RAVE Generic In-House Only Forms

Note: These forms should not be placed in the forms packet; they exist in the Global Library and are shown here for reference purposes.

Contents

RAVE Generic In-House Only Forms
Note: These forms should not be placed in the forms packet; they exist in the Global Library and are shown here for reference purposes.

Subject Enrollment

FORM_OID   PID3284264_V1_0

This form is automatically populated. CRAs should not edit or enter data in this form.

Patient ID _____

Enrolling Site CTEP ID _____

Lead Organization _____

Current Site CTEP ID _____

Enrollment Date *(dd MMM yyyy)* __ __-__ __ __-__ __ __ __

Enrollment Time *(hh:nn:ss:rr)* __ __ : __ __ : __ __ : __ __

Registering Membership _____

Source Application _____

RAVE Generic In-House Only Forms
Note: These forms should not be placed in the forms packet; they exist in the Global Library and are shown here for reference purposes.

Demography

FORM_OID   PID3302204_V1_0

This form is automatically populated. CRAs should not edit or enter data in this form.

Patient Initials (LFM) __ __ __

Patient's Date of Birth *(dd MMM yyyy)* __ __-__ __ __-__ __ __ __

Ethnicity
☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Not Reported
☐ Unknown

Gender of a Person
☐ Female Gender
☐ Male Gender
☐ Unknown

Country of Residence _____

Zip Code _____

Method of Payment
☐ Private Insurance
☐ Medicare
☐ Medicare and Private Insurance
☐ Medicaid
☐ Medicaid and Medicare
☐ Military or Veterans Sponsored NOS
☐ Military Sponsored (Including Champus & Tricare)
☐ Veterans Sponsored
☐ Self Pay (No Insurance)
☐ No Means of Payment (No Insurance)
☐ Other
☐ Unknown

#	Race

(add a new log line)

RAVE Generic In-House Only Forms

Note: These forms should not be placed in the forms packet; they exist in the Global Library and are shown here for reference purposes.

Step Information

FORM_OID   PID3285392_V1_0

This form is automatically populated. CRAs should not edit or enter data in this form.

Registration Step	Event Description	Tracking Number	Treating Investigator	Site Registrar	Crediting Group	Crediting Investigator	Arm Name	Event Date	Event Time	Treatment Assignment Code (TAC)	Treatment Assignment Description (TAD)

RAVE Generic In-House Only Forms
Note: These forms should not be placed in the forms packet; they exist in the Global Library and are shown here for reference purposes.

Treatment Assignment

FORM_OID   PID3285336_V1_0

This form is automatically populated. CRAs should not edit or enter data in this form.

#	Arm Name	Step No	Event description	Date of Intervention/Treatment Assignment	Event Time	Treatment Assignment Code (TAC)	Treatment Assignment Description (TAD)
				_ _-_ _ _-_ _ _ _			

RAVE Generic In-House Only Forms
Note: These forms should not be placed in the forms packet; they exist in the Global Library and are shown here for reference purposes.

Patient Information for NCI Reporting

FORM_OID   PID4060851_V1_0

This form is automatically populated. CRAs should not edit or enter data in this form.

Participant Subgroup Code __ __ __ __ __ __ __ __ __   *(pushed by IT for Alliance trials)*

Is the patient currently receiving treatment on this study? *(check one)*   1☐Yes   2☐No

Performance status (Zubrod) ____

Date of last treatment *(dd MMM yyyy)* __ __-__ __ __-__ __ __ __

Baseline abnormality flag *(check one)* ☐Yes   ☐No   ☐Unknown

Response evaluation status *(check one)* 1☐Yes   2☐No   3☐Too early   7☐Not Applicable

Disease code __ __ __ __ __ __ __ __   *(pushed by IT for Alliance trials)*

Disease name _____   *(pushed by IT for Alliance trials)*