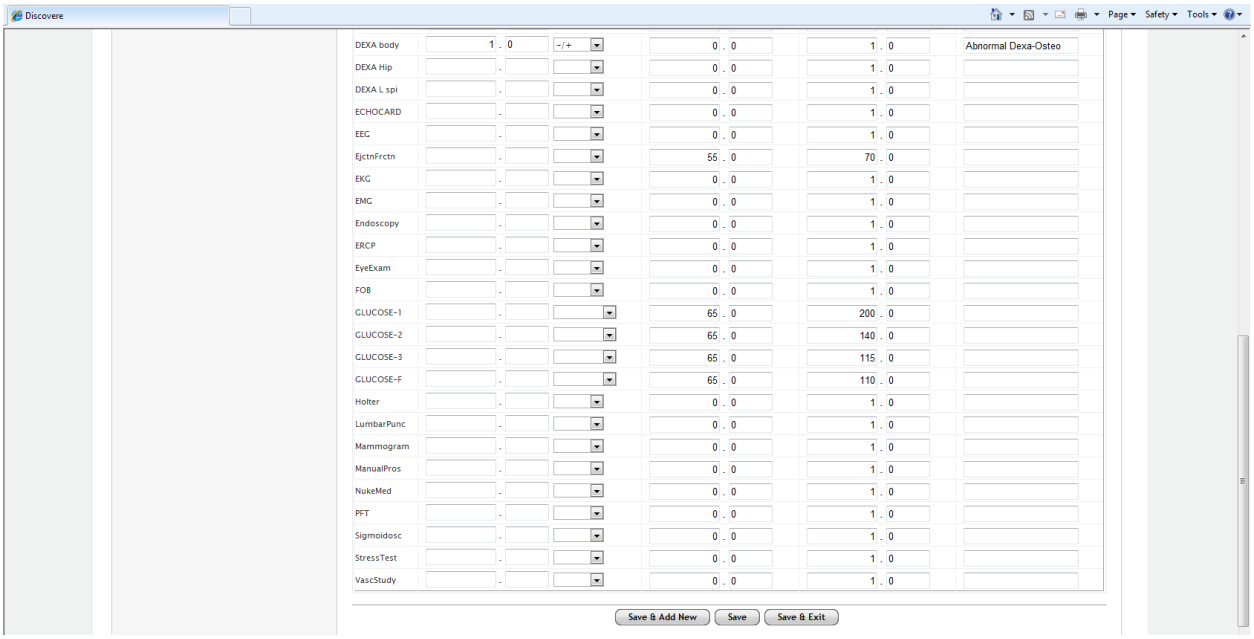
Completed Other Biopsy Form:



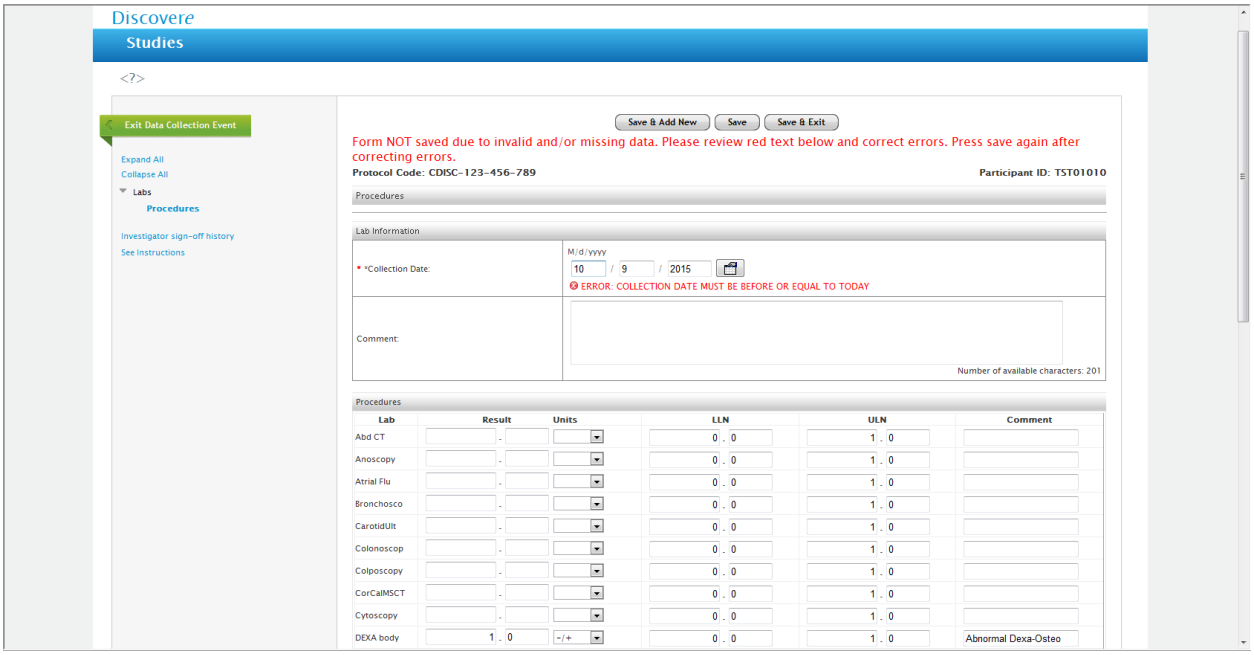
Procedures Form:



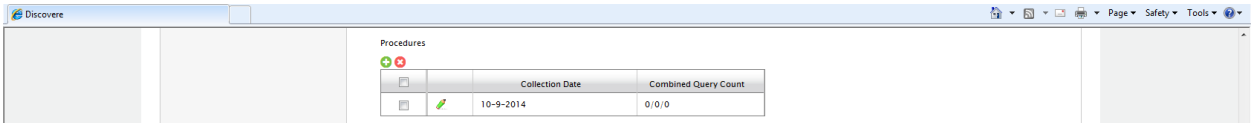
Procedures Form:



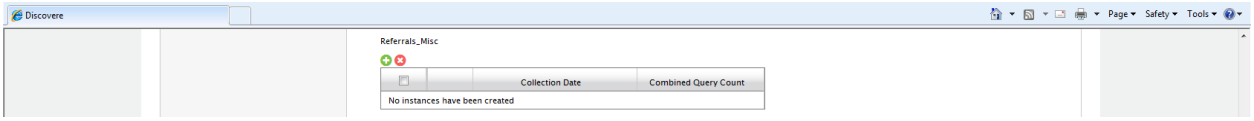
Error Messages on Procedures Form:



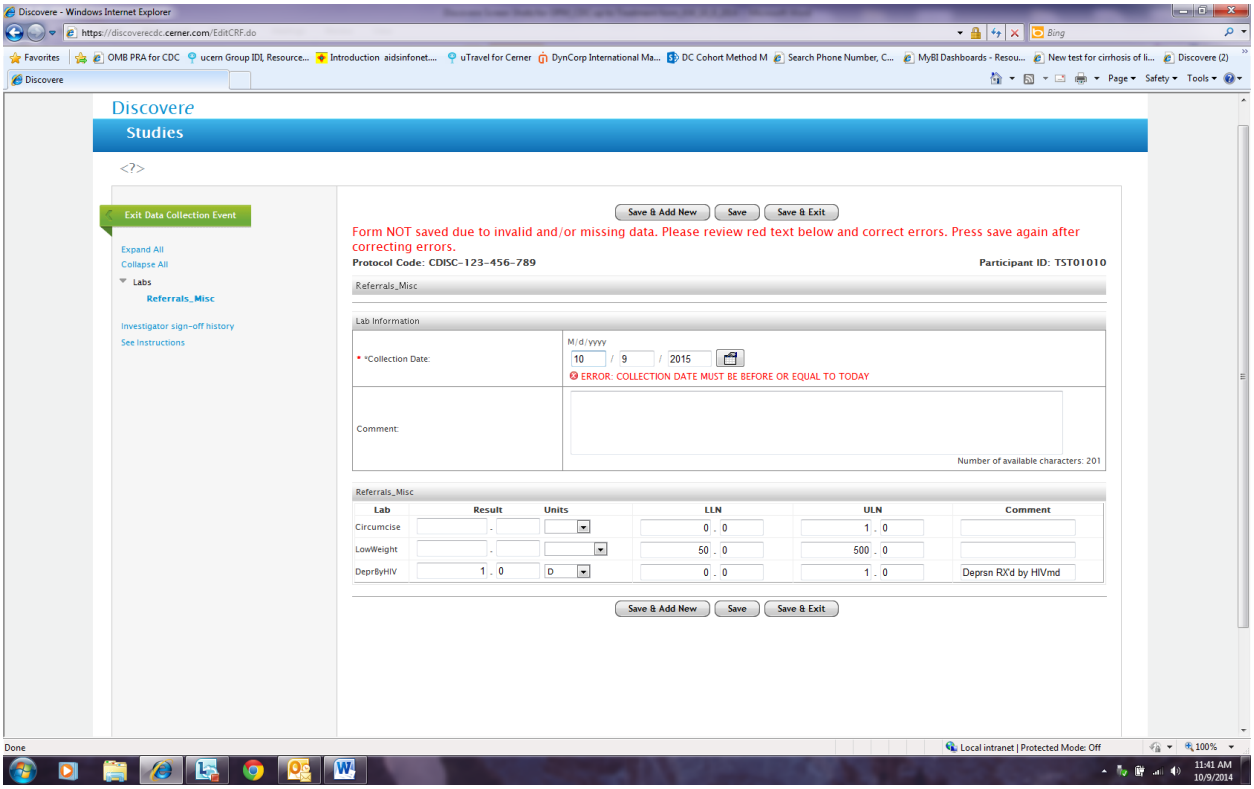
Completed Procedures Form:



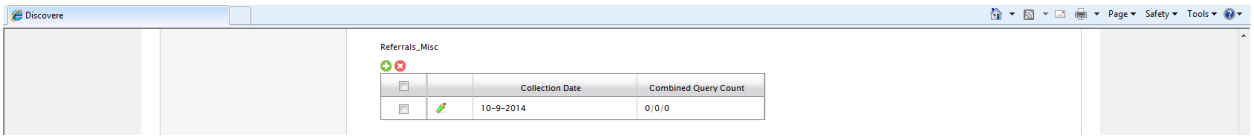
Referrals_Misc Form:



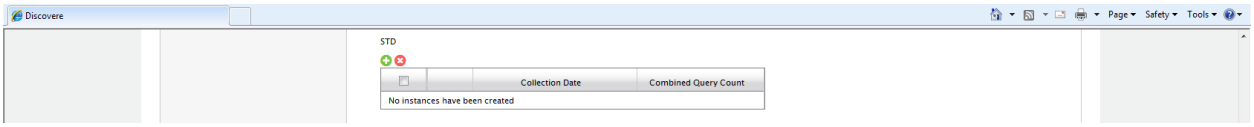
Error Message on Referrals_Misc Form:



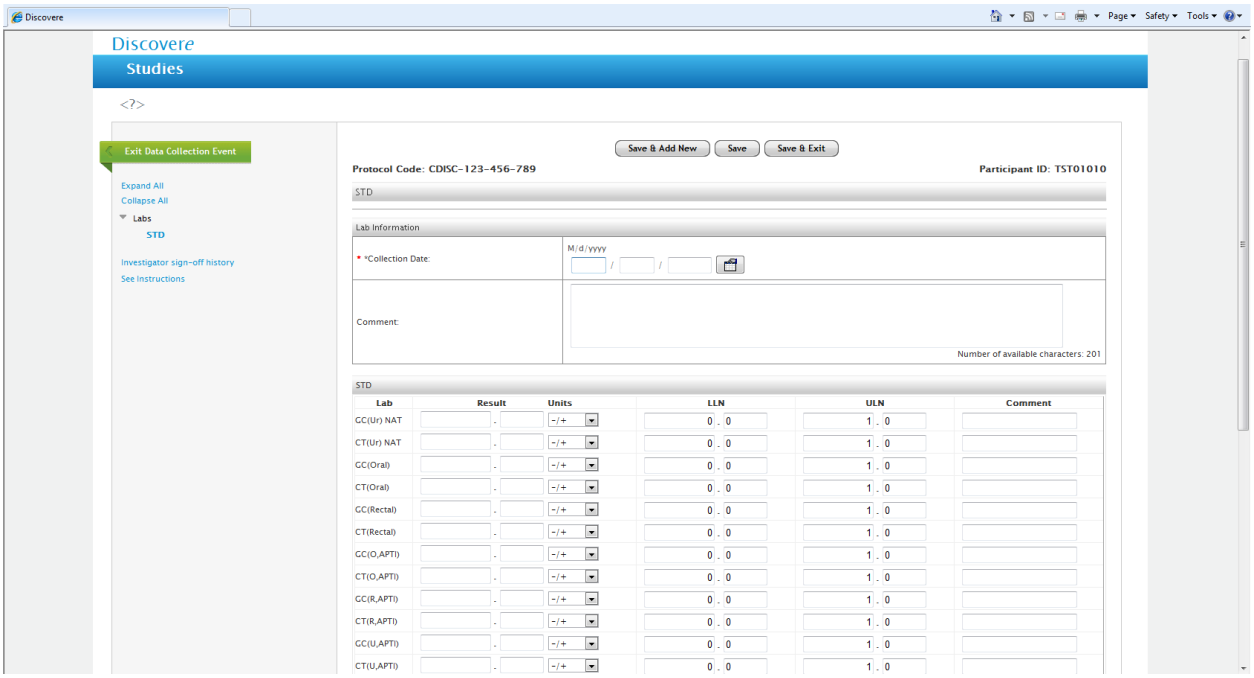
Completed Referrals_Misc Form:

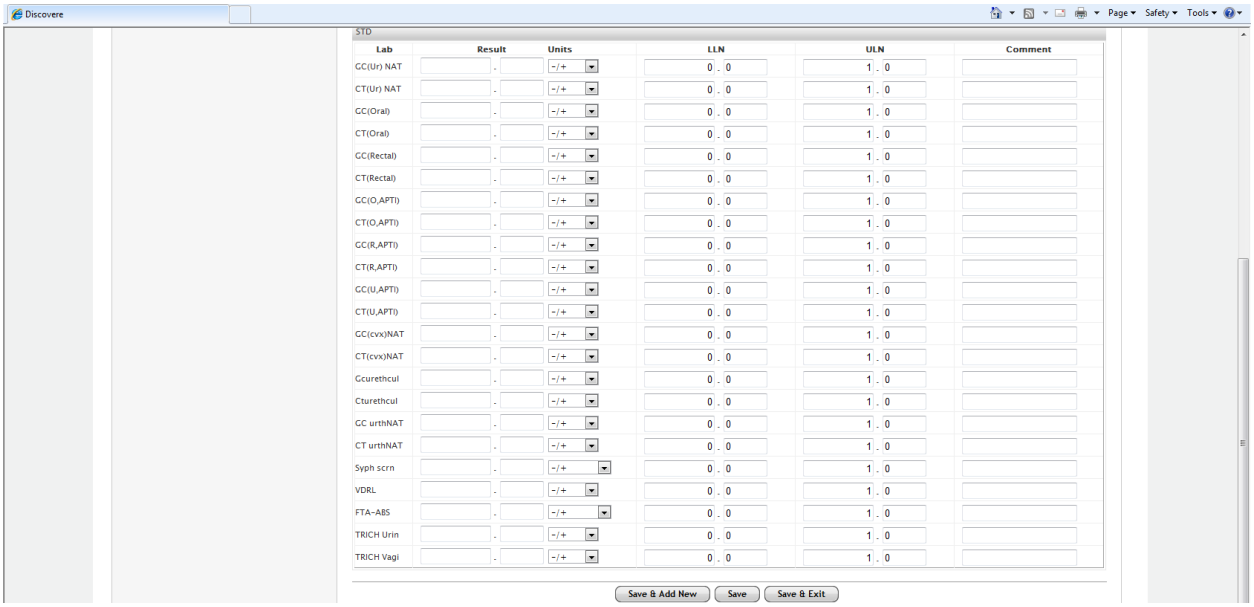


STD Form:

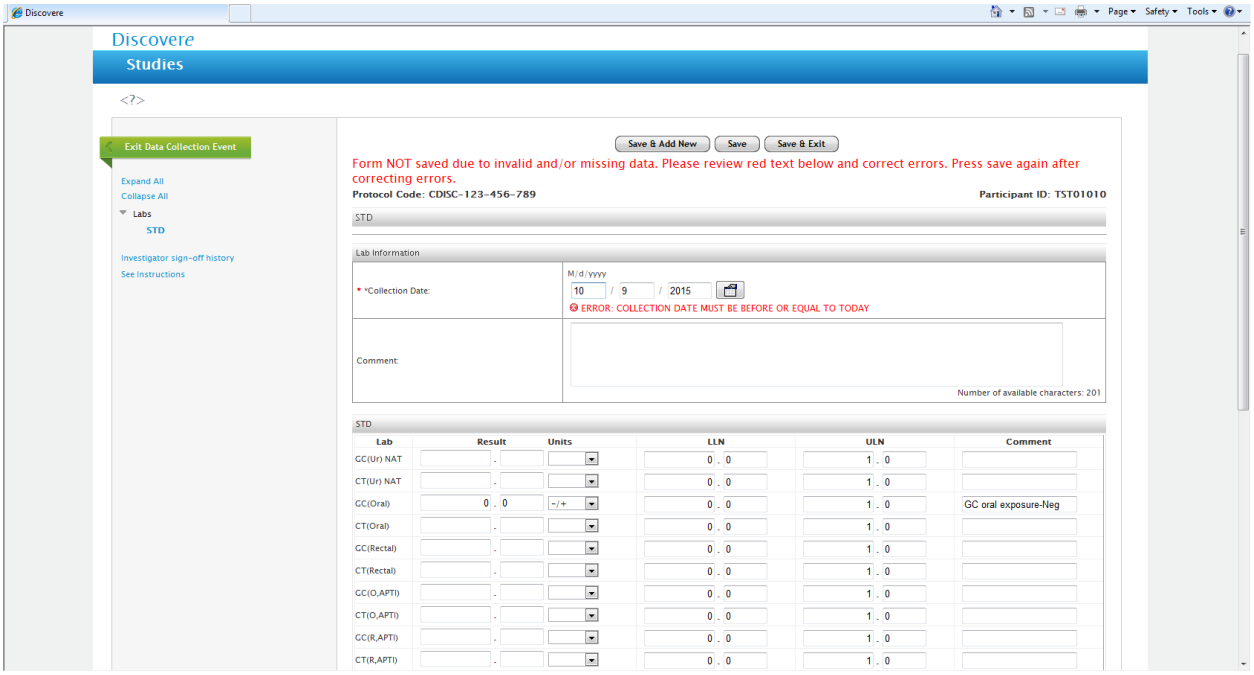


Top Half of STD Form:

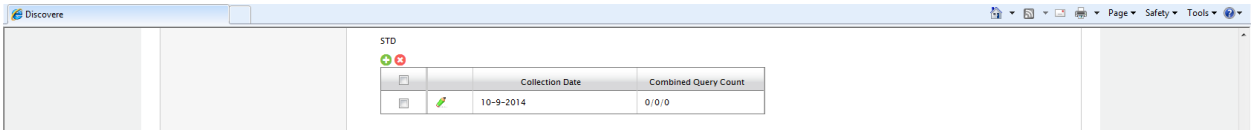




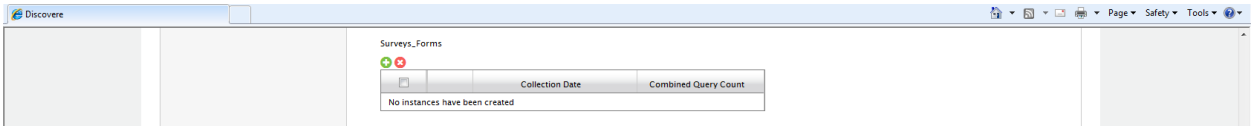
Error Message on the STD Form:



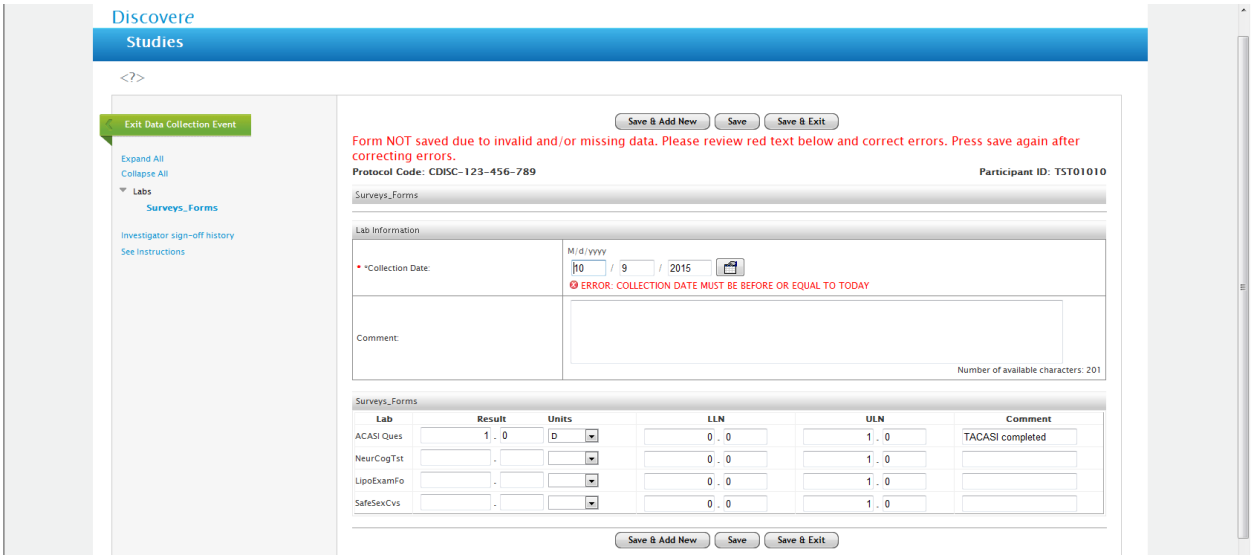
Completed STD Form:



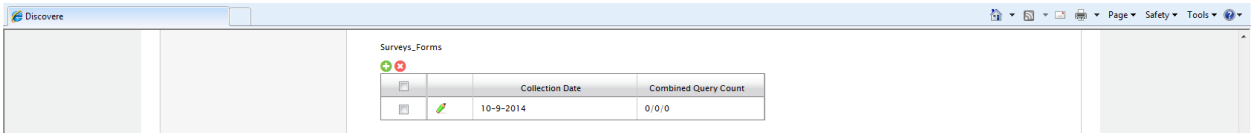
“Surveys and Forms” Form:



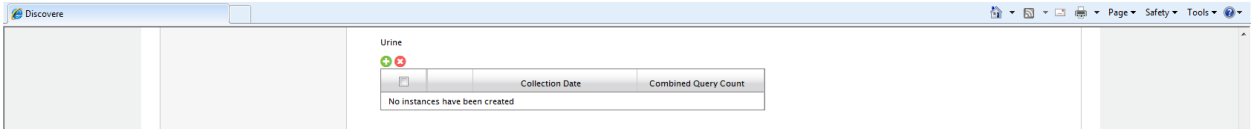
Error Message on “Surveys and Forms” Form:



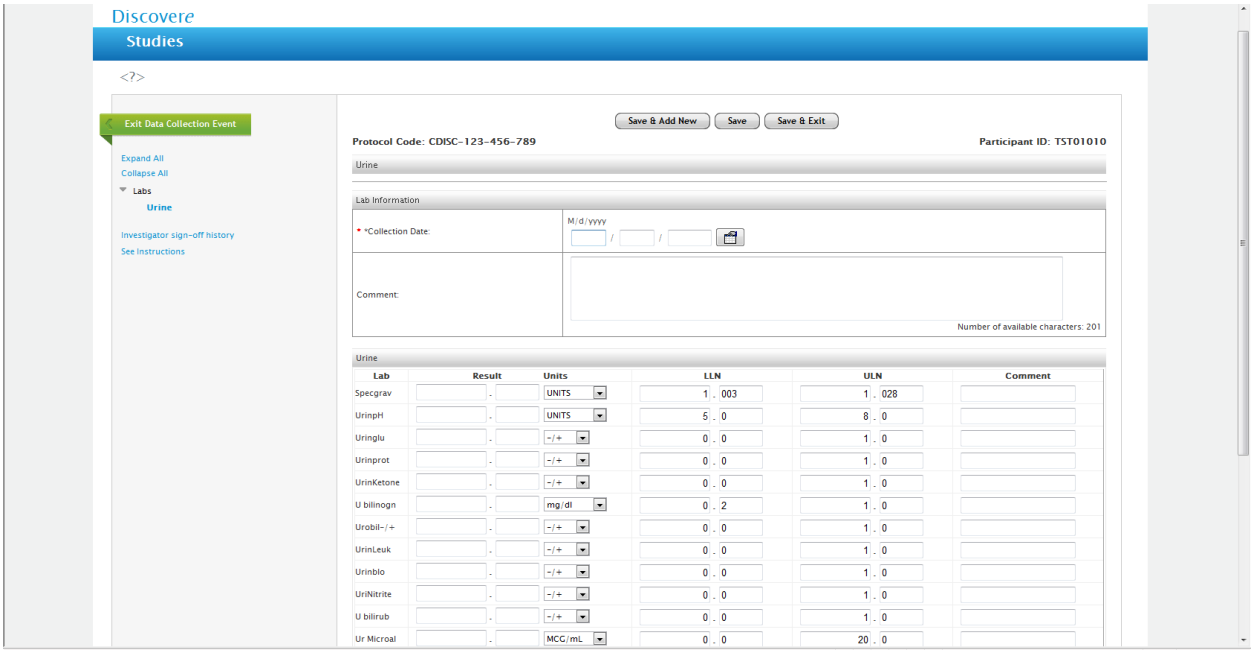
Completed “Surveys and Forms” Form:

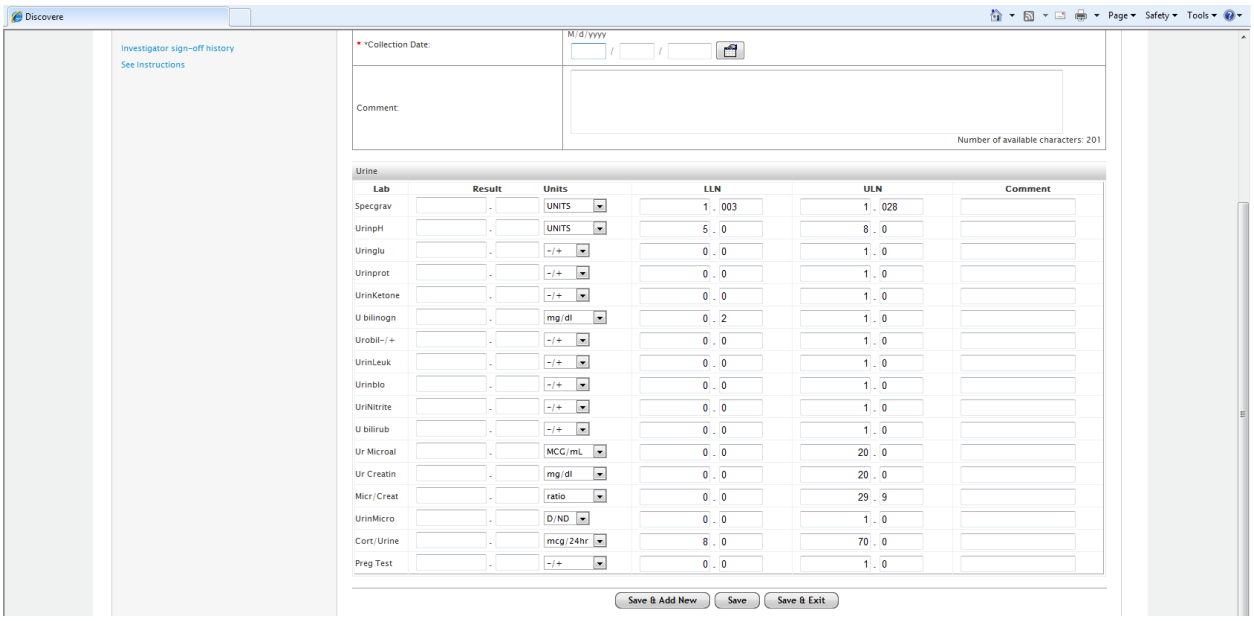


Urine Form:

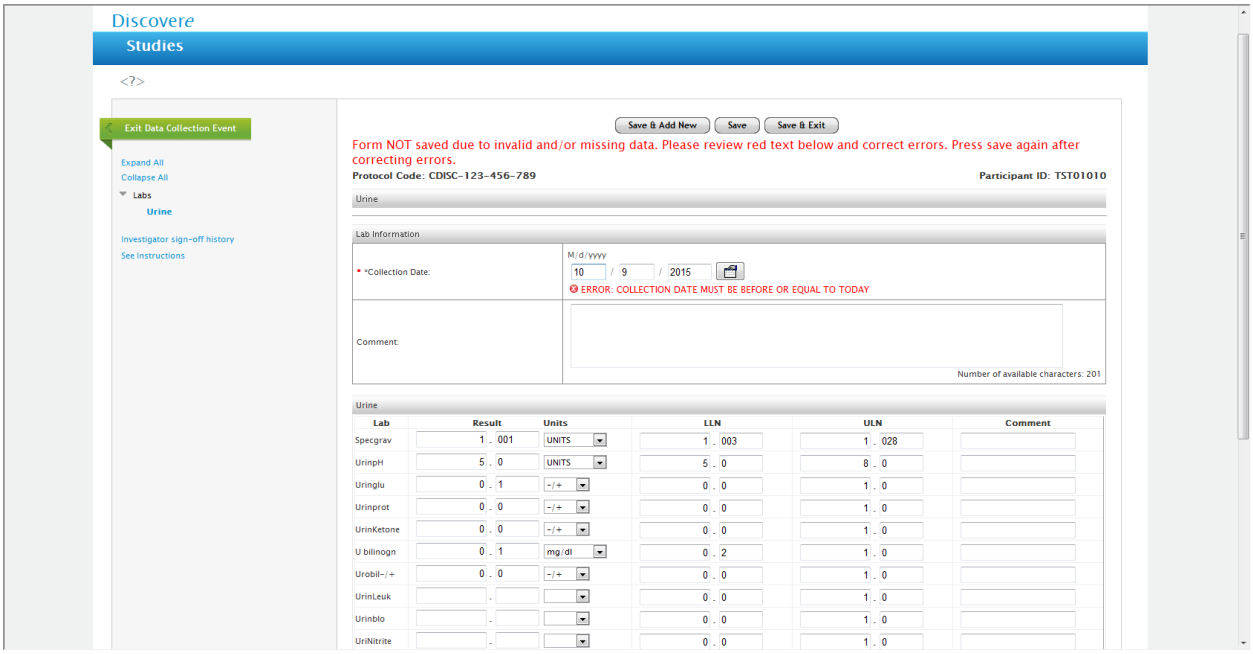


Urine Form:

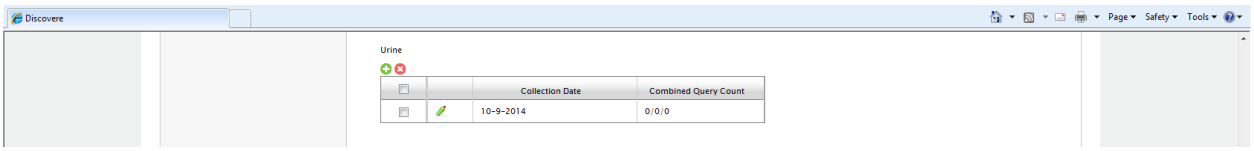

Discovere
Studies
<?>
Exit Data Collection Event
Expand All
Collapse All
Labs
Urine
Investigator sign-off history
See Instructions
Save & Add New
Save
Save & Exit
Protocol Code: CDISC-123-456-789
Participant ID: TST01010
Urine
Lab Information
*Collection Date:
M/d/yyyy
Comment:
Number of available characters: 201
Urine
Lab
Result
Units
LLN
ULN
Comment
Specgrav
UNITS
1.003
1.028
UrinpH
UNITS
5.0
8.0
Uringlu
-/+
0.0
1.0
Urinprot
-/+
0.0
1.0
UrinKetone
-/+
0.0
1.0
U bilinogn
mg/dl
0.2
1.0
Urobil-/+
-/+
0.0
1.0
UrinLeuk
-/+
0.0
1.0
Urinblo
-/+
0.0
1.0
UriNitrite
-/+
0.0
1.0
U bilirub
-/+
0.0
1.0
Ur Microal
MCG/mL
0.0
20.0


Discovere
Page
Safety
Tools
Investigator sign-off history
See Instructions
*Collection Date:
M/d/yyyy
Comment:
Number of available characters: 201
Urine
Lab
Result
Units
LLN
ULN
Comment
Specgrav
UNITS
1.003
1.028
UrinpH
UNITS
5.0
8.0
Uringlu
-/+
0.0
1.0
Urinprot
-/+
0.0
1.0
UrinKetone
-/+
0.0
1.0
U bilinogn
mg/dl
0.2
1.0
Urobil-/+
-/+
0.0
1.0
UrinLeuk
-/+
0.0
1.0
Urinblo
-/+
0.0
1.0
UriNitrite
-/+
0.0
1.0
U bilirub
-/+
0.0
1.0
Ur Microal
MCG/mL
0.0
20.0
Ur Creatin
mg/dl
0.0
20.0
Micr/Creat
ratio
0.0
29.9
UrinMicro
D/ND
0.0
1.0
Cort/Urine
mcg/24hr
8.0
70.0
Preg Test
-/+
0.0
1.0
Save & Add New
Save
Save & Exit

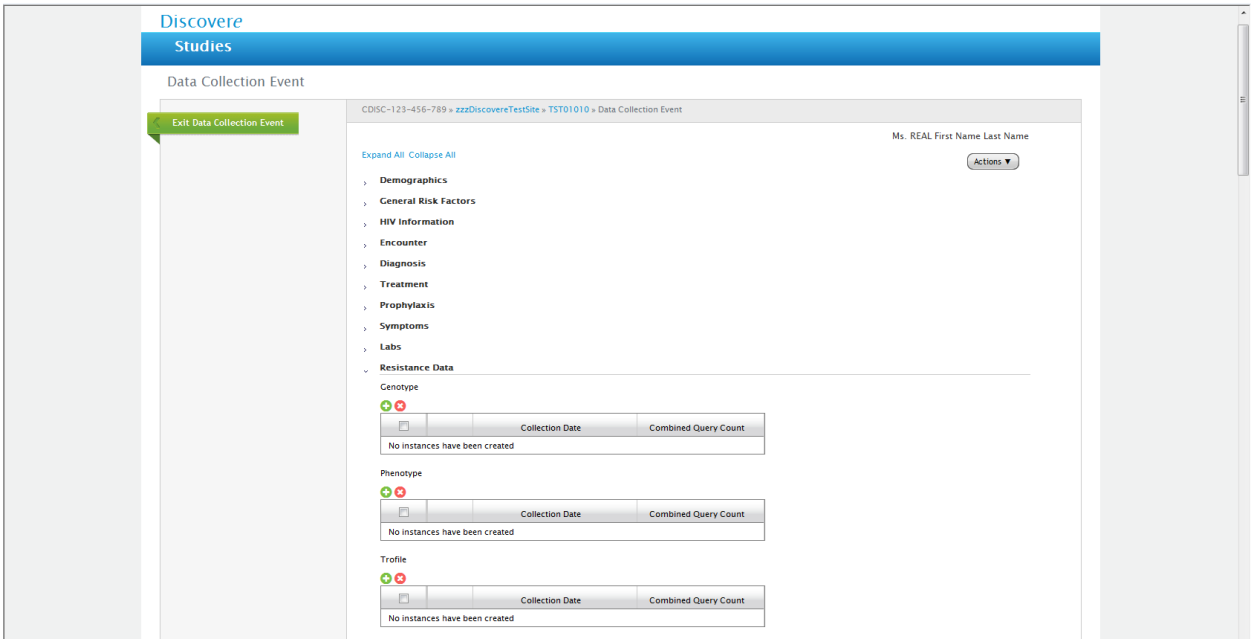
Error Message on Urine Form:



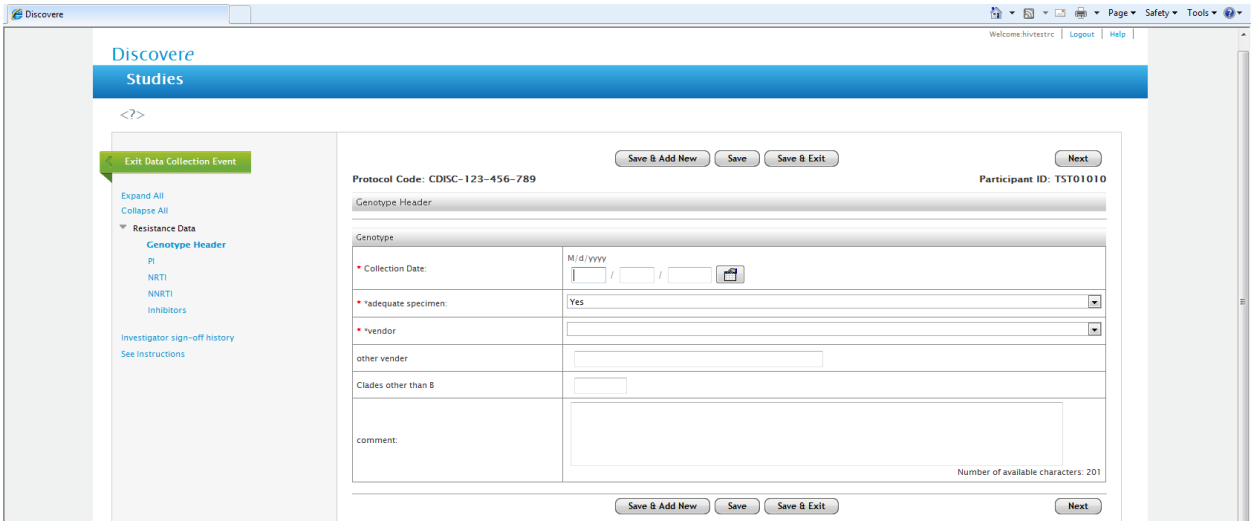
Completed Urine Form:



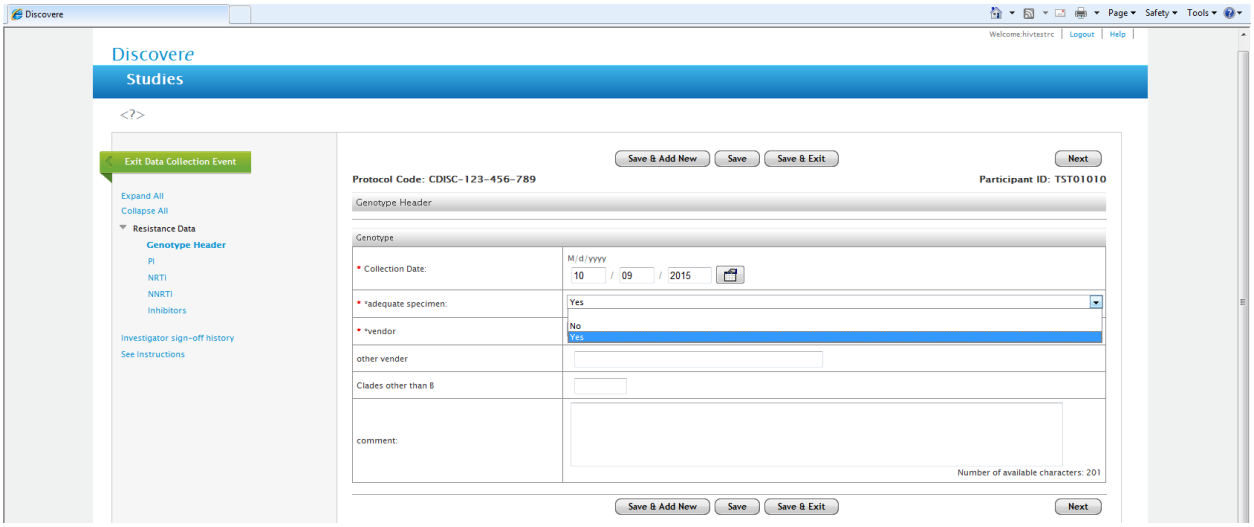
Resistance Data is collected in three individual Forms (Genotype, Phenotype, Trophile):



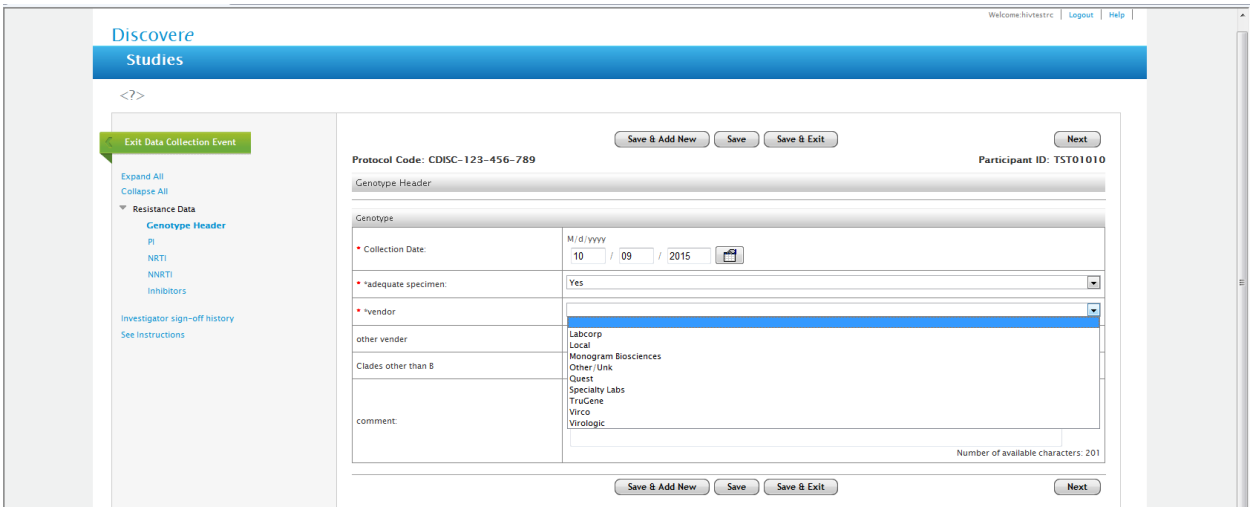
Genotype Form – Header Page:



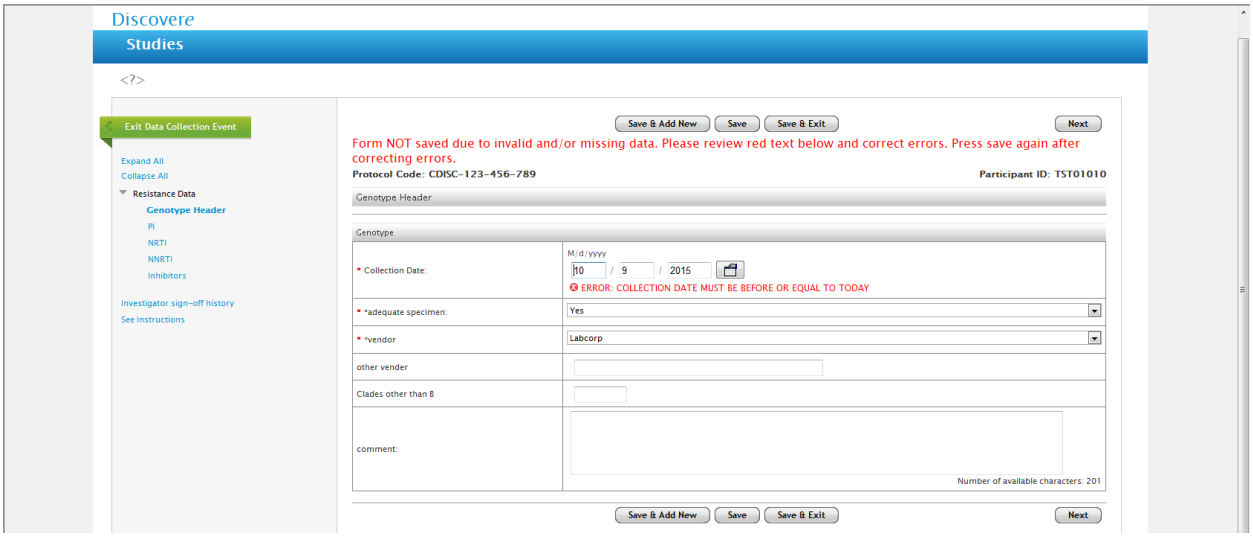
Drop down List for Adequate Specimen for Genotype Form:



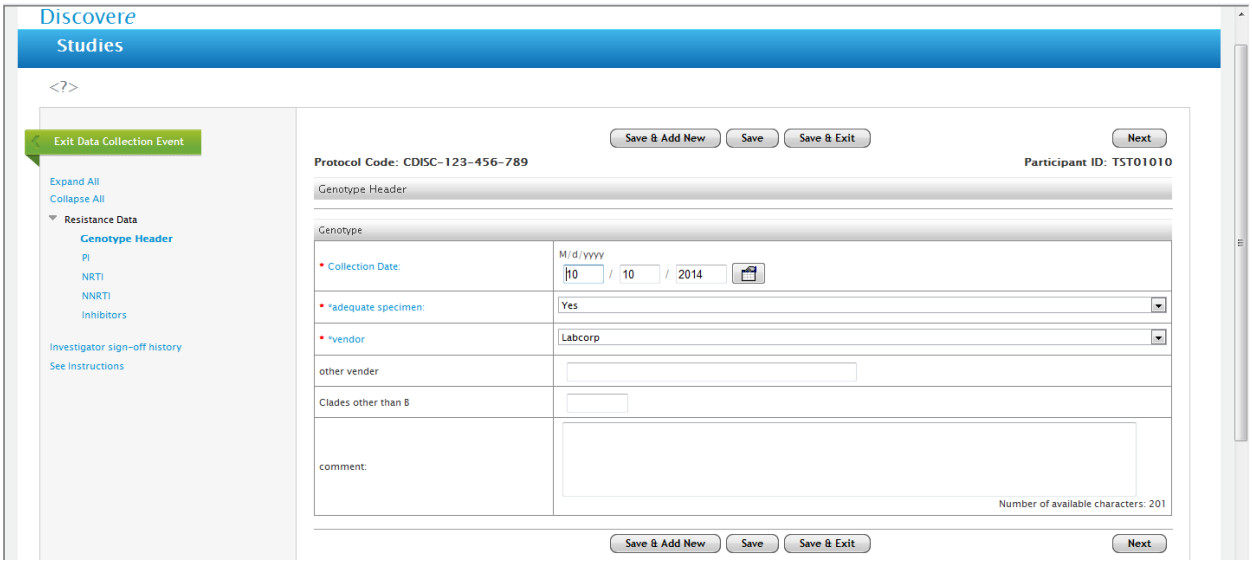
Drop Down List for Vendor for Genotype Form:



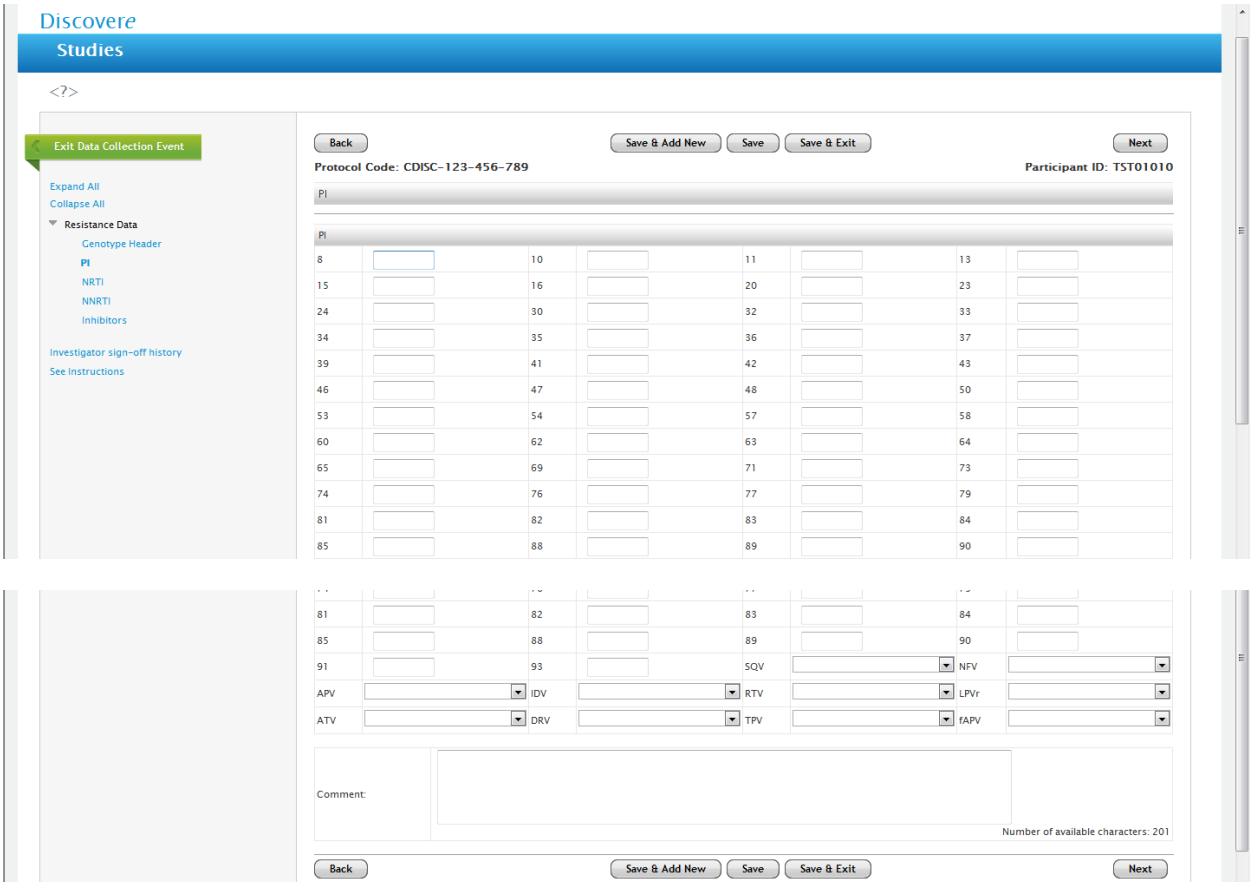
Error Message for Header Page of Genotype Form:



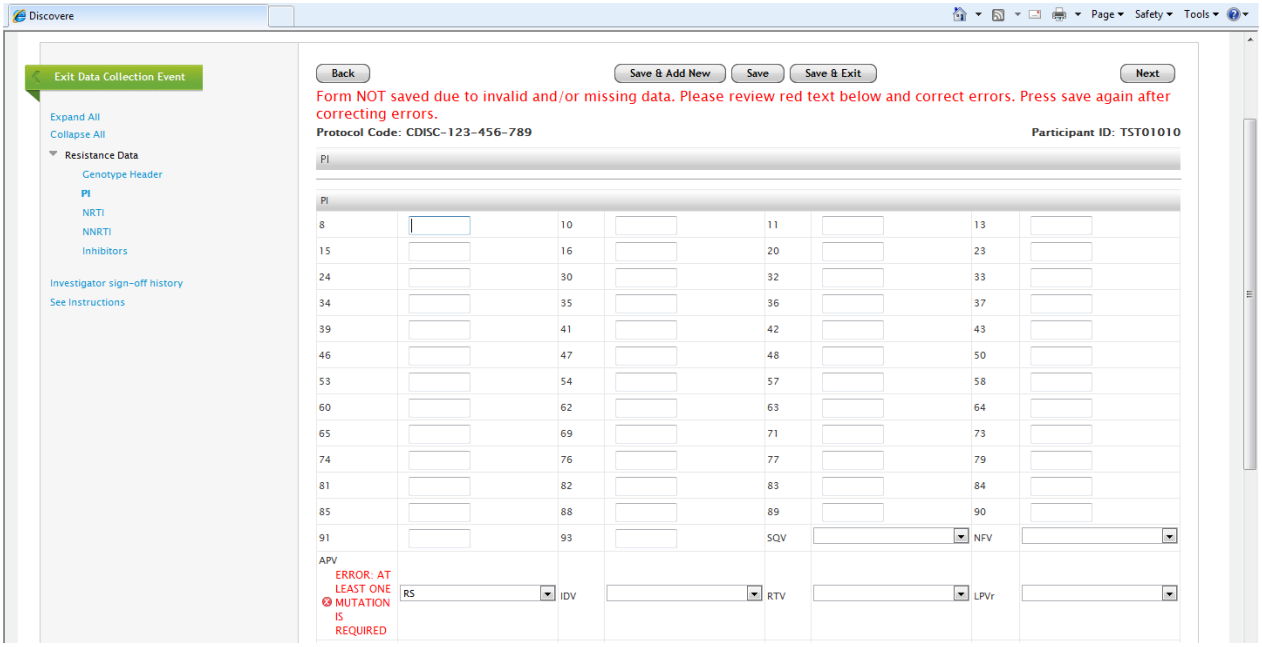
Completed Genotype Header Form:



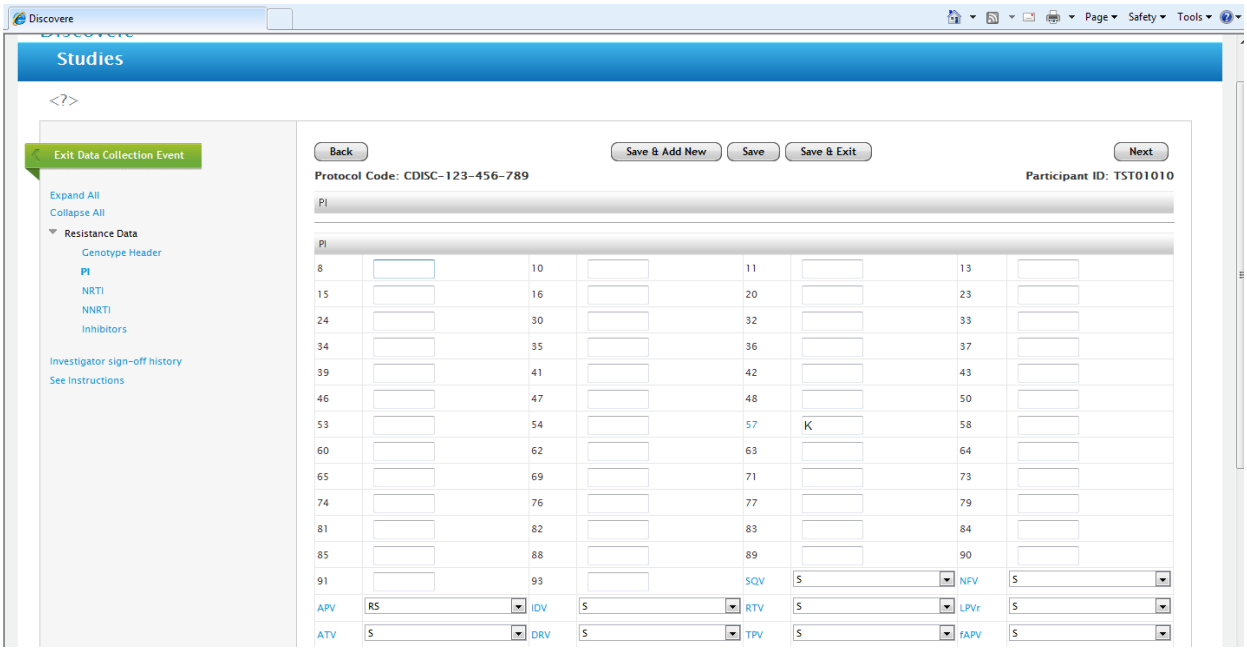
PI Form within the Genotype Form:



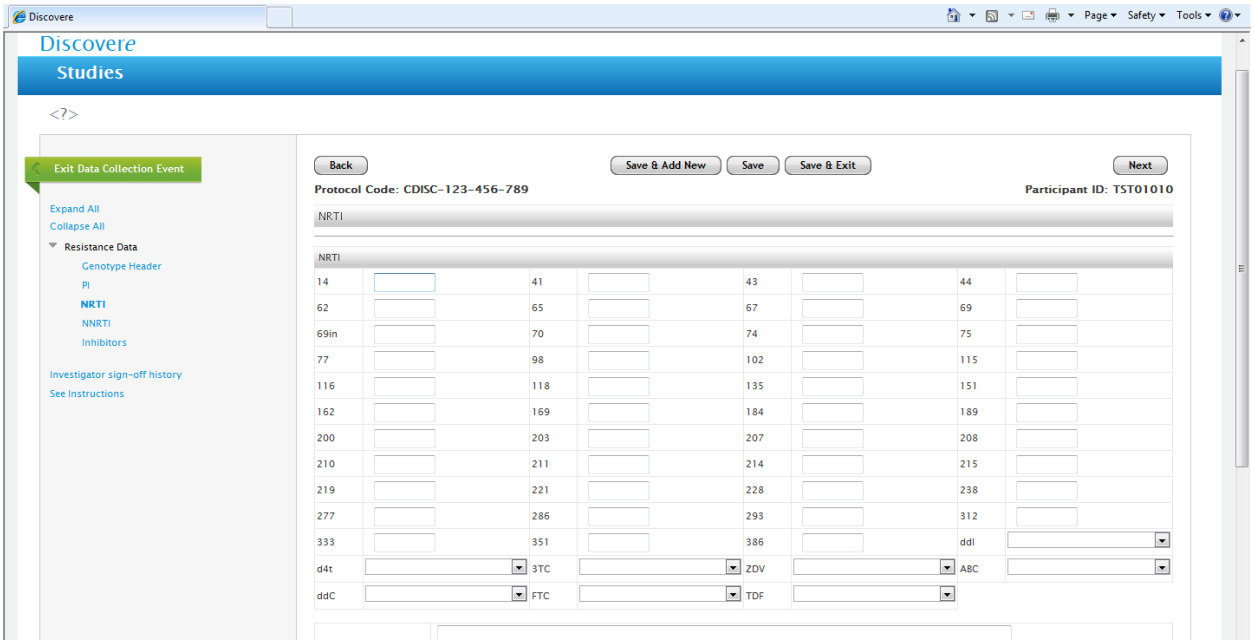
Error Message on the PI form within the Genotype form:



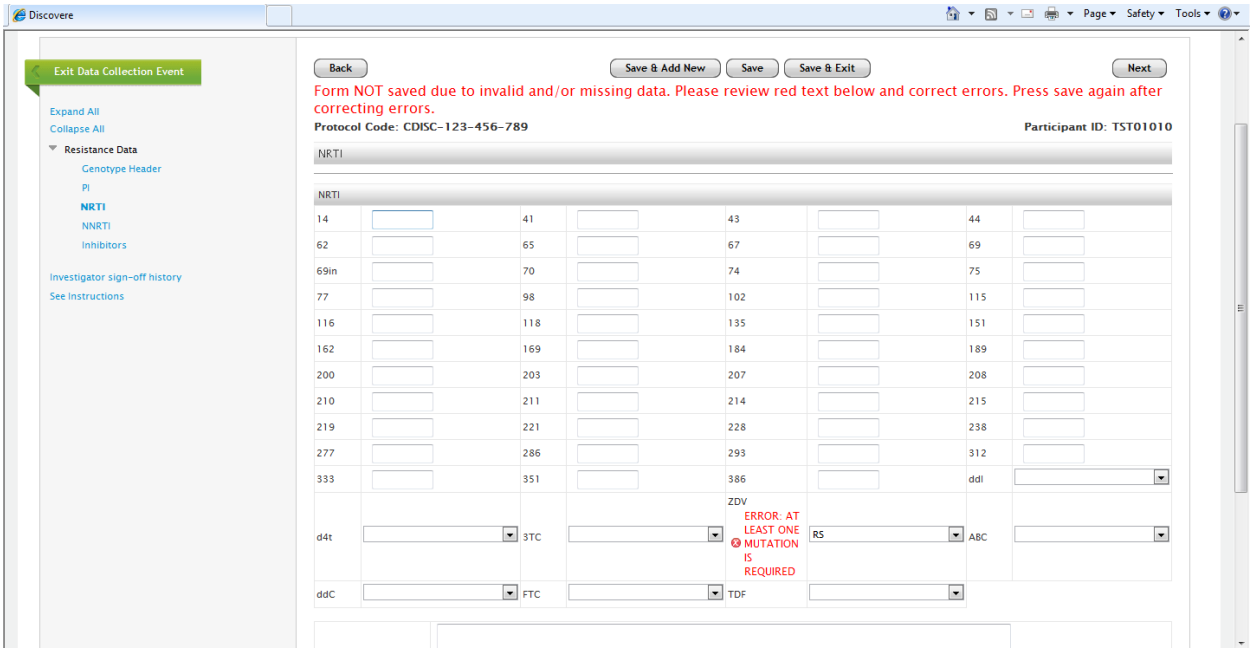
Completed PI Form within the Genotype Form:



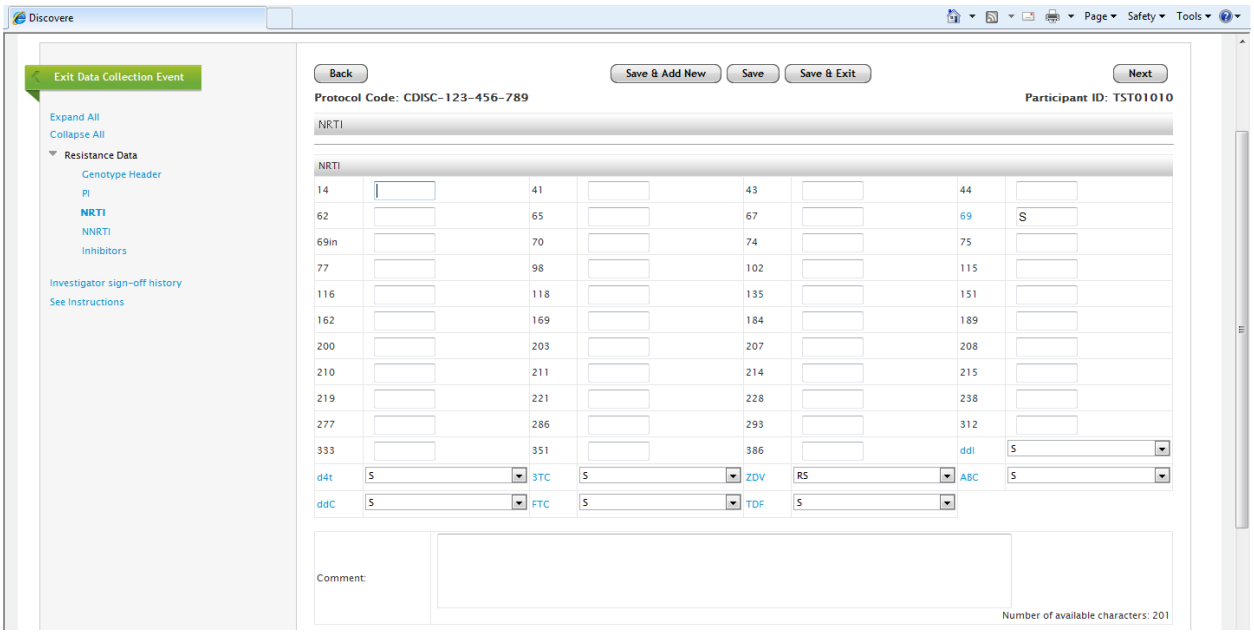
NRTI form within the Genotype Form:



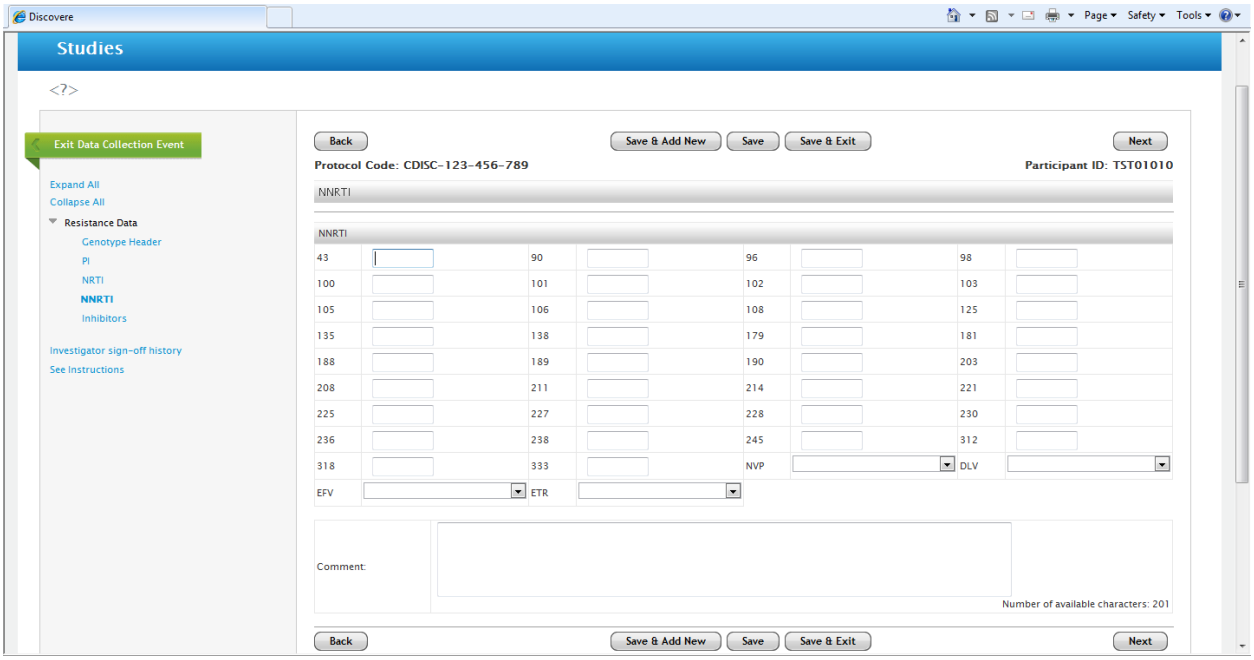
Error Message within the Genotype Form:



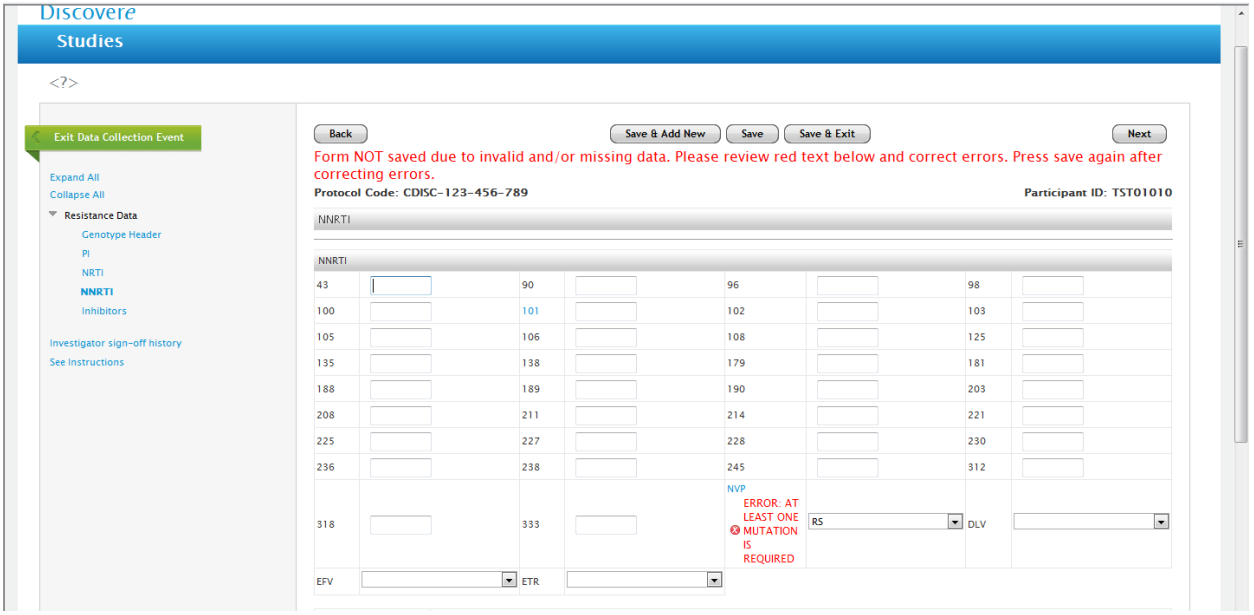
Completed NRTI form within the Genotype Form:



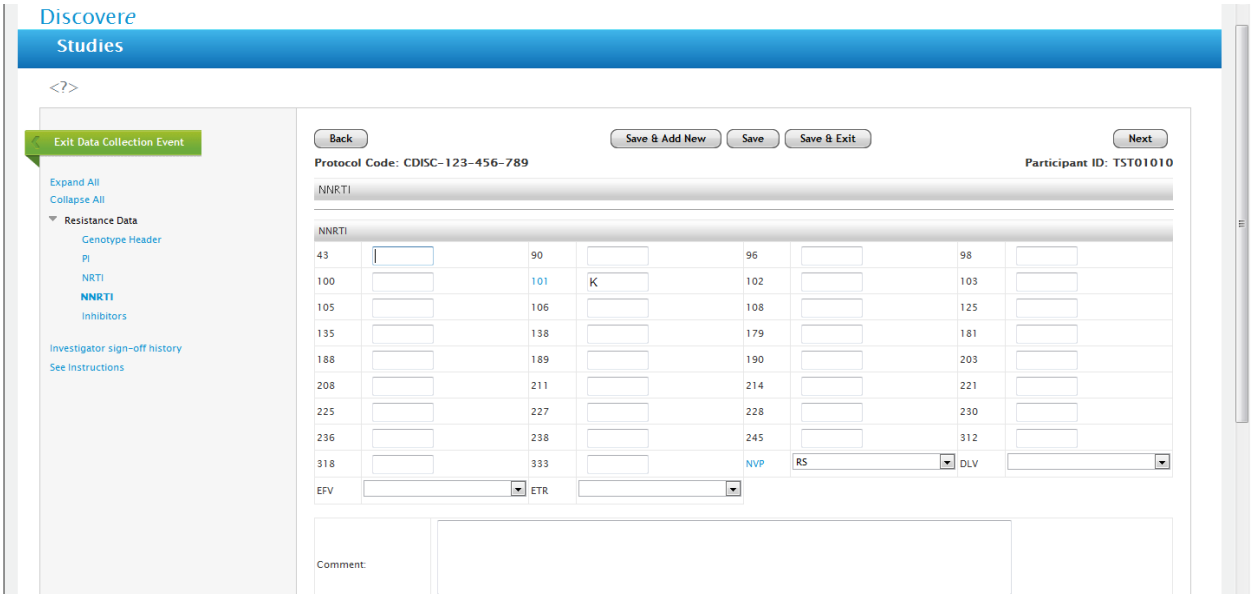
NNRTI Form within the Genotype Form:



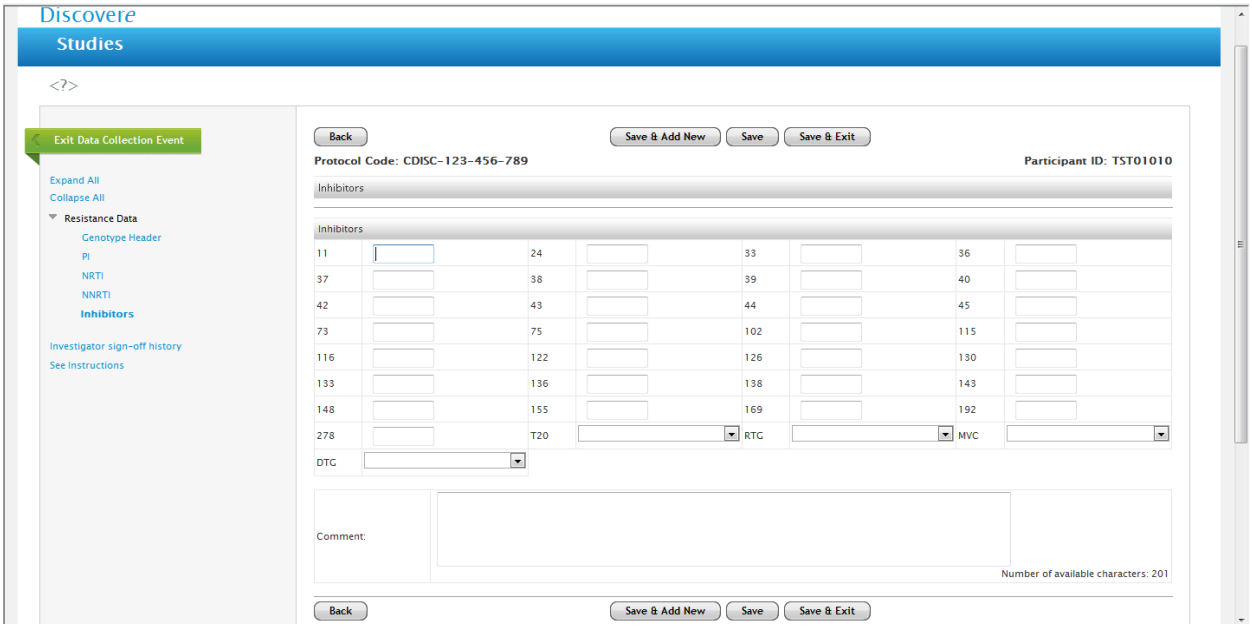
Error Message on the NNRTI form within the Genotype Form:



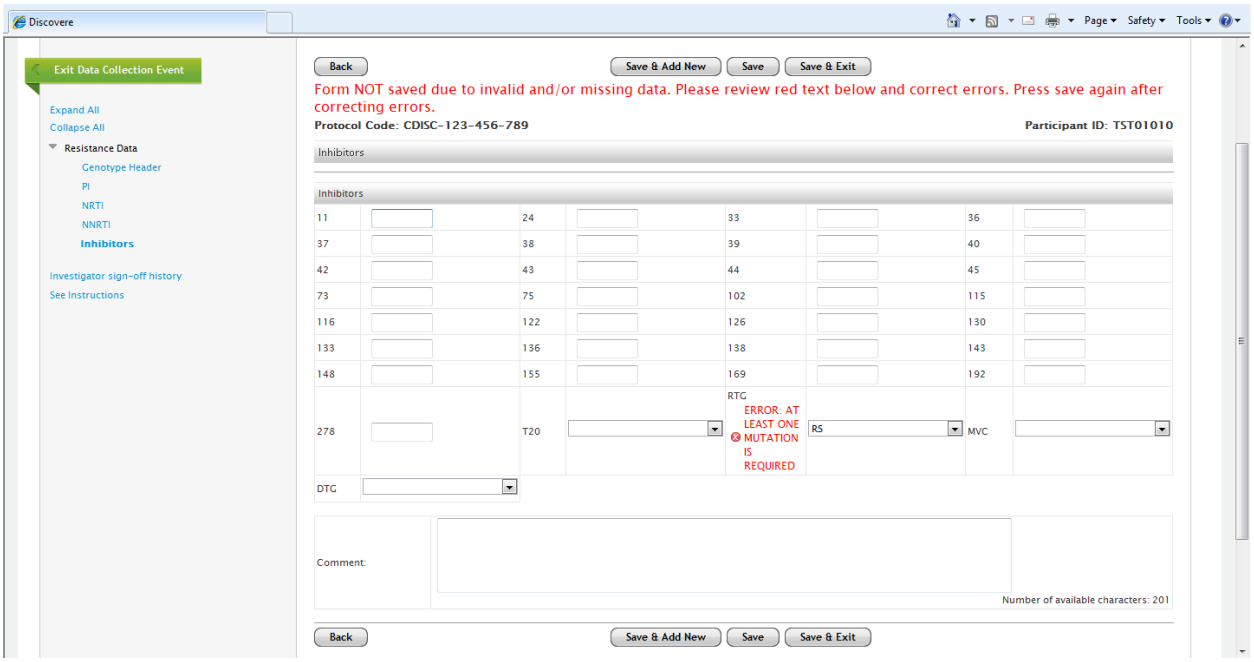
NNRTI form within the Genotype Form:



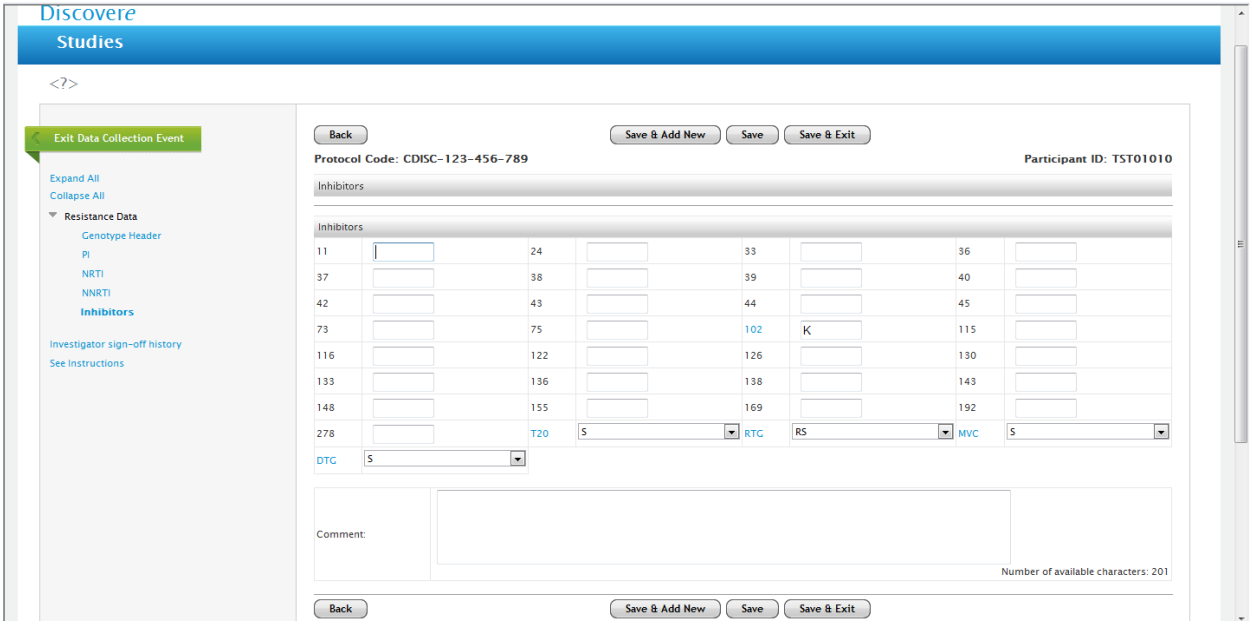
Inhibitors Form within the Genotype Form:



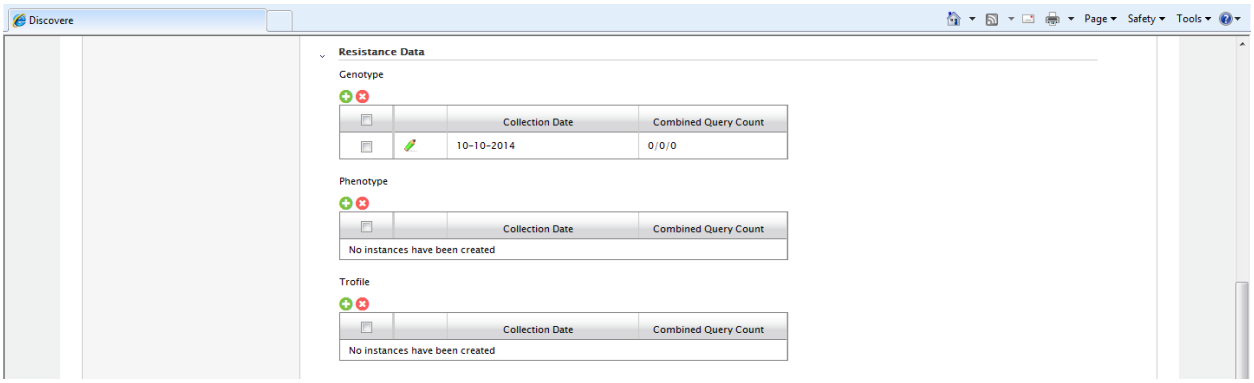
Error Message on the Inhibitors From within the Genotype Form:



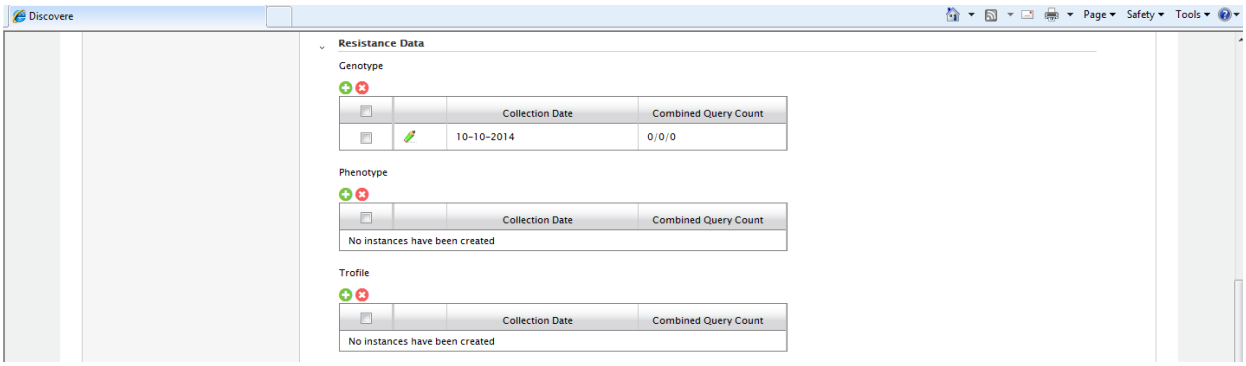
Completed Inhibitors Form within the Genotype Form:



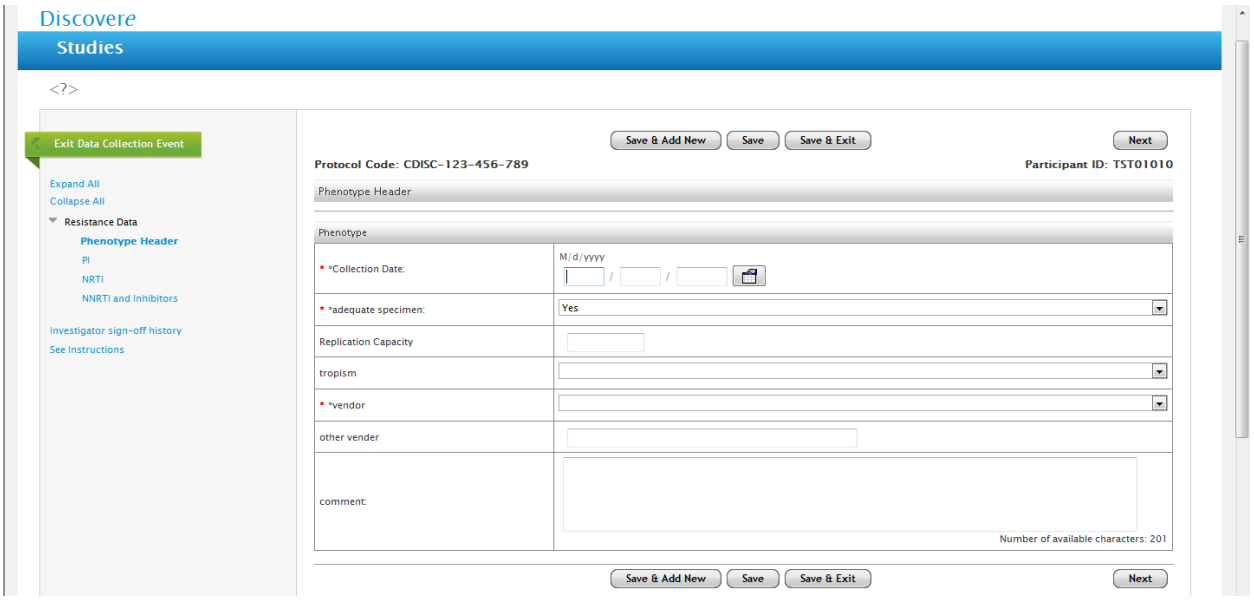
Completed Genotype Form (all 4 sections):



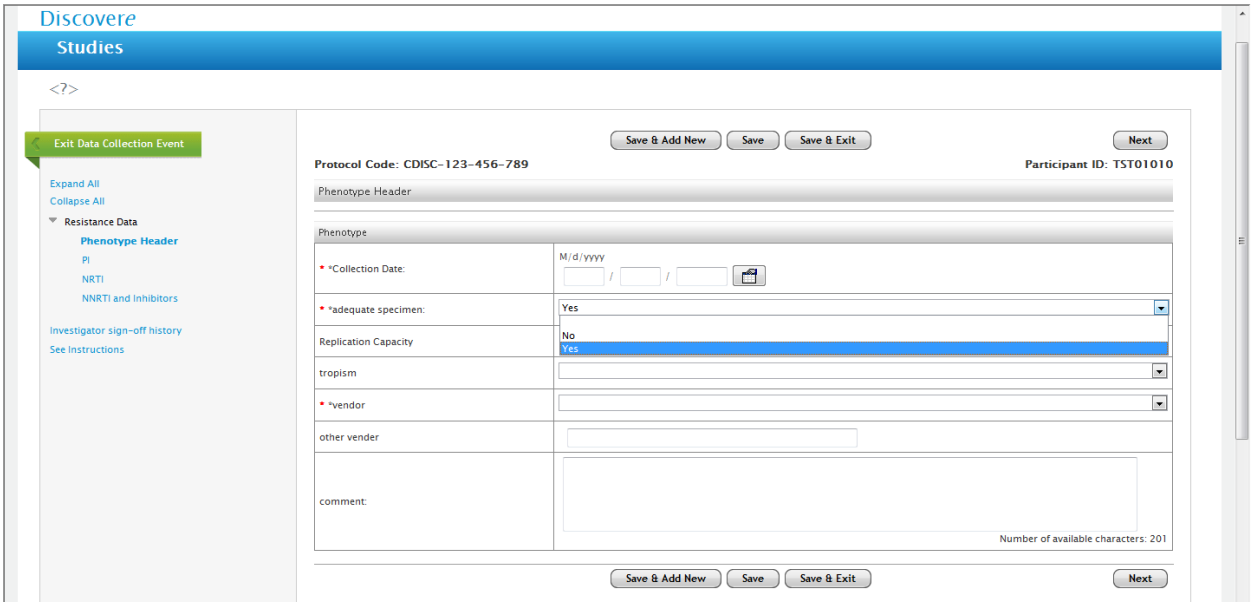
Phenotype Form:



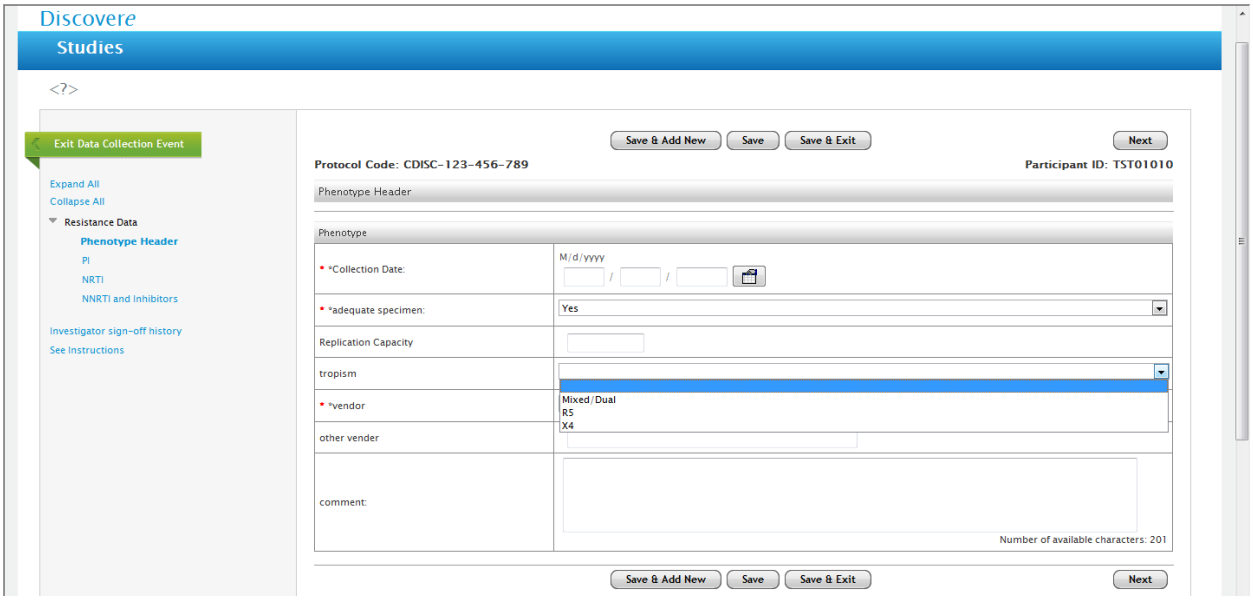
Header Page within the Phenotype Form:



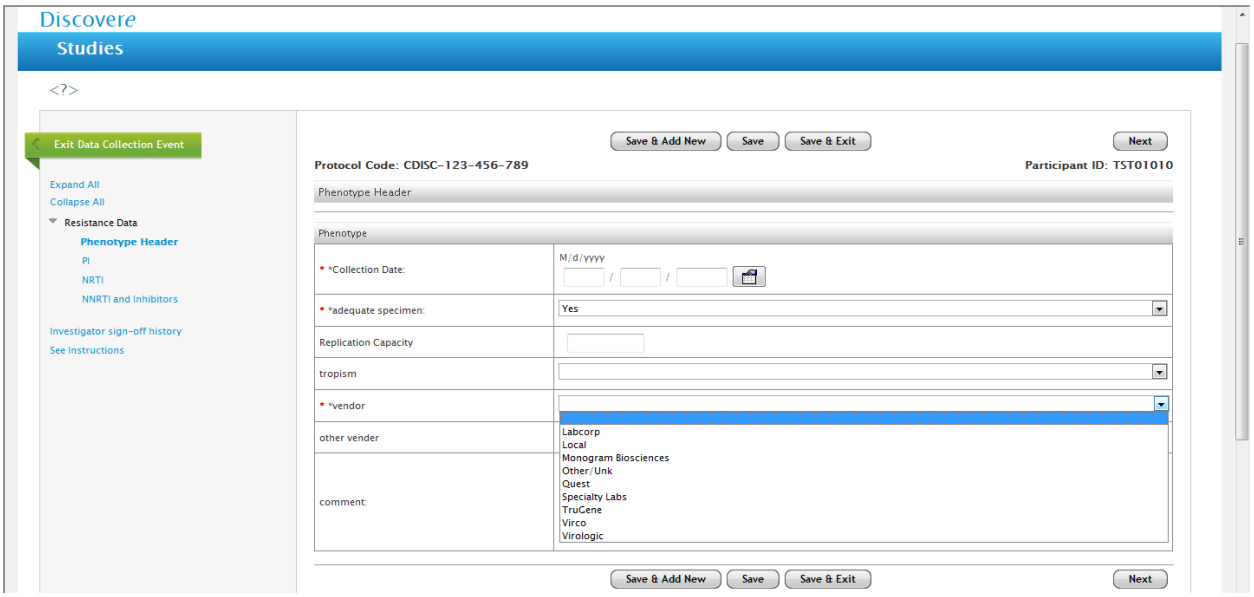
Drop Down List for Adequate Specimen on Phenotype Form:



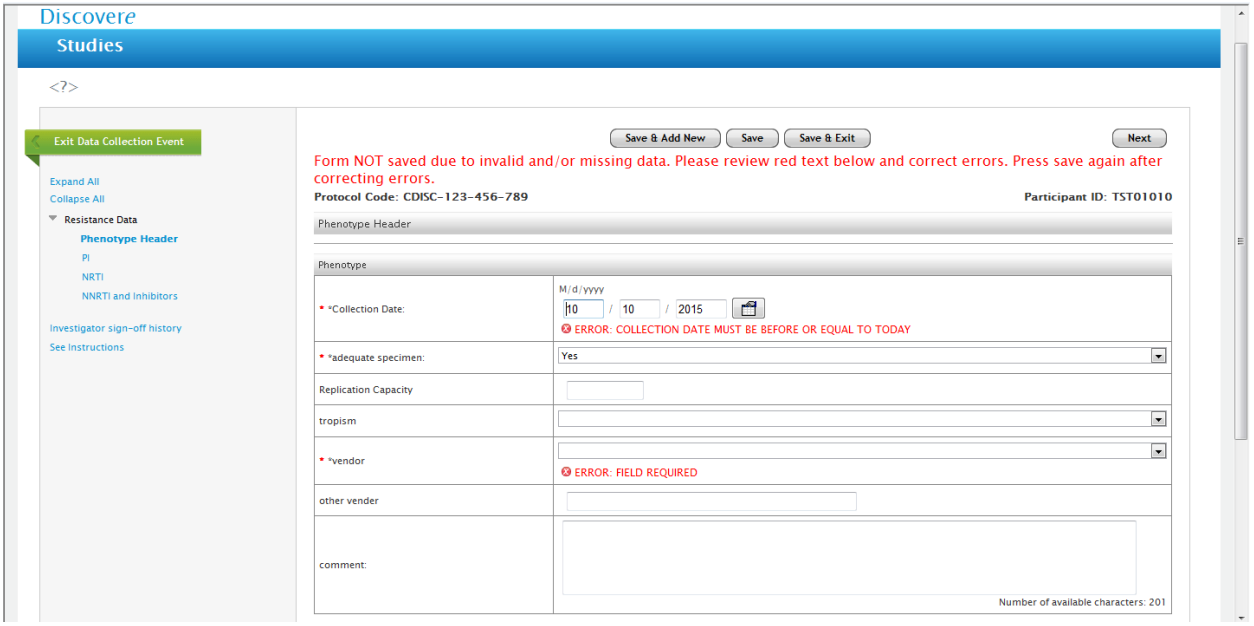
Drop Down List for Tropism type on the Phenotype Header Form:



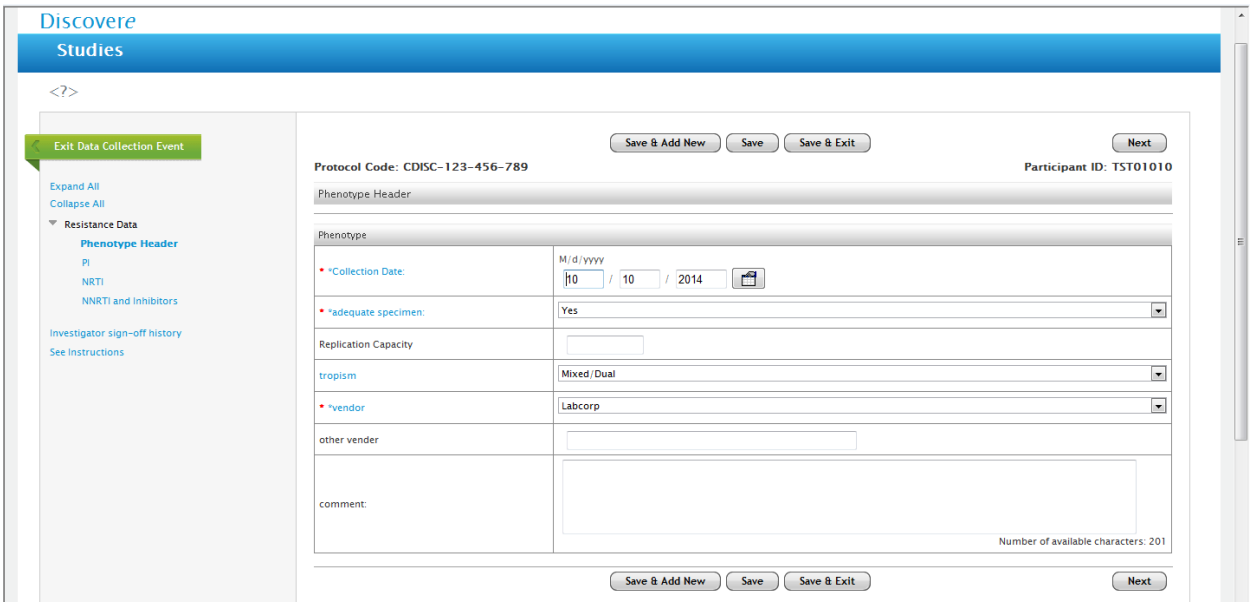
Drop Down List for Vendors on the Header page of the Phenotype Form:



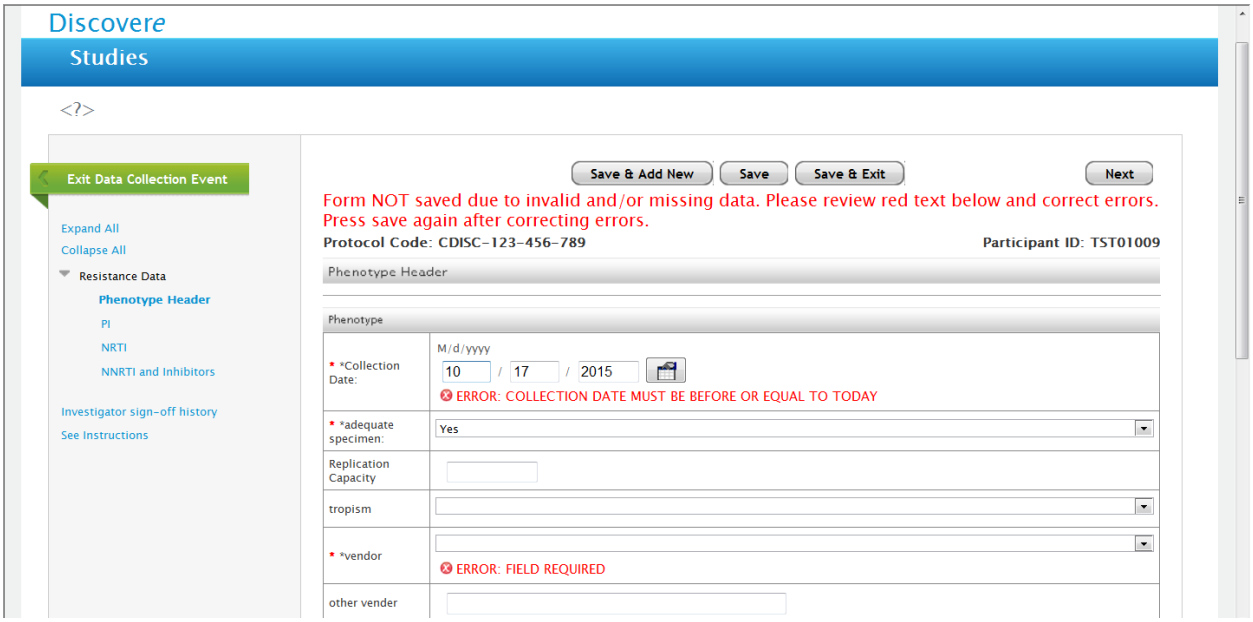
Error Message on the Header Page of the Phenotype Form:



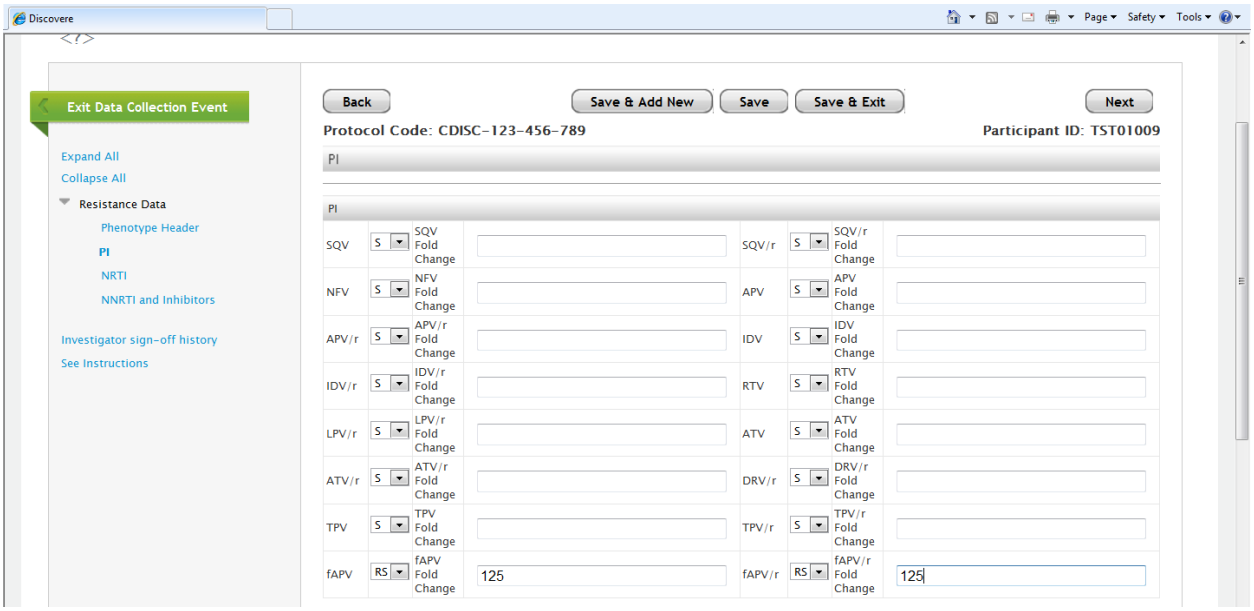
Completed Header Page within the Phenotype Form:



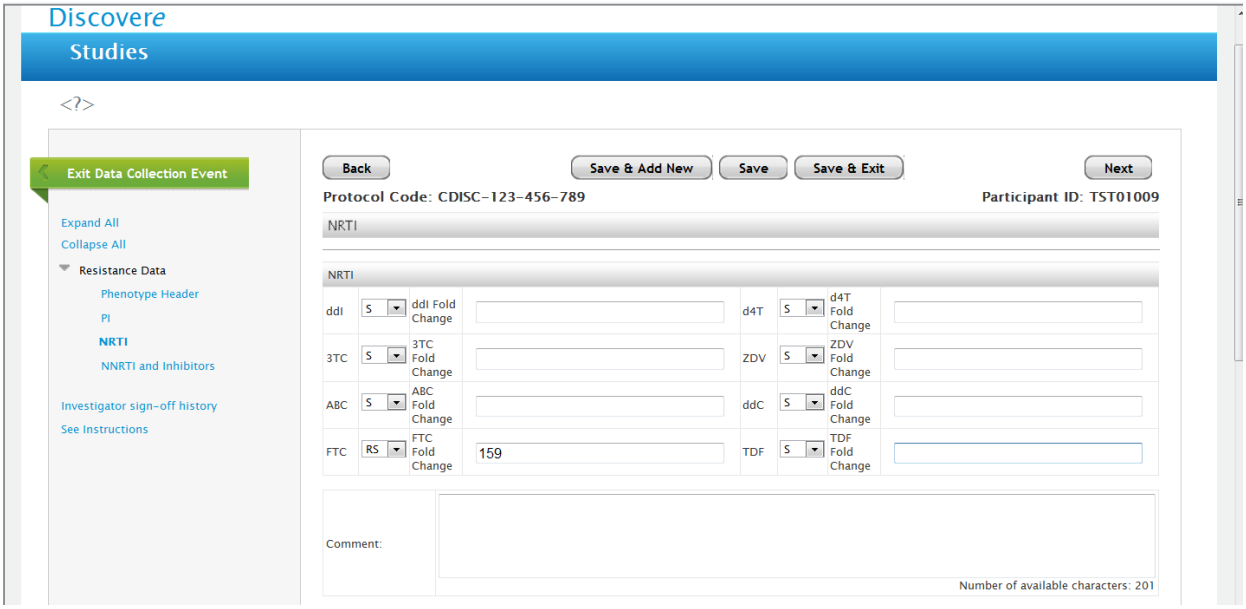
Error Message on Header Page within the Phenotype Form:



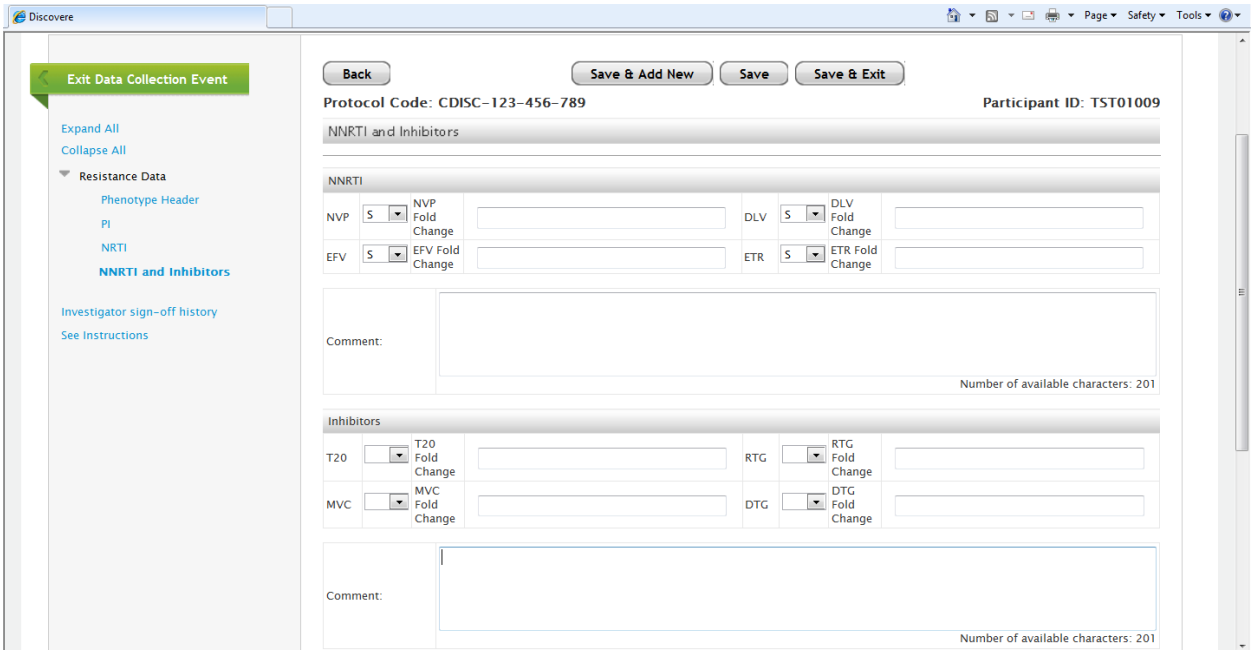
PI form within the Phenotype Form:



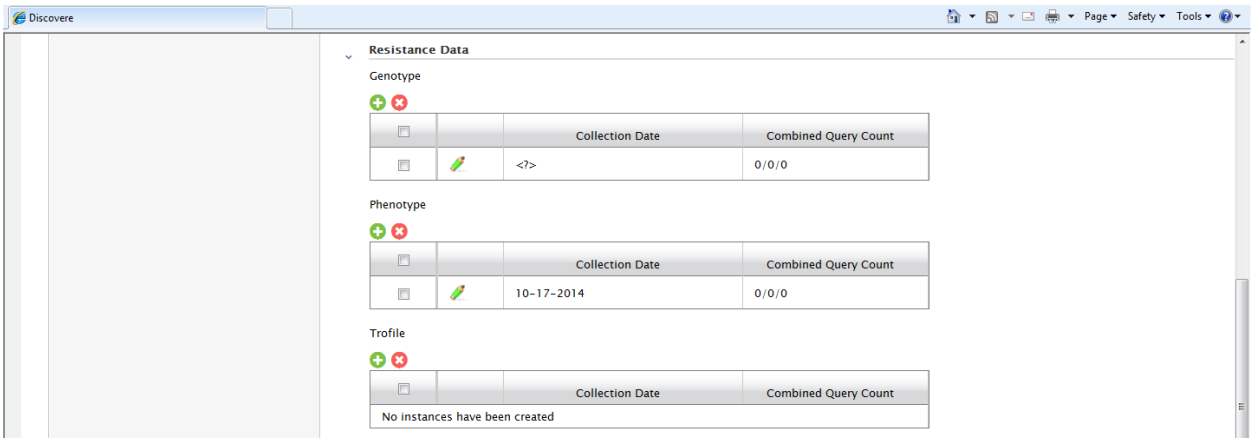
NRTI form within the Phenotype Form:



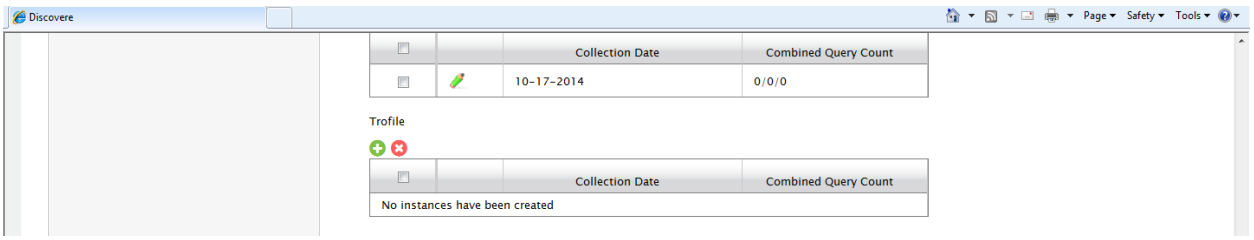
NNRTI and Inhibitor form within the Phenotype form:



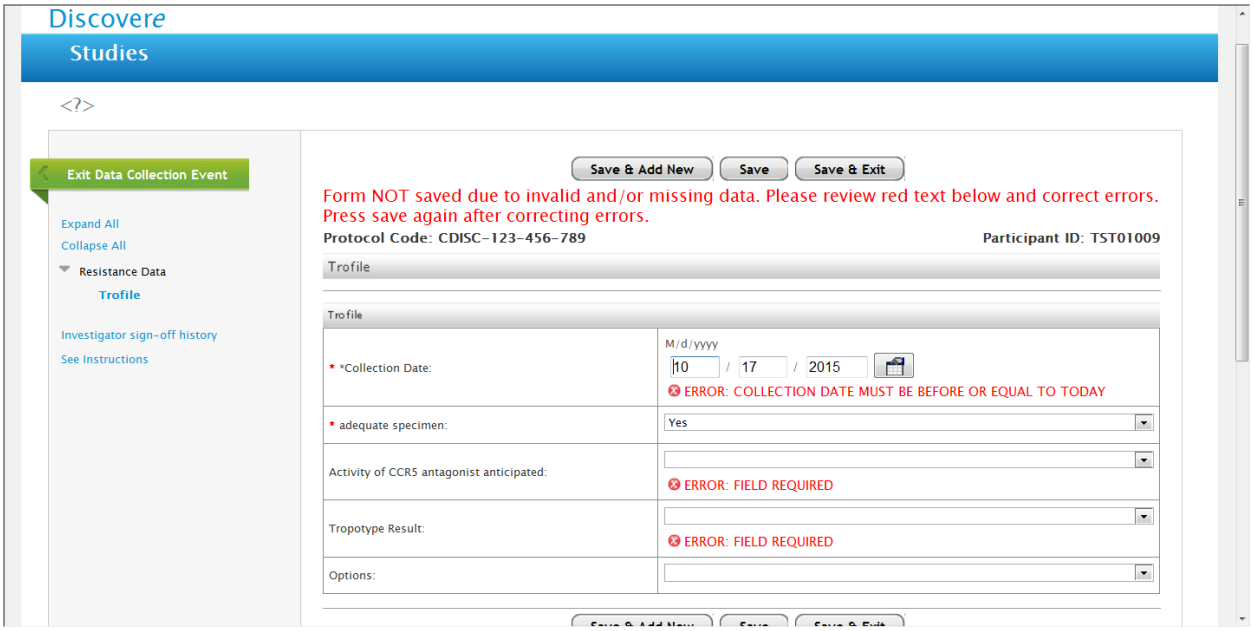
Completed Phenotype Form:



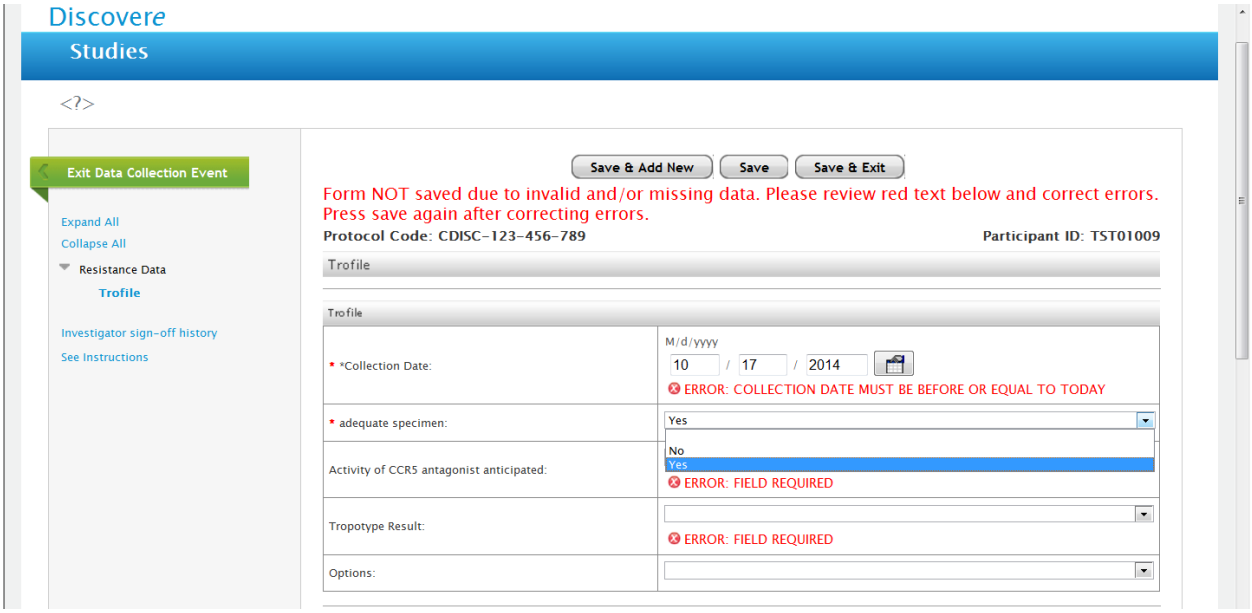
Trophile Form:



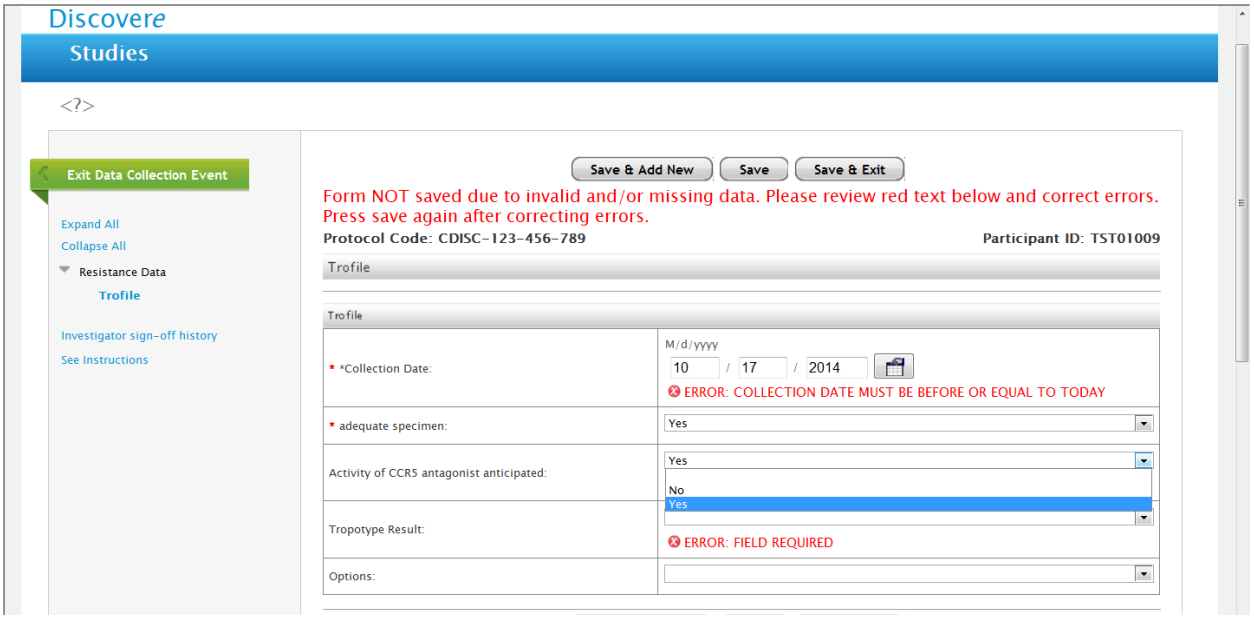
Error Message on Trophile Form:



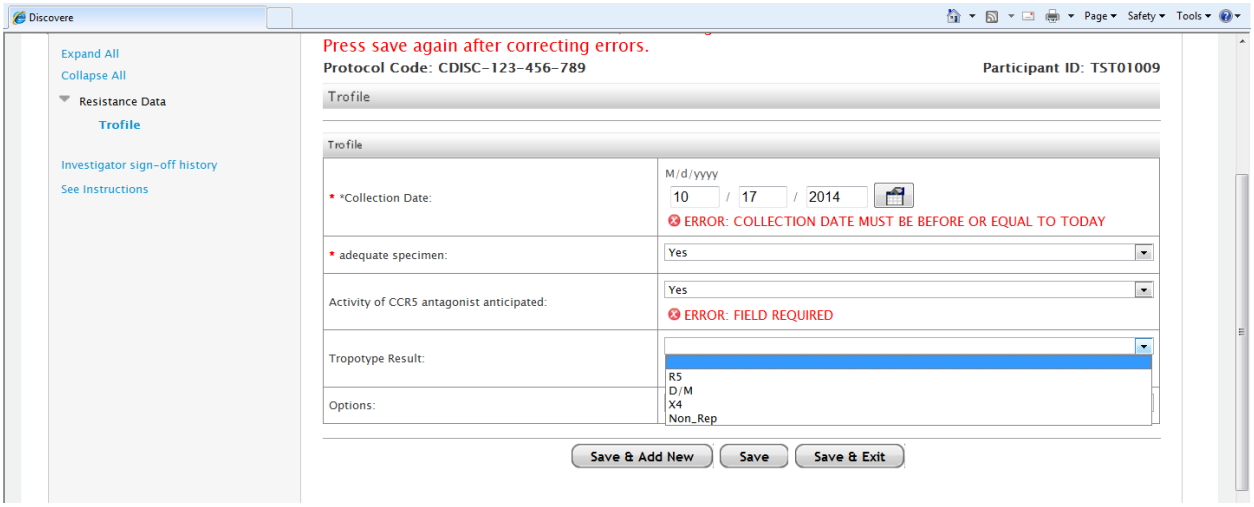
Adequate specimen drop down box on Trophile Form:



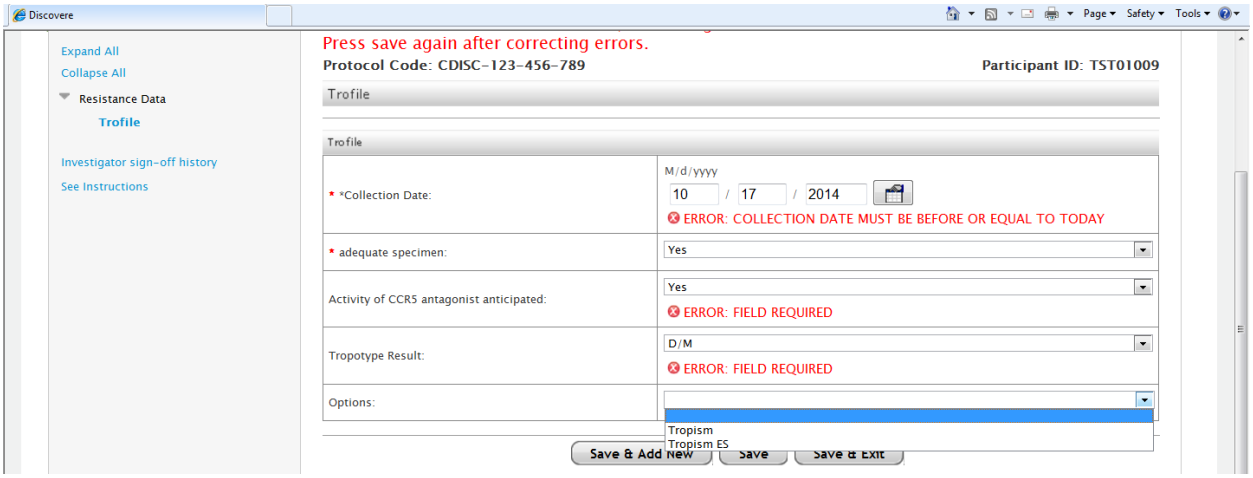
Activity of CCR5 anticipated drop down box on Trophile Form:



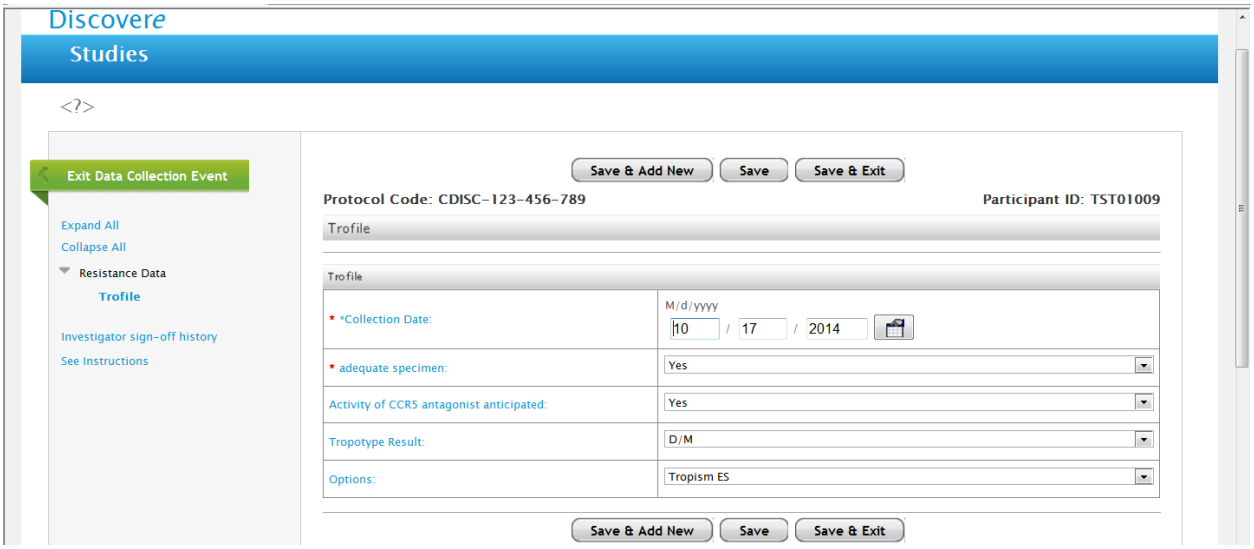
Tropotype Result Drop Down Box in Trophile Form:



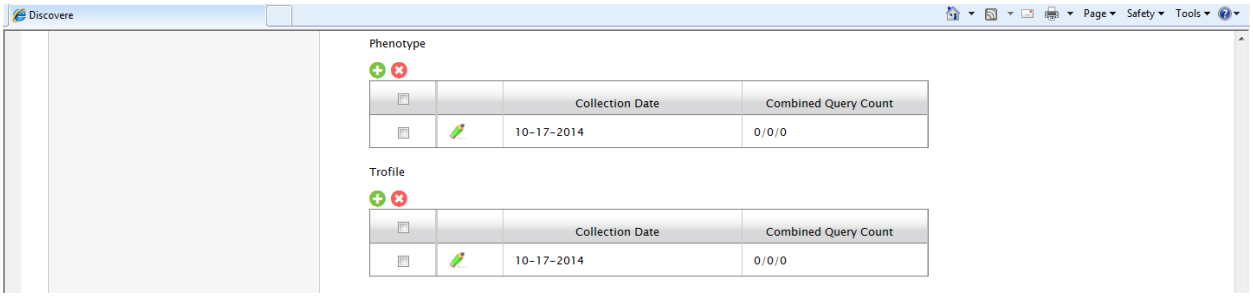
“Options” drop down box in Trophile Form:



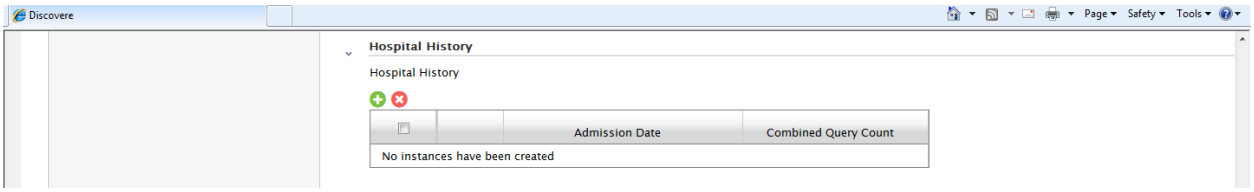
Trophile form completed:



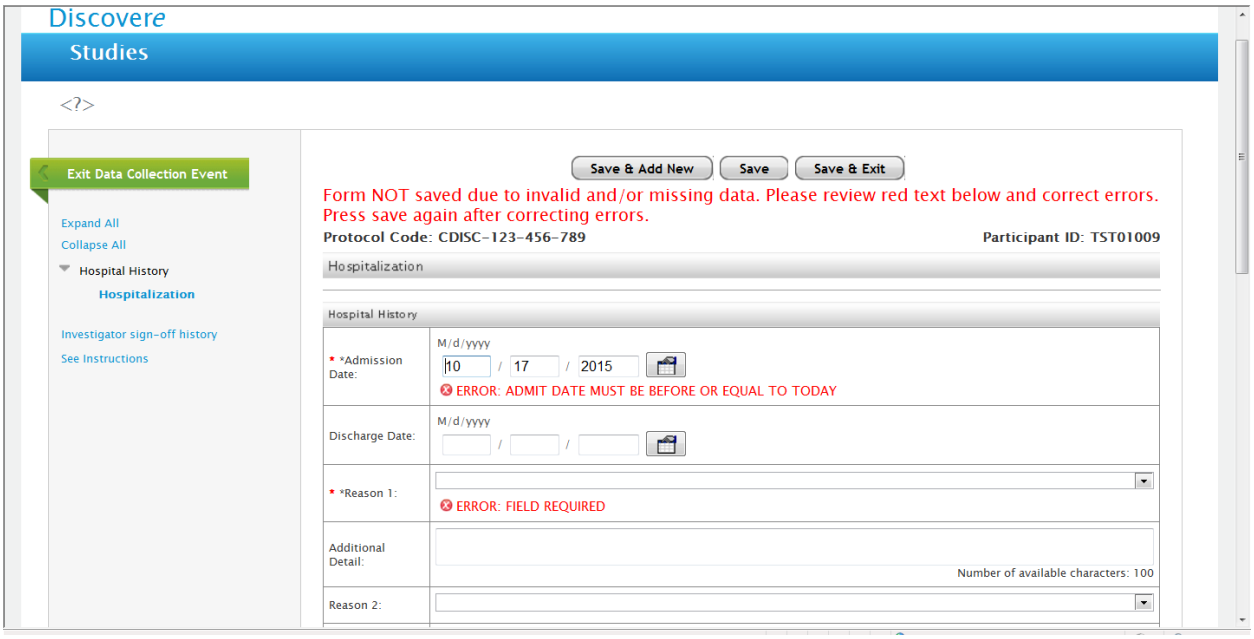
Completed Trophile From:



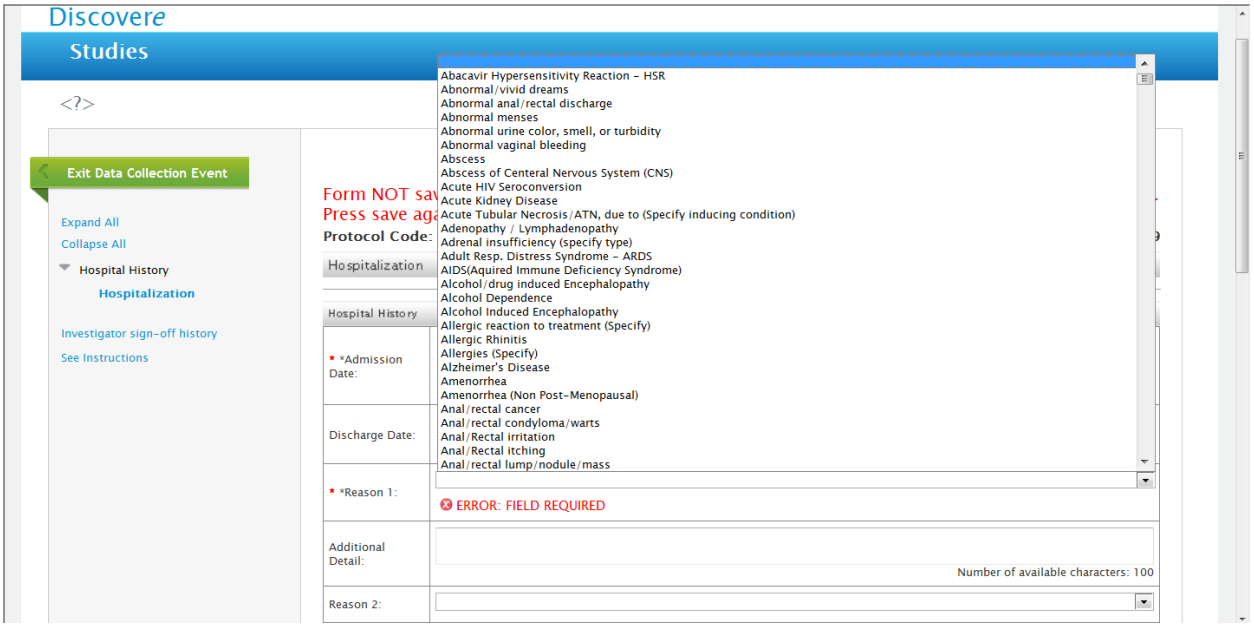
Hospital History Form:



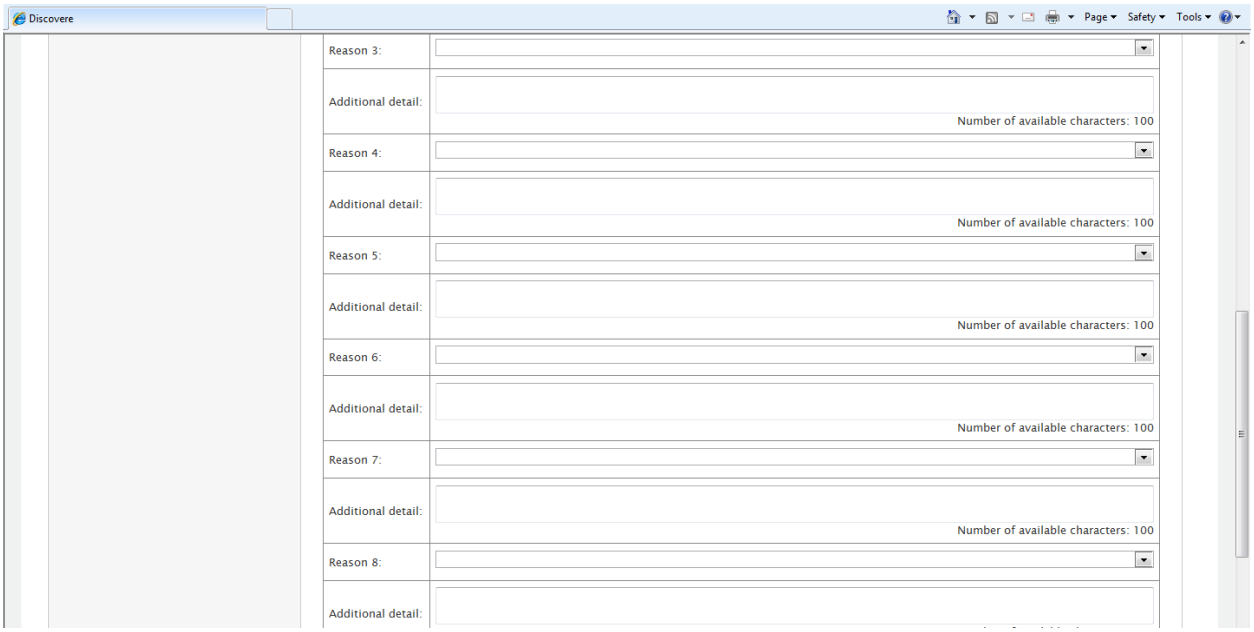
Error message on Hospital History Form:



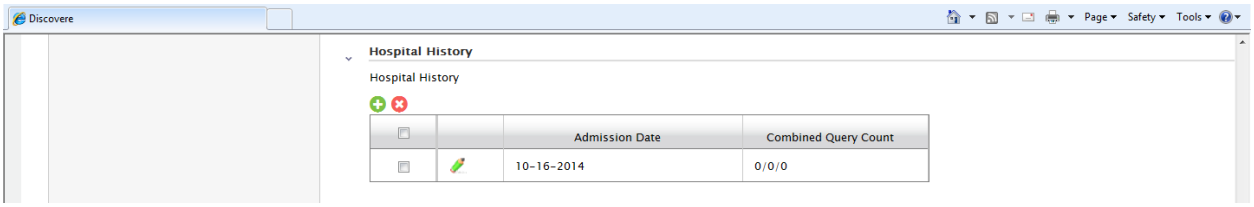
Drop Down List for Reason for Hospitalization History Form:



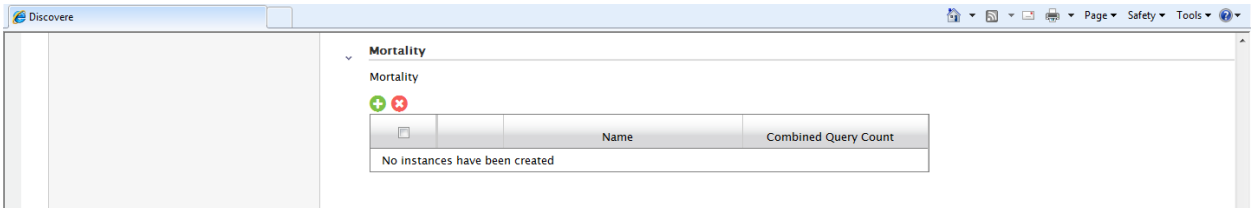
Up to EIGHT Reasons for Hospitaliztion Form Fields are available just like the one above:



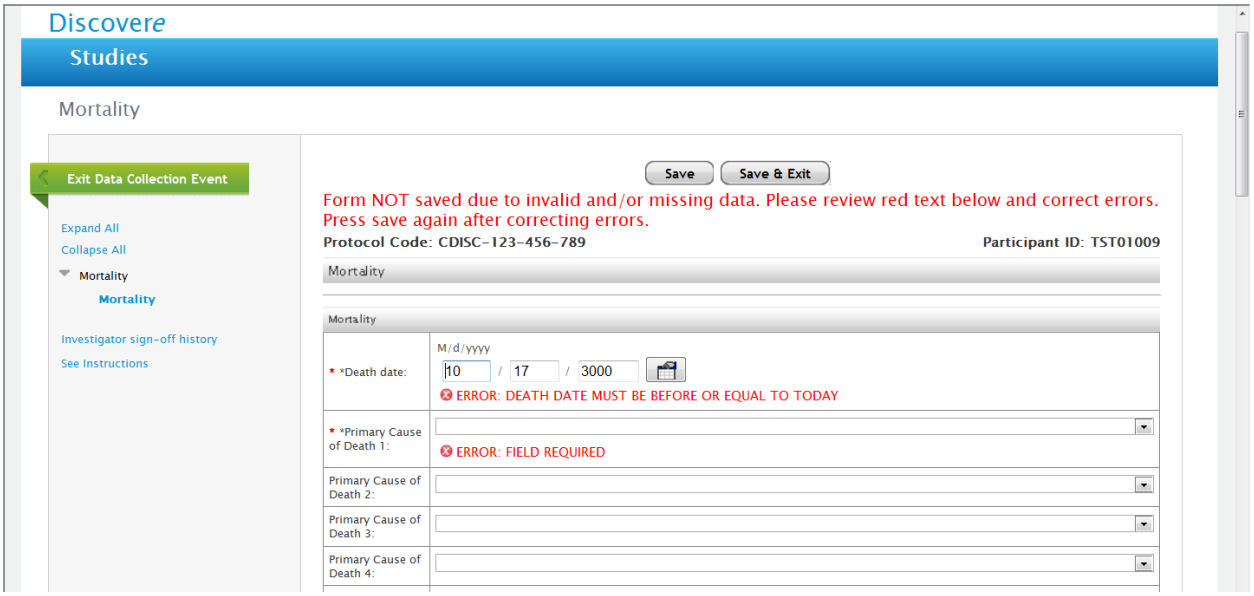
Completed Hospitalization Form:



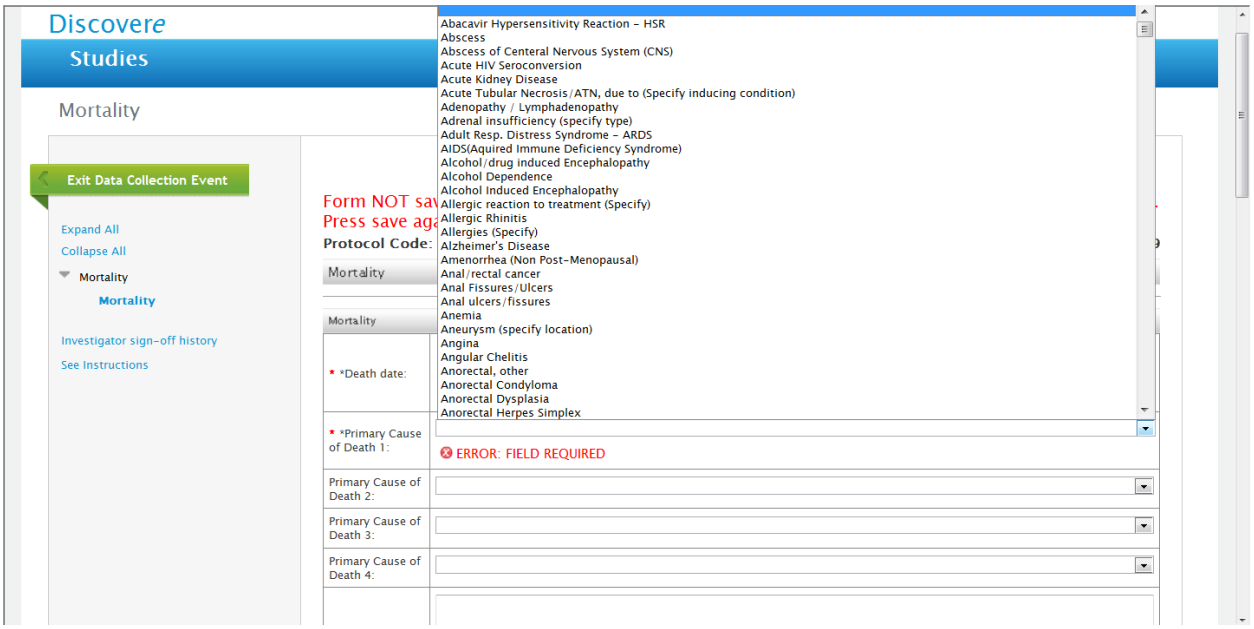
Mortality Form:



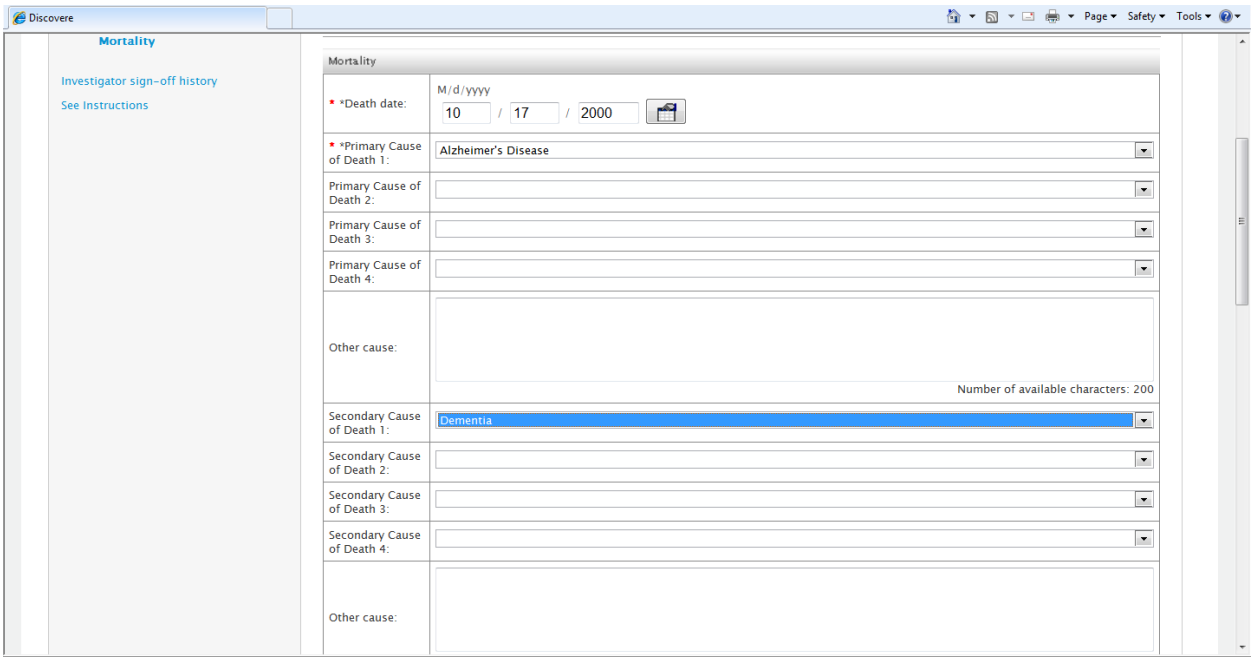
Error Message on the Mortality Form:



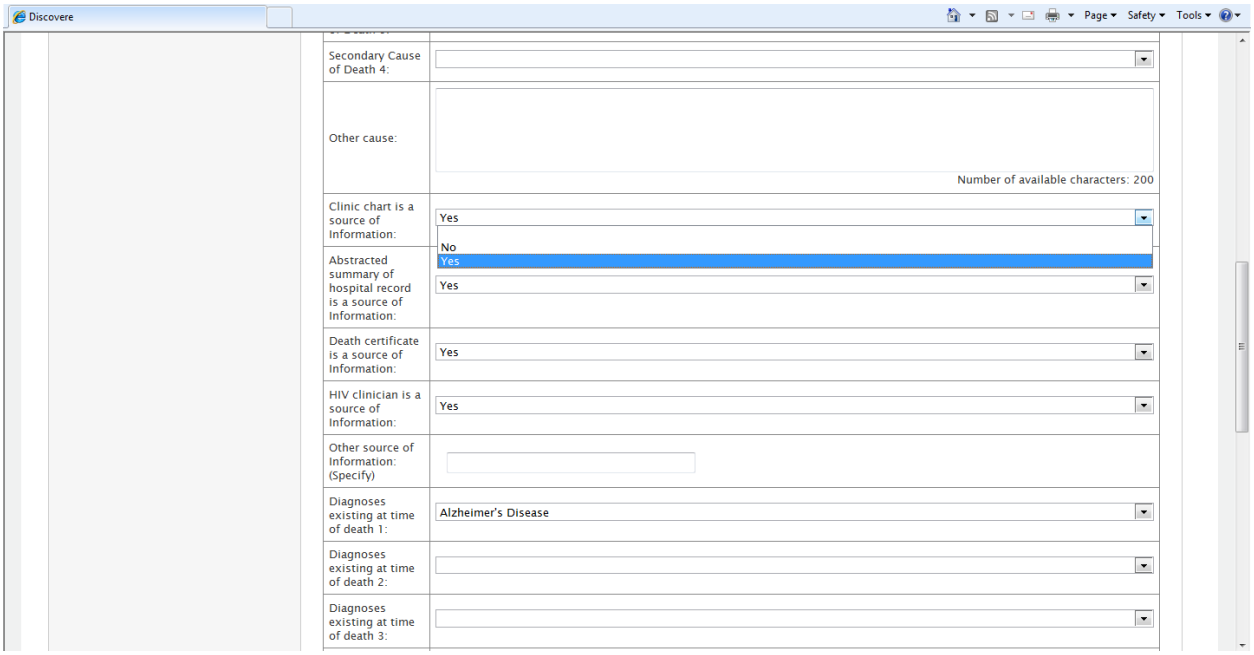
Primary Cause of Death Drop Down Box for the Mortality Form (to be used on all causes of death and each of the Secondary Causes of Death :



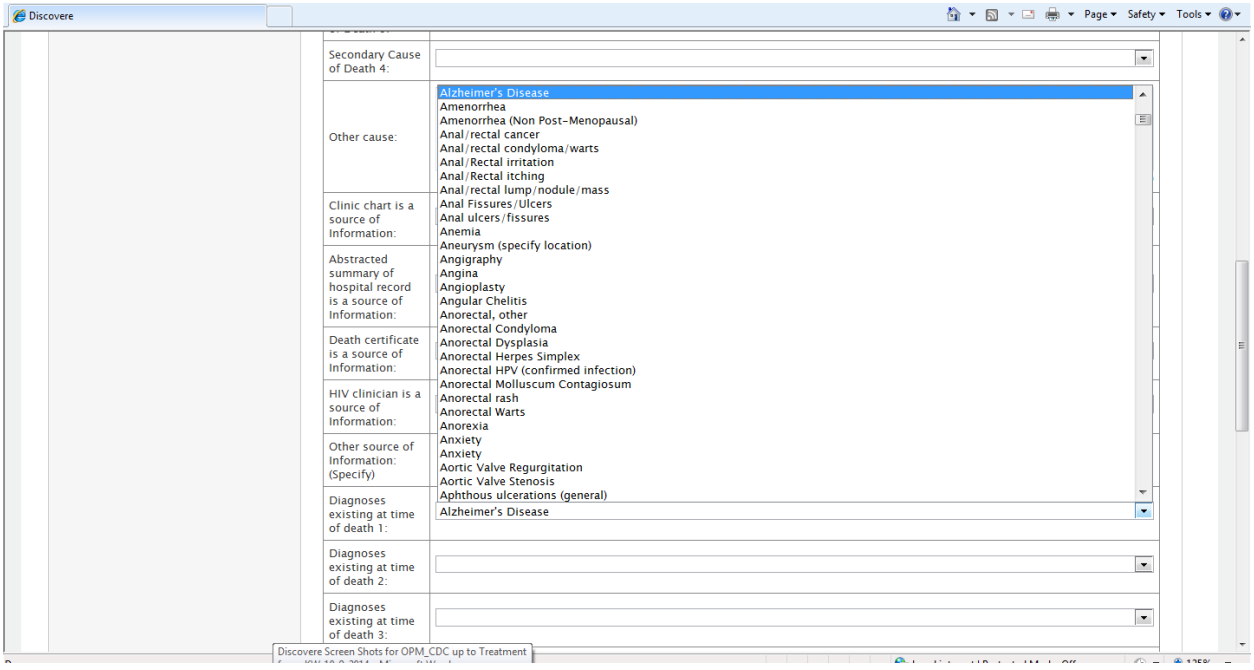
Secondary Cause of Death on Mortality Form:



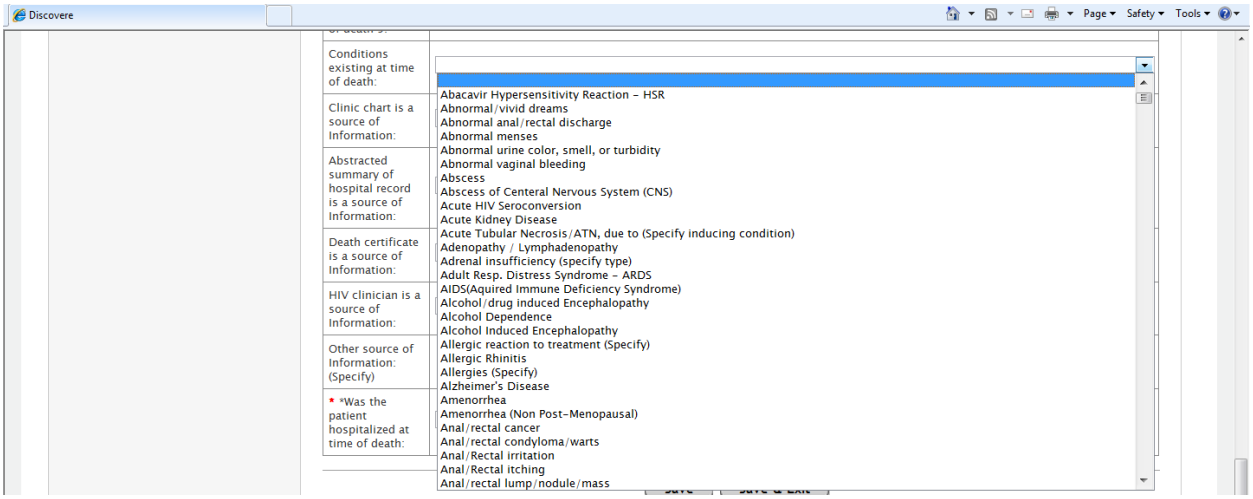
Drop Down Box for “All Source of Information” in Mortality Form:



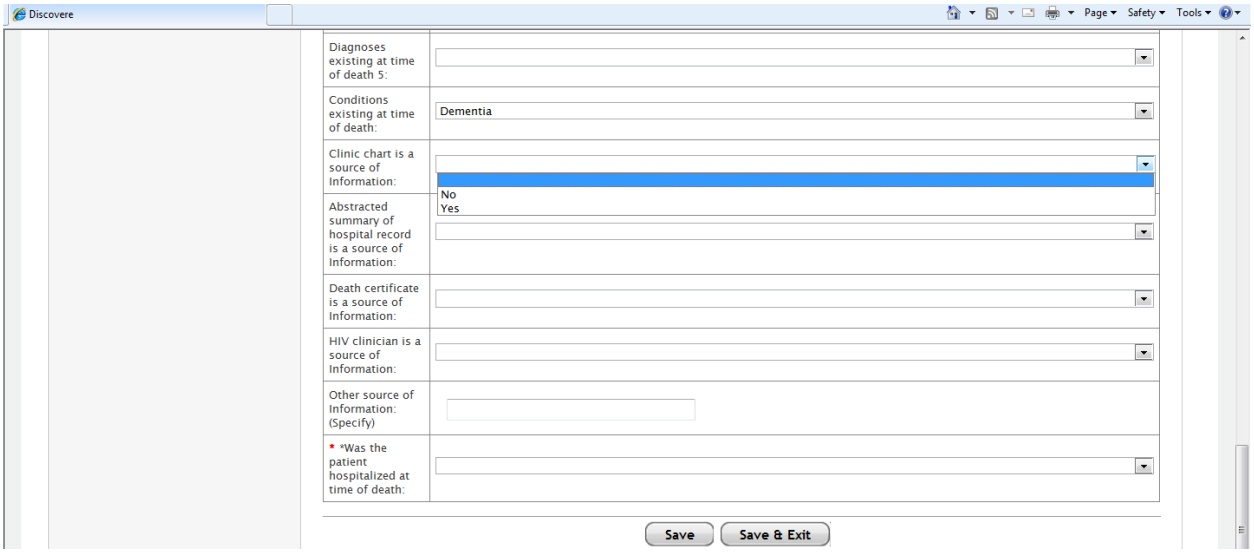
Diagnosis existing at time of Death drop down box in Mortality Form: (5 options to select diagnosis existing at time of death):



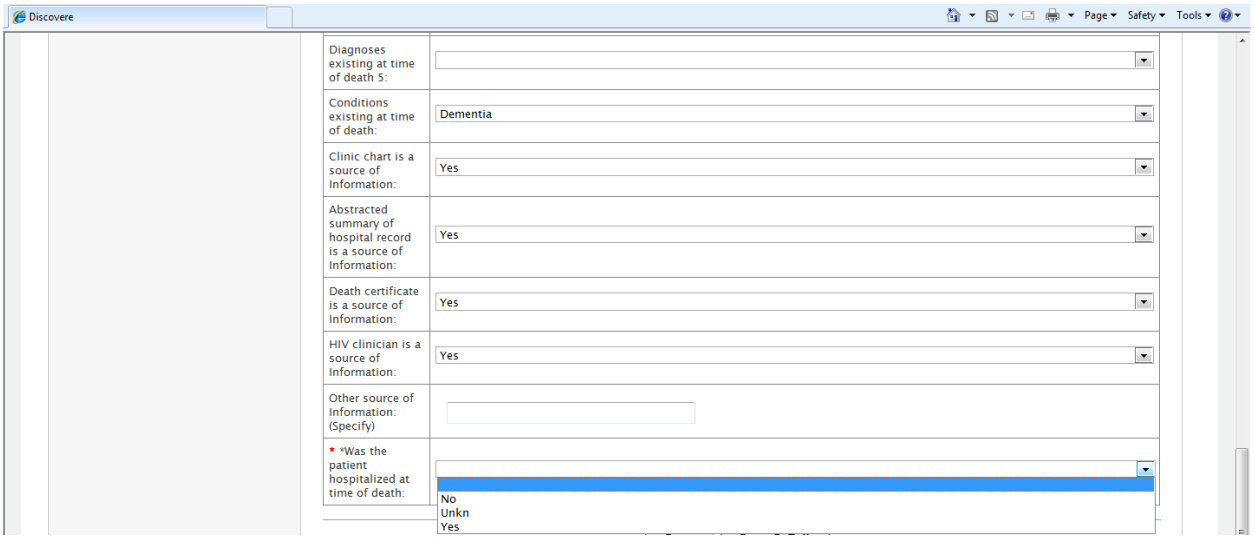
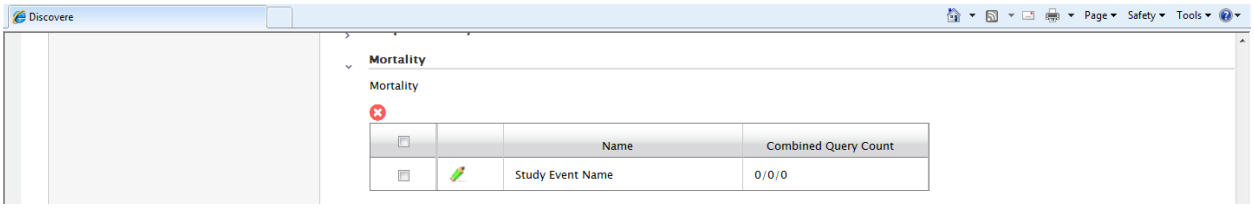
Conditions existing at Time of Death drop down box:



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: