

FormsNet™ 2.0



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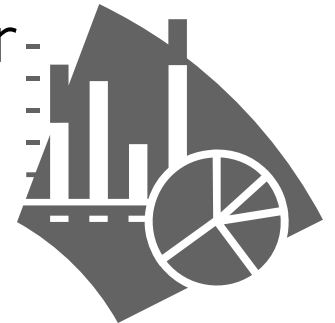
Council Meeting 2007

Today's Topics

- Impact of the SCTOD
- Forms Harmonization
- Form submission options
- FormsNet 2.0 features
- Paper vs. electronic submission
- TED-on-the-Web

SCTOD

- **S**tem **C**ell **T**herapies **O**utcomes **D**atabase
- HRSA will require a minimal data set to be captured on all transplants that happen with a US recipient or donor
- CIBMTR will maintain the database and provide HRSA with minimal data set
- NMDP is subcontracted to collect data
- CIBMTR sends TED data to government for posting on website



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Forms Harmonization!

- Only one set of recipient outcome forms to fill out!



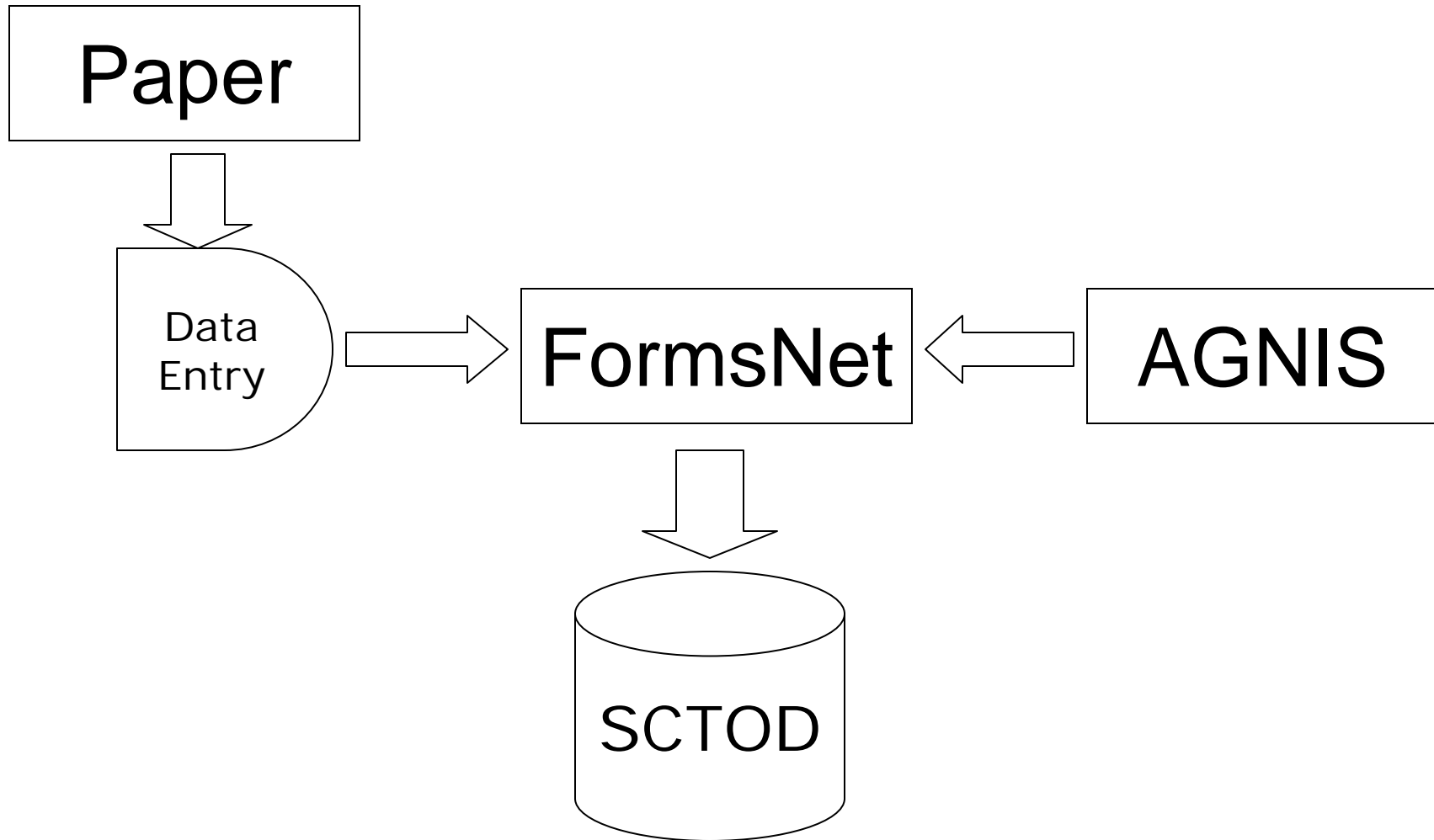
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Forms Harmonization cont.

- Includes all recipient outcomes forms including:
 - ID Assignment
 - Pre/Post TED
 - Research baseline, 100 day, 6 mo – 2yr and >2 yr
 - Death
 - INF (HSCT product)
 - HLA (Typing for non-NMDP donors)
 - IDM (Infectious disease markers)
 - Disease specific forms (i.e. AML, ALL, CML, etc.)

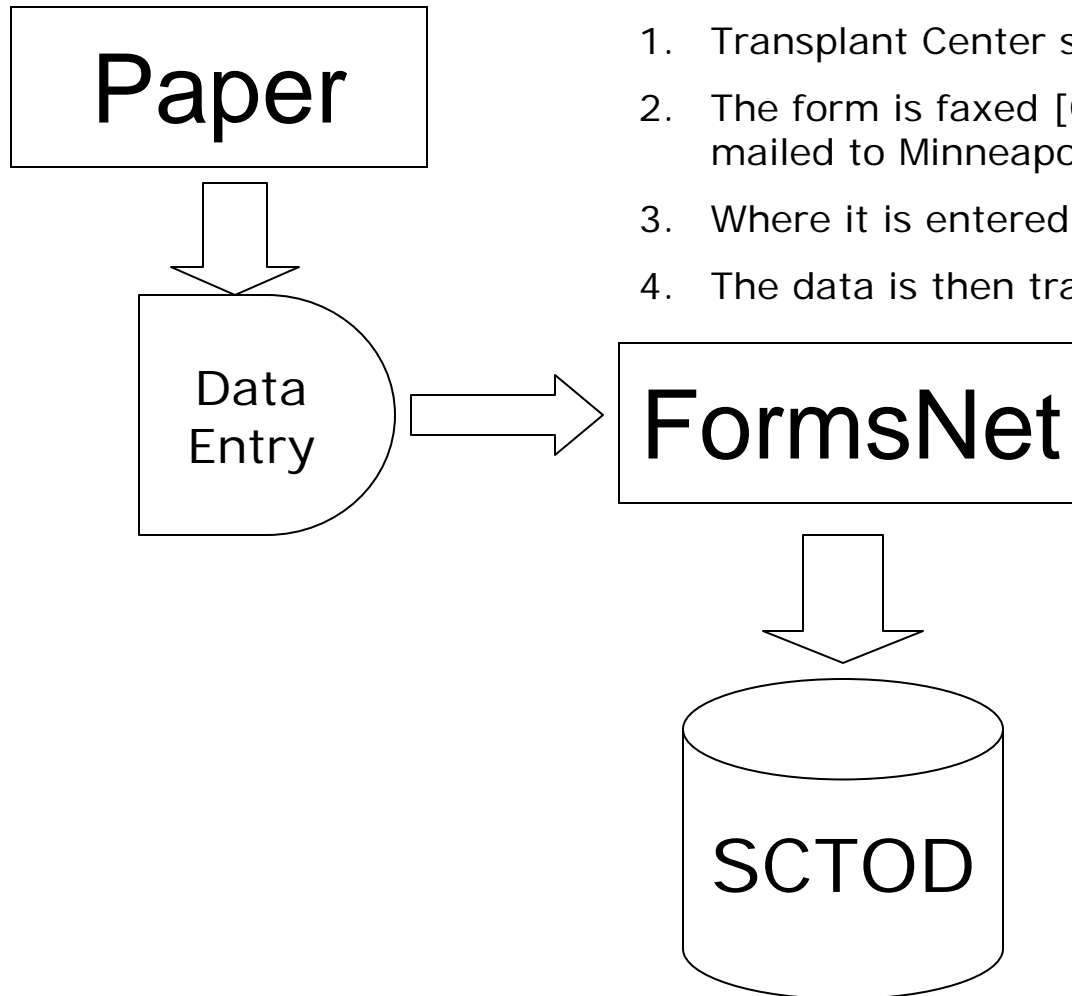
Form Submission Options



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Paper Submission

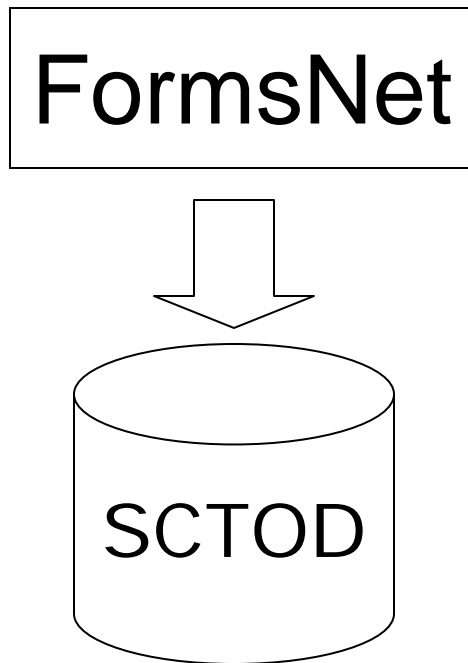


1. Transplant Center staff fills out data on paper form
2. The form is faxed [OK to fax TEDs- not research!] or mailed to Minneapolis or Milwaukee as assigned
3. Where it is entered into FormsNet
4. The data is then transmitted to the SCTOD

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FormsNet Submission



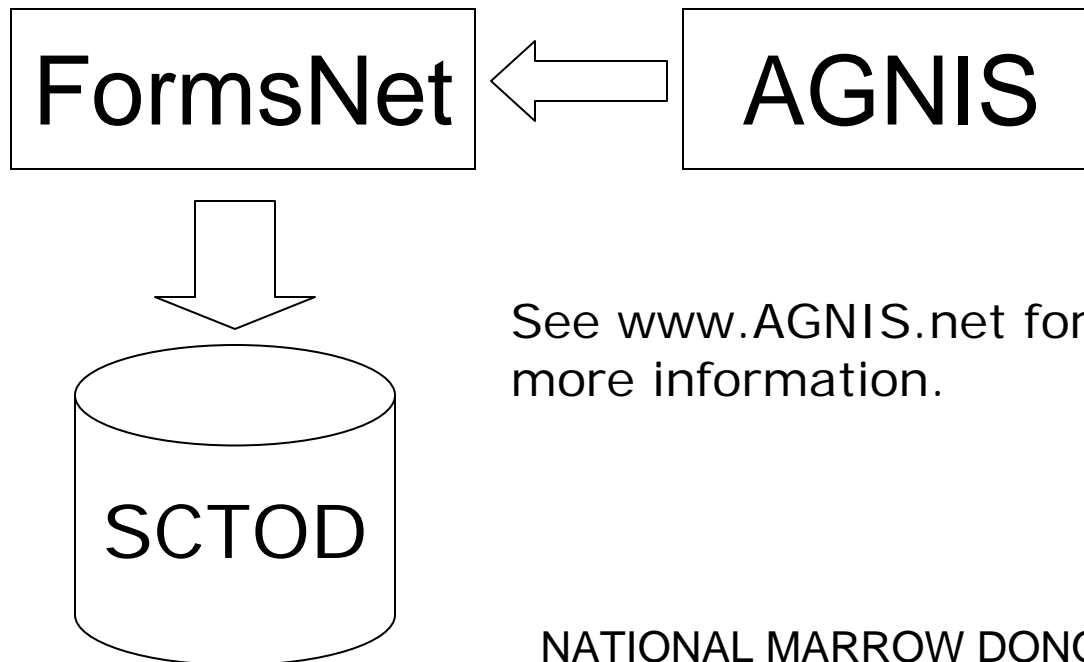
1. Transplant Center staff fills out form in FormsNet 2.0 application.
2. All validation is real time
3. Errors can be corrected immediately, or later as discovered
4. The data is then transmitted to the SCTOD
5. FormsNet will replace TED-on-the-Web

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AGNIS Submission

1. Transplant Center staff fills out data in their own application(s)
2. At predetermined times data is reviewed by Center and then submitted via AGNIS to FormsNet
3. Updates to data at TC can be sent at a later date and will be reflected on the form.
4. The data is then transmitted to the SCTOD



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FormsNet 2.0 Features

- Web-based application
- Real time
 - List of forms that are due
 - Validation and error correction/override
 - Form submission
- Save incomplete forms to be completed later
- Secure - SecurID® RSA token, ID and PIN required
- Encrypted connection (128 bit SSL)
- Data entry does not require use of mouse
- Completed forms available in PDF format

Web-based

User: Guest User Center: (10058) CITY OF HOPE SAMARITAN Application Version: 2.1.2838.23044

FormsNet Data Entry Help Log Off

Work In Progress

	Form ID	Unique ID	Event Date	Visit	Sequence Number	Due Date	Earliest Complete Date	Center Code	Status
	2900	0000289514	07-01-2007	0	5200046	07-31-2007	08-13-2007	10058	CIP
	2400	0000289621	07-28-2007	0	5200044	08-27-2007	07-27-2007	10058	CIP
	2000	0000289514	07-01-2007	0	5200027	10-01-2007	07-01-2007	10058	CIP
	2010	0000289472	07-01-2007	0	5200023	10-01-2007	07-01-2007	10058	CIP

Done Local intranet

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Real Time Form Status

- Patient and Center screens showing forms and their status
 - i.e. currently due or populated, all and due now

User: Guest User Center: (10058) CITY OF HOPE SAMARITAN

FormsNet Data Entry Help

ID: 0000289514

My ToDo
Unique ID Assignment
Select Form
Patient Forms Due
Center Forms Due

Patient Forms Due

Please enter a unique ID number or click on the down arrow for more options

Unique ID:

Filter By:

[More ID Options] ▲ ▼

	Form ID	Unique ID	HSCT Date	Visit	Sequence Num	Due Date	Earliest Compl Date
	2400	0000289514	04-02-2004	0	989514	05-02-2004	07-19-2004
	2000	0000289514	04-02-2004	0		06-01-2004	04-02-2004

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Real Time Validation

- Data validation happens after moving to another field

The screenshot shows the FormsNet data entry interface. At the top, it displays the user as 'Guest User' and the center as '(10058) CITY OF HOPE SAMARITAN'. The main header includes the FormsNet logo, 'Data Entry' button, and 'Help' link. Below this, a grey bar shows the form ID '0000289514', form version '2400 v1.0', and transplant date '04-02-2004'. On the left, a sidebar lists form sections: 'Form 2400 V1.0', 'Key (2)', 'Prep Regimen', 'Comorbid Cond', 'Leukemias', 'Lymphomas', 'Malignancies', 'Immune Defic.', and 'Error Review'. The main content area is titled 'CMV-antibodies (IgG or Total) (Multiple donors: report any positive CMV test as reactive)'. It contains two questions: '36. Recipient:' and '37. Donor (allo only):'. For question 36, there are radio buttons for 'reactive', 'non-reactive', 'unknown', and 'not done'. A validation error message '36 Recipient: must be answered' is displayed in a box, with a dropdown menu showing options: 'PC - Leave As Error' (selected), 'NA - Not Answered', 'NI - Not Tested', 'UA - Unable to Answer', and 'UK - Unknown'. For question 37, there are radio buttons for 'reactive', 'non-reactive', 'unknown', and 'not done'.

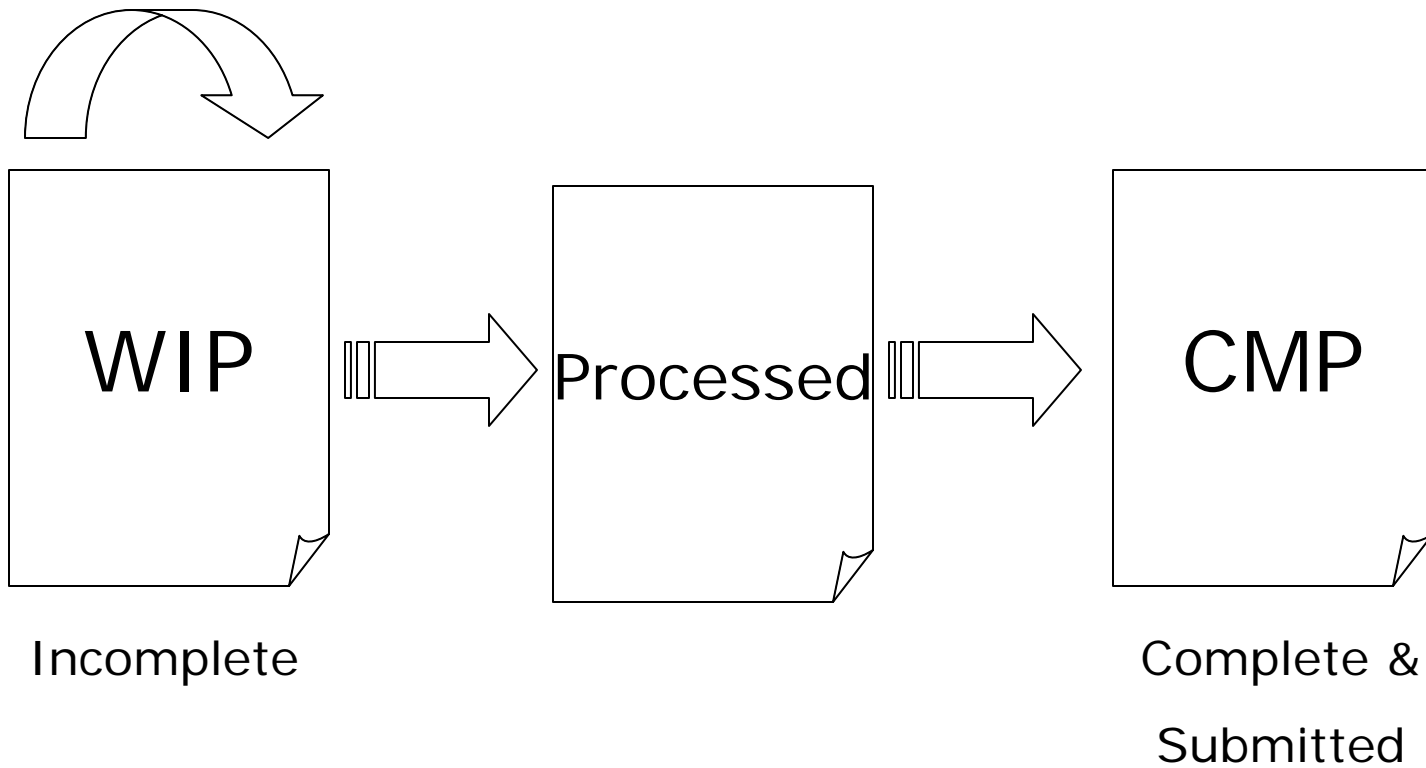
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Real Time Form Submission

- Forms are considered complete once they are entered into FormsNet and are error free, regardless of the submission method.
- Incomplete Forms can be saved for later completion.
- Completed forms can be printed out in PDF format regardless of submission method.
- Data can be corrected/updated after a form is completed.
- Forms during or after audit cannot be changed.

Form Status



Work in Progress Screen

The screenshot shows a web browser window titled "FormsNet - Microsoft Internet Explorer". The address bar displays "http://perch:6000/navigation/default.aspx". The user is identified as "Guest User" at center "(10058) CITY OF HOPE SAMARITAN". The application version is "2.1.2860.23803". The interface includes a "Data Entry" button and a "Log Off" button. A sidebar on the left lists "My ToDo" items: "Unique ID Assignment", "Select Form", "Patient Forms Due", and "Center Forms Due". The main content area is titled "Work In Progress" and contains a table with the following data:

Form ID	Unique ID	Event Date	Visit	Sequence Number	Due Date	Earliest Complete Date	Center Code	Status
2900	0000289514	07-01-2007	0	5200046	07-31-2007	08-13-2007	10058	CIP
2400	0000289621	07-28-2007	0	5200044	08-27-2007	07-27-2007	10058	CIP
2000	0000289514	07-01-2007	0	5200027	10-01-2007	07-01-2007	10058	CIP
2010	0000289472	07-01-2007	0	5200023	10-01-2007	07-01-2007	10058	CIP

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Center Forms Due

FormsNet - Microsoft Internet Explorer

Address: http://perch:6000/navigation/default.aspx

User: Guest User Center: (10058) CITY OF HOPE SAMARITAN Application Version: 2.1.2860.23803

FormsNet Data Entry Help Log Off

My ToDo

- Unique ID Assignment
- Select Form
- Patient Forms Due
- Center Forms Due

Center Forms Due

Please choose a center and other filtering information and click Search

Center:

Status:

Forms:

Start Date:

End Date:

Form ID	Unique ID	HSCT Date	Visit	Sequence Number	Due Date	Earliest Complete Date	Center	Second ID	Received Date
	2400	0000289464	10-14-2006	0	11-13-2006	06-28-2007	10058		
	2400	0000000010	05-15-2007	0	07-15-2007	05-15-2007	10058		
	2400	0000289704	07-01-2007	0	07-31-2007	08-31-2007	10058		
	2400	0000289506	07-28-2007	0	08-27-2007	07-18-2007	10058		
	2400	0000289480	08-01-2007	0	08-31-2007	07-10-2007	10058		
	2400	0000000100	08-08-2007	0	10-08-2007	07-10-2007	10058		

Done Local intranet

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Data Entry Screen

FormsNet - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://perch:6000/navigation/default.aspx


User: Guest User Center: (10058) CITY OF HOPE SAMARITAN Application Version: 2.1.2860.23803

FormsNet Data Entry Help Log Off

ID: 0000289621 Form: 2400 v1.0 Transplant Date: 07-28-2007

Form 2400 V1.0

- Key (1)
- Prep Regimen
- Comorbid Cond
- Leukemias
- Lymphomas
- Malignancies
- Immune Defic.
- Error Review



Pre-Transplant Essential Data

OMB No: 0915-0310
Expiration Date: 10/31/2010

Sequence Number:

Date Received:

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0310. Public reporting burden for this collection of information is estimated to average 0.85 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857. Expiration date: 10/31/2010

Center Identification

CIBMTR Center #

EBMT Code (CIC)

Hospital:

Unit: adult hematology oncology pediatric

other unit specify

Save Cancel Previous Page Next Page Next Error Clear Field

http://perch:6000/Navigation/default.aspx Local intranet

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Secure

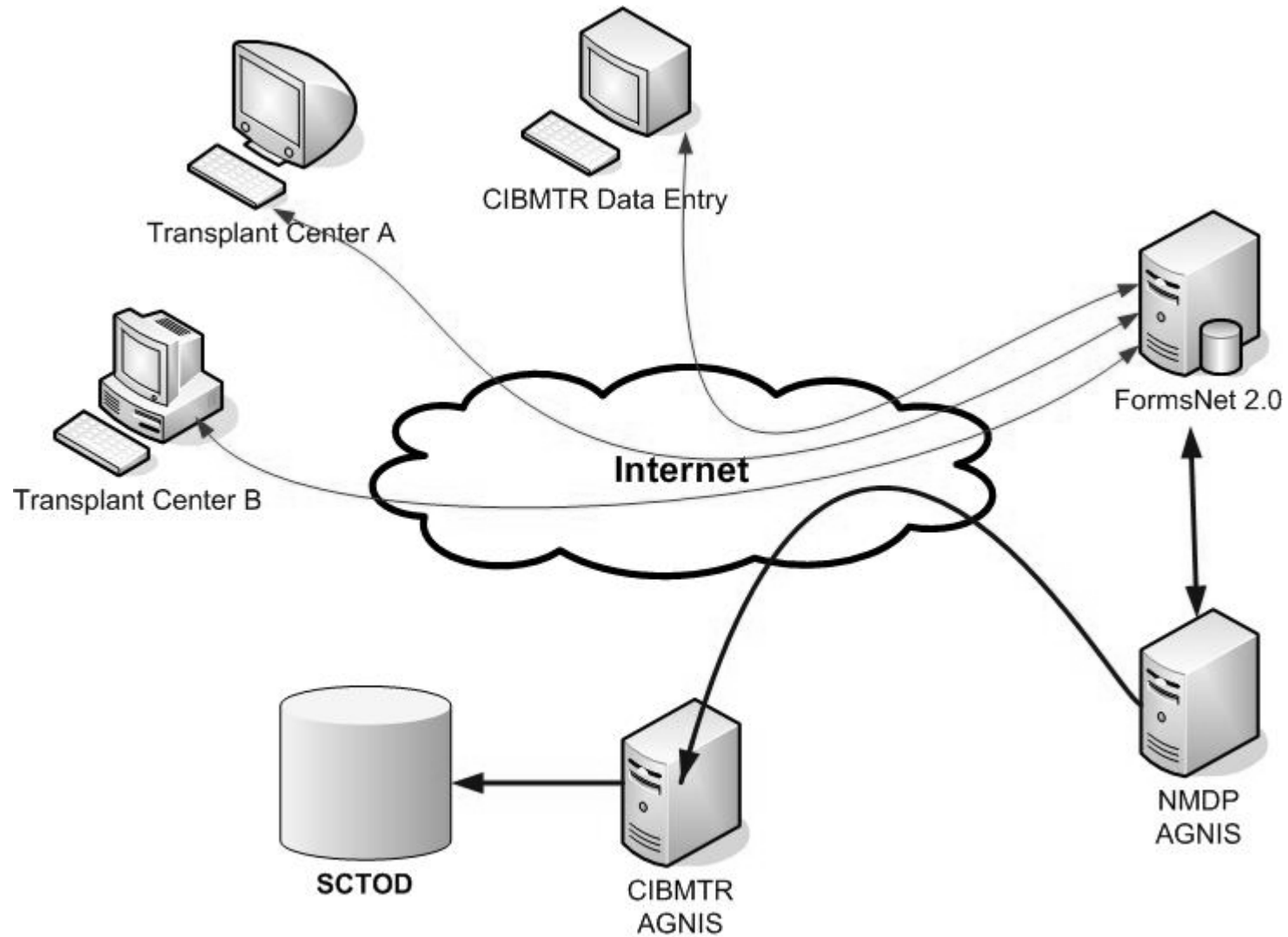
- Centers are limited to their own data.
- Roles based – multiple levels of access available for individuals.
- Only completed data is submitted to the CIBMTR.
- Identifying data (PHI) is separated and stored by itself with EXTREMELY limited access.
- Connections with FormsNet are encrypted.
- Physical RSA card.



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Encrypted Internet Connections



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Mouse Not Required

NMDP Recipient ID: 1234567 Form: 2100 v1.0 Transplant Date: 07-01-2006

8. Has the recipient received hematopoietic, lymphoid growth factors or cytokines after the start of the preparatory regimen?

Yes → Specify agents and provide dates for the first course of each agent given in this reporting period:
 No

9. G-CSF

Yes → 10. Date G-CSF therapy started: 
mm-dd-yyyy

No

11. Therapy code:

12. Specify drug given:

Neupogen
 Neulasta
 Lenograstim

13. GM-CSF

Save Cancel Next Page Next Error Clear Field

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PDF

Save a Copy Search Select 107% Adobe Reader 7.0

CIBMTR
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

Recipient Death Data

Registry Use Only

Sequence Number:	6722441
Date Received:	10-31-2006

CIBMTR Center Number: [][][][][]

CIBMTR Recipient ID: 9808536

Today's Date: 10-30-2006
Month Day Year

Date of HSCT for which this form is being completed: 05-23-2002
Month Day Year

HSCT type: autologous allogeneic, unrelated allogeneic, related syngeneic (identical twin)

Product type: marrow PBSC cord blood multiple cord blood units infused other product, specify: _____

To be completed in conjunction with a Form 2100 — 100 Days Post-HSCT Data, Form 2200 — Six Months to Two Years Post-HSCT Data, or Form 2300 — Greater Than Two Years Post-HSCT Data.

1. Date of death: 07-01-2002
Month Day Year

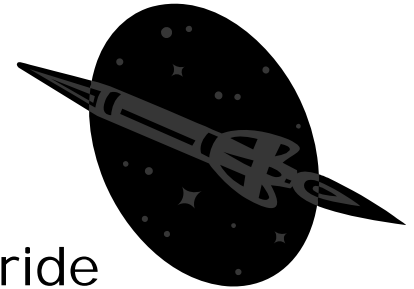
2. Was cause of death confirmed by autopsy?

1 of 2

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Paper vs. Electronic Submission

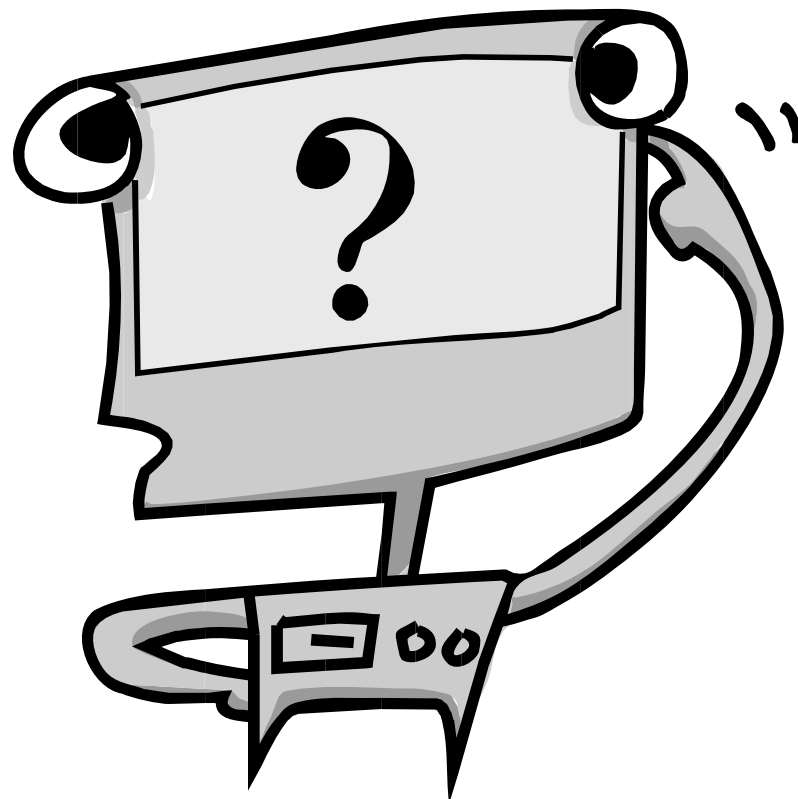


- FormsNet 2.0:
 - Manages form tracking/status
 - Instant validation and error correction/override
 - Faster form submission
 - Eases CPI compliance
 - Option to print clean PDF copy once complete
 - Security
- Paper:
 - Manual form tracking/status
 - Increased likelihood of errors and manual corrections
 - Faxed copies get hard to read
 - Mailed forms can be lost and are not secure

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Questions?



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