Digitally Completing Case Report Forms

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# 5 Quick Steps to Digitally Complete and Upload Case Report Forms (CRFs)

**Download a PDF reader (Adobe Acrobat Reader DC recommended)** 

Open the Case Report Form in the PDF reader (enabled for digital completion with fields highlighted in blue)

□If fillable fields do not appear in blue, select 'Fill and Sign'

**Complete CRF and save** 

Upload completed PDF to <u>http://healthsurveys.nj.gov/NoviSurvey/n/zz2g8.aspx</u>



# Downloading a PDF Reader to Use to Digitally Complete CRFs

Adobe Acrobat Reader DC is the

recommended program to use for completing

CRFs

□It's FREE!

□Visit: <u>get.adobe.com/reader/</u>

Other PDF readers enabled for digital completion (with fields highlighted in blue) are also acceptable





## Opening and Viewing the Blank CRF in a PDF Reader

Open the Case Report Form in the
 PDF reader (enabled for digital
 completion with fields highlighted
 in blue)

□If fillable fields do not appear in blue, select 'Fill and Sign'

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<b>U Health</b>	CDS			
IEALTHCARE S	ERVICES (Select all healthcare services provided to the patie	nt within the past 30 d	lays)	
Chemothera	py 🔲 ECMO 🗹 Imaging 📃 Inpatient dia	alysis 🗌 IVIG	Outpatient dialysis	Rehabilitation
Respiratory	herapy 🗹 Wound care 📝 Ultrasound 🔲 O	ther:		
1551011 0011				
VEDICAL CON	OTTIONS (Select all of the patient's present medical condition	s and those existing 1	4 days prior to the day of report	
	e disorder 🕑 Bacteremia 🔲 Bone marrow trans	plant Cancer	(hematogenous) Canc	er (solid)
	ar disease 🔄 Chronic kidney disease 🗹 Chronic	wounds COV	/ID-19 (or history of COVID-1	9) Diabetes
History of M	DR infection HIV/AIDS Kidney failure	Liver disease	Neurologic disease	Obesity
Respiratory	disease (Non-COVID) 🔲 Sepsis 🛄 Solid organ t	ransplant 🗌 lu	iberculosis 🗹 Ventilator	dependent
Uther:				
<b>NEDICAL DEVI</b>	CES (Select all of the patient's present medical devices)			
Abdominal f	eeding tube 🗹 Central venous catheter 📃 Colosto	my 🗌 Hemodialy	sis catheter 📃 Intraabdom	inal drain/catheter
Mechanical	ventilator Nephrostomy Port(s) Surgical d	rain 🗌 Tracheost	omy/tracheostomy collar	Urinary catheter
Other:	· · · ·			
VEDICAL PRO	EDURES			
id the patient	undergo medical procedures in the past 30 days (If yes	, list the procedures	s below)? 🗸 Yes 💷 No 💷	Unknown
Date 01/01/2021	line placement (PICC)		Location	Facility Example Encility
3/05/2022	CT Imaging		Interventional Radiology Ste 6	Hospital A
8/08/2022	Intubation		Bedside, ICU Rm 300	Hospital A
				. is spine in the
			·	
Which (if any)	the following classes of antibiotics was the nation of	nose doministered 14	nown	
	ider			
Carbanenen	Nucs.	Penicillins:	5.	
Cenhalosno	inc	Downentides:		
		Rifemucine:		
Glyconentid				
Macrolides		Tetracyclines:		
Monobacta	nc•			
Honobacta	10.			
INTIFUNGAL E	XPOSURES (Select all of the patient's present antifungals an	d those administered .	14 days prior to the day of repo	t)
Vhich (if any) (	of the following classes of antifungals was the patient e	kposed to? 📃 Un	known 🗌 None	
Allylamines		Echinocandins:	Micafungin	
Azoles:		Polyenes:		
RAVEL HISTO	ΥY			
)id the patient	receive any international healthcare during travel in th	e past year? Yes	S No Unknown	
	.,			
OMMENTS				

se Report Form ber 2021

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		CASE INFORMATION										
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-		City of Residence: Tree	nton	State	of Residence: N	J	Is the patien	t living? 🗹	Yes 🗌 No (	Unknown		
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#### Scandida auris Case Report Form\_September 2021\_v2.pdf - Adobe Acrobat Reader DC (32-bit)

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