

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

Log in to Specimen Tracking from CRA Workbench:




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.

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.

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Enter Site information:



Chooser



Statistical Center and Operations Office Employees only

SWOG Institution Number:

Or

CTEP Institution ID:

Or

SWOG Lab Number:

Select "Log a Specimen"

[Chooser](#)

[Log a Specimen](#)

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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: *

[No Patient ID yet?](#)

Patient Initials (L,FM): *

SWOG Study ID: *

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

PATIENT INFORMATION

| | | | |
|---|--------------------------------------|----------------|-------------------------------------|
| Last Name: <input type="text"/> | First Name: <input type="text"/> | Middle: M | Date of Birth: <input type="text"/> |
| Race: White | Hispanic Ethnicity: No (not Spanish) | Gender: Female | |
| Date HIPAA Authorization signed: 08/26/2021 | Country of Residence: USA | | |


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


© 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


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

Selected Tracking # 924994 [Details](#) [Summary](#)

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

[Back](#) [Save](#) [Save & Validate](#) [Continue](#)

Existing Patient ID: [Populate Demography](#)


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 / [Clear](#)

* 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 [Select](#) [Clear](#)

[Back](#) [Save](#) [Save & Validate](#) [Continue](#)

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

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 * 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.