

# Creating a Patient ID in Specimen Tracking System and then Registering the Patient in OPEN

Log in to Specimen Tracking from the ORP (CRA) Workbench using your ID.me credentials:




CRA Workbench

[CRA Workbench Home](#)

**Welcome to your Workbench!**

- Hello Hannah Hale!

You are a web user for the following institutions:  
SWOG Statistical Ctr



[CRA Newsletter](#)

**What's New!**

**8/25/2021**  
**SWOG Biospecimen Bank Kit Management URL**  
The Kit Management URL has changed. Please make certain to update your bookmarks with the new URL: <https://kits.bpc-apps.nchri.org/>. Currently, if you access the old URL, an automatic redirect to the new site occurs. On **September 24th**, the automatic redirect to the new URL will be discontinued as the server supporting the old URL is end of life. At that time anyone trying to use the old URL will receive an error message.

**7/16/2020**  
**New SWOG Specimen Tracking Packing List Design**  
The SWOG Statistics and Data Management Center (SDMC) has re-designed the SWOG Specimen Tracking Packing list to put greater emphasis on how the specimens should be labelled and packaged, and to provide separate packing lists when multiple patients are included in the same shipment. The new design incorporates feedback we got from the SWOG biorepository at Nationwide Children's Hospital. [Specimen labelling instructions](#) on swog.org have also been updated to be consistent with the language and instructions on the new Packing List. The new Packing List design is effective 7/16/2020. Let us know any questions or feedback on the new design at [TechnicalQuestion@crab.org](mailto:TechnicalQuestion@crab.org).

**6/26/2020**  
As mentioned in prior notifications, SWOG is collecting positive COVID-19 diagnoses and pandemic-related deviations for participants followed on SWOG-coordinated trials. The SWOG COVID-19 Diagnosis and Protocol Deviation Form is available now for every participant chart in Rave and the CRA Workbench (for pre-Rave studies). To access in Rave, utilize the 'Add Event' drop-down located on the Subject Home Page for each participant. To access in the CRA Workbench, click on 'Forms' then the tab for 'Follow-Up' within the link for Pre-Rave Data Submission. For more information, please read the memorandum posted on the COVID-19 Clinical Trials Clearinghouse page on swog.org.

**4/27/2020**  
**[Specimen Submission Guidance for SWOG Protocols as of 4/22/2021](#)**  
A document providing guidance of specimen submission for active SWOG protocols during the COVID-19 pandemic has been developed and is available [here](#). This document is being provided to help sites evaluate how critical each specimen is and allow prioritization of efforts to bring the patients in to clinic and ensure adequate phlebotomy and laboratory staff to process and ship specimens.

**Left sidebar menu:**

- Patient Management
  - [OPEN Patient Registration](#)
  - [SLAI Registration](#)
  - [Rave Data Submission](#)
  - [Pre-Rave Data Submission](#)
  - [Specimen Tracking](#) (highlighted with red arrow)
  - [SAE Reporting](#)
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- Resources
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Enter Site information:



Chooser



Statistical Center and Operations Office Employees only

SWOG Institution Number:

Or

CTEP Institution ID:  (highlighted with red arrow)

Or

SWOG Lab Number:

Select "Log a Specimen"

[Chooser](#)

[Log a Specimen](#)

[Specimen Manager](#)

[View/Update Consent Answers](#)

[Notify that Specimen Cannot be Submitted](#)

[Reports](#)

[Administration](#)

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Version 3.0

Click "No Patient ID Yet?"



[Log a Specimen](#)

**STEP 1 of 3: Specify the patient from whom the specimen was collected.**

SWOG Patient ID: \*

Patient Initials (L,FM): \*

SWOG Study ID: \*

[No Patient ID yet?](#)

Note: Required fields are indicated by the \* character.

[Next Step](#)

[Home](#)

Enter patient's demographics: (These will be copied into OPEN when the patient is registered, please ensure accuracy)



Log a Specimen - Assign SWOG Patient ID

[Instructions](#)



**STEP 1 of 2: Please provide the following patient information:**

Note: Required fields are indicated by the \* character.

Study ID \*

Last Name: \*  First Name: \*  Middle:  Date of Birth: \*  /  /

Race: \*  
 American Indian or Alaska Native  
 Native Hawaiian or other Pacific Islander  
 Asian  
 White  
 Black or African American  
 Unknown

Hispanic Ethnicity: \*  Other Hispanic:  Gender: \*

Date HIPAA Authorization Signed:  /  /   
(Required for patients residing in the USA)

Patient's Country *	Patient's Country-specific Information
<input checked="" type="radio"/> USA (including Puerto Rico)	Social Security Number: <input type="text"/> - <input type="text"/> - <input type="text"/> Zip Code: * <input type="text"/> <small>Enter ONLY VALID social security or social insurance numbers.</small>
<input type="radio"/> Canada	Social Insurance Number: <input type="text"/> - <input type="text"/> - <input type="text"/> Postal Code: * <input type="text"/>
<input type="radio"/> Other: <input type="text"/>	

Please check the information you entered above carefully. If it is correct, click "Save Information". You will then see a printable confirmation that shows the patient's SWOG Patient ID Number.

Once "Save Information" is clicked, the system will provide a Patient Number Confirmation Page which includes the patient's study ID (highlighted):

### SWOG Patient Number Confirmation

**IMPORTANT:**  
The step you just completed has assigned the patient number shown below, but it did **NOT** cause the patient to be registered on any study. You may use this patient number to log specimens into the specimen tracking system before the patient is registered, or for patients who have been registered on study C80405. For patients who will participate in SWOG-coordinated studies, it is still necessary to register the patient on the study as described in the study protocol.

SWOG Patient Number:  
**287176** - If registering to a SWOG-coordinated study, please use this patient number and select the "Previous Patient" option when registering the patient to the study.

Registrar: Hannah Hale      Institution: Providence Portland Medical Center

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**PATIENT INFORMATION**

Last Name:       First Name:       Middle: M      Date of Birth:

Race: White      Hispanic Ethnicity: No (not Spanish)      Gender: Female

Date HIPAA Authorization signed: 08/26/2021      Country of Residence: USA

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Note: If any of these data items are incorrect, please contact the SWOG Statistical Center to make changes.


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© 1998-2021 CRAB - All rights reserved.      69290  
08/27/2021 15:10:49 Pacific Time (US & Canada) TEST


Please print this page for your records before pressing the button below.

The lab can then click "Log a Specimen for This Patient" to log the fresh aspirate sample.

Once the patient is ready to be registered in OPEN, please be sure to use the “Existing Patient ID” box to enter the patient ID that was generated by Specimen Tracking:


**Cancer Trials Support Unit**  
A SERVICE OF THE NATIONAL CANCER INSTITUTE  
 Linking practice to progress

Contact | Members Site | Log off  

**OPEN** Oncology Patient Enrollment Network

Site: SWOG:SWOG Role: Group Registrar  Stop Practice


Home Slot Reservation **Enroll** History T&UM Reports RSS Admin Help

In Progress | Create New | Summary | Prerequisite | **Demography** | Checklist | Review & Submit | Result | Overrides

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Selected Tracking # 924994 <sup>T</sup> [Details](#) [Summary](#)

Protocol	PID	Initials (LFM)	Step	Arm	Site	Investigator	Status	Status Date
S1803		---	1		OR014	Alluri, Krishna	NEW	08/27/2021

Existing Patient ID:  


Expand/Collapse all Modules

**Standard\_Patient\_Identifier**

\* Last  \* First  Middle

Patient SSN  (Social Security Number is desired, but optional. Do not enter invalid numbers.) Patient Hospital No. is not collected for SWOG trials  
Patient hospital number

**Standard\_Demographics**

\* Patient's date of birth  /

\* Ethnicity  
 Hispanic or Latino  
 Not Hispanic or Latino  
 Not reported  
 Unknown  
 'Not reported' is not a valid answer

\* Gender  
 Female Gender  
 Male Gender  
 Unknown  
 'Unknown' is not a valid answer

\* Country of residence  Zip code  (US only)

**Standard\_Race**

\* Race  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White  
 Not Reported  
 Unknown  
 'Not Reported' is not a valid answer

**Standard\_Method\_of\_Payment**

\* 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

**Standard\_NCI\_Reporting**

\* Disease code

After “Populate Demography” is clicked, OPEN will pull the information from Specimen Tracking to link the OPEN registration with the Patient ID.

Site: SWOG:SWOG Role: Group Registrar Stop Practice

Home Slot Reservation **Enroll** History T&UM Reports RSS Admin Help

In Progress | Create New | Summary | Prerequisite | **Demography** | Checklist | Review & Submit | Result | Overrides

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Selected Tracking # 924994 Details Summary

Protocol	PID	Initials (LFM)	Step	Arm	Site	Investigator	Status	Status Date
S1803	287176	HHM	1		OR014	Alluri, Krishna	INCOMPLETE	08/27/2021

Back Save Save & Validate Continue Existing Patient ID: 287176 Populate Demography

**Warning**  
All matching patient data from the group has been populated! Click [Save & Validate] to validate the data.

Expand/Collapse all Modules

**Standard\_Patient\_Identifier**

\* Last H Middle M

\* First H Middle M

Patient SSN (Social Security Number is desired, but optional. Do not enter invalid numbers.) Patient Hospital No. is not collected for SWOG trials  
Patient hospital number

**Standard\_Demographics**

\* Patient's date of birth December (12) / 19 | 1991 Clear

\* Ethnicity  
 Hispanic or Latino  
 Not Hispanic or Latino 'Not reported' is not a valid answer  
 Not reported  
 Unknown

\* Gender  
 Female Gender  
 Male Gender  
 Unknown 'Unknown' is not a valid answer

\* Country of residence US (USA) Zip code 98109 (US only)

**Standard\_Race**

\* Race  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White  
 Not Reported  
 Unknown 'Not Reported' is not a valid answer

**Standard\_Method\_of\_Payment**

\* 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

**Standard\_NCI\_Reporting**

\* Disease code Select Clear

Back Save Save & Validate Continue

Continue with Registration as normal.