eCRF Completion Guideline

Version 1.0

30th August 2019
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Note: The “eCRF Completion Guideline” is to be used in conjunction with other support material located in the Study Manual.
1. Login Access
This study user uses Clinical Trial Information Management System (CTIMeS) for management of the participant’s electronic Case Report Forms (eCRFs). All users must be accredited in the use of CTIMeS and provide trial staff with the training completion certificate prior to being given login access to 10081 study.

2. CTIMeS Requirements
This study uses the CTIMeS to access 10081 eCRFs. You will require a stable internet connection, Safari browsers and/or Internet Explore (IE) browsers with version 8 or above to access the CTIMeS. This system works with the most recent versions of commonly used web browsers, including Internet Explorer, Chrome, and Safari.

3. Accessing 10081 in CTIMeS
1. Go to: http://ctimes.nhri.org.tw
2. Login using your CTIMeS username, password and code (you will receive an email from CTIMeS about your username and password).
3. Click on Select to next screen.
4. Click on ‘Goto Menu’ to next screen.
5. The main functions are on the left of screen and “To-do list” is on the right of screen.
6. Please contact system manager by email if you experience any login issues.
7. CTIMeS has a Timeout function where it will automatically log out if there has been 30 minutes of inactivity.
4. Navigating CTIMeS and eCRFs
For general information on how to navigate the CTIMeS eCRF functionalities, please refer to the user guide available in the CTIMeS. To access the guide, click on the download bottom right of the screen, then select “CTIMeS User Guide”.

5. Registration instructions
Before you can enter data into an eCRF for a participant in the 10081 trial, the participant must have been registered in CTIMeS. Section 3 above provided instructions for logging in and getting to the main function screen. Click on 40-402-3110001-Registration function and it will take you to the registration page. To click on New at left side of the page, and the Edit form will appear. There are three pages, Patient selection, Eligibility criteria, Ineligibility criteria, in Edit Form. Enter the Patient initial, Date of informed consent, Registration date, Date of birth, Gender, Registration hospital ID, Physician, and Research nurse in Patient selection page, then click on Next Page to eligibility criteria page. Click on “Next Page” to ineligibility criteria page, and then click on “Checking”. The message box, “Please click Register to save”, will appear after clicking on “Checking”. Please click on “OK” and “Register” to complete registration process.
6. eCRF Completion Schedule

The eCRF completion schedule shown below provides an overview of the eCRF visits that need to be completed at the protocol-defined time points. Please note that for some of the time points multiple eCRF visit need to be competed. For timely data entry and review, please ensure that you complete all relevant eCRF visits and forms that are expected for the applicable time-point.
7. Form Guidelines

The following section provides guidance for completing the form. Please note that these instructions do not cover every form or field that requires completion; only those where specific instructions are warranted have been included. If any item is unclear, please contact BioLite staff for clarification. Once registration is complete, the system is now ready for all schedule data to be entered by clicking on 50-503-3320103-Data Entry New. Select the case number, and then click on Ok. The system is now ready for all schedules folder will appear: Visit 1, Visit 2, Visit 3, Visit 4, Visit 5, Visit 6, Visit 7, Visit 8, Drug Accountability record, Visit 9 and Off Study.

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Table 15. Part I schedule of assessments

*On ±2 days.
7.1 Schedule and eCRF states

There are six states in the schedule and the eCRF. Click on i to present the schedule state and eCRF state. The schedule state is indicated by light. The six states are the white light, red light, yellow light, green light, black light, and grey light in the schedule state. The six lights mean as follows: White light: the schedule time has not yet been approached.
Red light: there are not any eCRFs to be filled in any words on this visit Schedule.
Yellow light: some eCRFs have been filled out, but some issues have not been figured out in these eCRFs on this visit schedule.
Green light: all eCRFs have completely been filled out and completely data quality control and there are not data quality control errors on this visit schedule.
Black light: all eCRF doesn’t need to be filled out on this visit schedule.
Grey light: do not have to fill out all eCRF and complete all eCRF QC on this visit schedule. The eCRF need to be filled out if there is any information generated. The eCRF QC need to be completed after eCRF has been filled out.

The six state in eCRF state is the blank eCRF, has not been completed, complete the CRF filling, QC completion, have QC errors, and reQCing. The completing eCRF is indicated by QC completion state and the completing schedule is indicated by green, black and/or grey light state.
7.2 Visit 1

Click on Visit 1 folder in the below column. The visit 1 forms will then appear: ON STUDY, DSM-V, MEDICAL HISTORY FORM, PHYSICAL EXAMINATION FORM, LABORATORY EVALUATION FORM, ADHD RATING SCALE, Clinical Global Impression, CAARS-S-S, Columbia-Suicide Severity Rating Scale-Screening Version, CONCOMITANT MEDICATION FORM, SUBJECT ELIGIBILITY/EXCLUSION CHECKING LIST. Click on Add, left of ON STUSY, to start.

Enter the ON-STUDY form of the visit 1, then click Save. Continue to enter study participant data in each of form. Please complete the visit 1 eCRFs as soon as possible after registering a new participant.

7.2.1 On-Study Data – Visit 1

This form is used to capture Registration and Demographics.

Example:
Subject No.: please refer to CRF Completion Guidelines for Subject No entry rule.
Date of informed consent form signed, Date of Registration and Date of birth: please enter the date in the format of MM/DD/YYYY.
Gender: please enter 1-Male or 2-Female in Gender field.
Height and Weight: please enter Height and Weight in the pre-specified units (cm for Height, lb for weight). If your site normally records the results of these assessments in other units (for example inches or pounds), please convert the results into matching values in the pre-specified units, prior to entry into the eCRF. Round it to the nearest tenth.

7.2.2 DSM-V Data – Visit 1

This form is used to capture Behaviour.

Example:
Subject No.: please refer to CRF Completion Guidelines for Subject no. entry rule.

Date of Assessment: please enter the date in the format of MM/DD/YYYY.

Inattention Symptoms: please enter the number in each of Inattention Symptoms questions. (0-Not at all, 1-A little, 2-Often, 3-Very often)

Hyperactivity Symptoms: please enter the number in each of Hyperactivity Symptoms questions. (0-Not at all, 1-A little, 2-Often, 3-Very often)

Impulsivity symptoms: please enter the number in each of Impulsivity symptoms questions. (0-Not at all, 1-A little, 2-Often, 3-Very often)

7.2.3 Medical History Data – Visit 1
Example:
Subject No.: please refer to CRF Completion Guidelines for Subject no. entry rule.
Date of Assessment: please enter the date in the format of MM/DD/YYYY.
Please enter the number in each of Body System. (1-History, 2-No History, 8-Unknown) Please specify it in Others if there are more than one history in a body system.

7.2.4 Physical Examination Data – Visit 1

This form is used to capture Physical Examination, Vital Sign and ECG.

Example:
Subject No.: please refer to CRF Completion Guidelines for Subject no. entry rule.
Date of Assessment: please enter the date in the format of MM/DD/YYYY.
Physical Examination: Please enter the number in each system items. (1-Normal, 2-Abnormal, 8-Unknown)
Please specify the reasons if the answer is the number. (2-Abnormal)

Vital Sign: please enter the number of Systolic Blood Pressure (SBP), Diastolic Blood Pressure (DBP), Heart Rate (HR) and Temperature in the pre-specified units (mm/Hg for SBP and DBP, bpm for HR, F for Temperature). Please enter the number (1-Abnormal without significance, 2-Abnormal with significance) if the test data of these vital sign items is out of laboratory normal range or keep the blank if the test data of these vital sign items is within laboratory normal value.

EGC: please enter the number of QTc in the pre-specified unit. (msec for QTc), as well as enter the number (1-Abnormal without significance, 2-Abnormal with significance) if the test data of QTc is out of laboratory normal range or keep the blank if ECG is within laboratory normal range.

7.2.5 Laboratory Evaluation Data – Visit 1

This form is used to capture Hematology and Biochemistry.

Example:
Subject No.: please refer to CRF Completion Guidelines for Subject no. entry rule.
Date of Lab. Sampling: please enter the date in the format of MM/DD/YYYY.
Hematology: Please enter RBC, WBC, Hemoglobin, Hematocrit, Platelet, aPTT, and PT in the pre-specified units (g/dL for RBC and Hemoglobin, X 10^3/mm^3 for WBC and Platelet, % for Hematocrit, sec for aPTT, INR for PT). Please enter the number (1- Abnormal without significance, 2-Abnormal with significance) if the test data of
these hematology items is out of laboratory normal range or keep the blank if the test data of these hematology items is within laboratory normal range. Please enter the number (7-NA, 8-Unknown, 9-Not Done) if the test data is not available.

Biochemistry: Please enter BUN, Creatinine, Total Bilirubin, Sodium, Calcium, Potassium, AST, ALT, LDH, TSH, Free T, HbA1c, LDL, HDL, Triglyceride, and Cholesterol in the pre-specified units (mg/dl for BUN, mg/dl for Creatinine, mg/dl for Total Bilirubin, mmol/L for Sodium, mmol/L or mg/dl for Calcium, mmol/L for Poassium, U/L for AST, U/L for ALT, U/L for LDH, mui/ml for TSH, ng/dl for Free T, % for HbA1c, mg/dL for LDL, mg/dL for HDL, mg/dL for Triglyceride, mg/dL for Cholesterol). Please enter the number (1-Negative, 2-Positive) in HCG (Pregnancy Test) field. Please enter the number (1-Abnormal without significance, 2-Abnormal with significance) if the test data of these biochemistry items is out of laboratory normal range or keep the blank if the test data of these biochemistry items is within laboratory normal range. Please enter the number if the test data is not available. (7-NA, 8-Unknown, 9-Not Done)

If your site normally records the results of these assessments in other units, please convert the results into matching values in the pre-specified units, prior to entry into the eCRF.

7.2.6 ADHD Rating Scale Data – Visit 1

This form is used to capture ADHD Rating Scale Data. There is a total of 18 items.

Example:
Subject No.: please refer to CRF Completion Guidelines for Subject
no. entry rule.
Date of Assessment: please enter the date in the format of MM/DD/YYYY.
Each of 18 items: please enter the number. (0-Never or Rarely, 1-Sometimes, 2-Often, 3- Very often).

Please enter the total score of all questions.

**7.2.7 Clinical Global Impression-Visit 1**

This form is used to capture Clinical Global Impression data.

Example:
Subject No.: please refer to CRF Completion Guidelines for Subject no. entry rule.
Date of Assessment: please enter the date in the format of MM/DD/YYYY.
Severity of illness: please enter the number (1-Normal, not at all ill, 2-Borderline mentally ill, 3-Mildly ill, 4-Moderately ill, 5-Markedly ill, 6-Severely ill or 7-Among the most extremely ill) in “Severity of illness” question.

Improvement: please enter the number (1-very much improved, 2-much improved, 3-minimally improved, 4-no change, 5-minimally worse, 6-much worse or 7-very much worse) in improvement question. This category of improvement is kept in the other visits except visit 1.

**7.2.8 CAARS-S:S Data – Visit 1**
This form is used to capture CAARS-S:S data.

Example:
Subject No.: please refer to CRF Completion Guidelines for Subject no. entry rule.
Date of Assessment: please enter the date in the format of MM/DD/YYYY.
Behaviour: please enter the number (0-Not at all, never, 1-Just a little once in a while, 2-Pretty much, often, 3-Very much, very frequently) in each of Behaviour questions as well as calculate and enter the total score of the 12-item ADHD index. The field of total score is only in visit 1.
ADHD index (only visit 1): Fill the 12-item ADHD index score which can be calculated by Scoring Sheet for the CAARS-S:S or CAARS software.

7.2.9 Columbia-Suicide Severity Rating Scale-Screening Version-Visit 1

This form is used to capture Columbia-Suicide Severity Rating Scale-Screening Version data.

Example:
Subject No.: please refer to CRF Completion Guidelines for Subject No. entry rule.

Date of Assessment: please enter the date in the format of MM/DD/YYYY.

Events: please enter the score of Suicidal Ideation, Intensity of Ideation and Suicidal Behavior. Please refer to the CRF Completion Guidelines for entry rules.

7.2.10 Concomitant Medication Data-Visit 1

This form is used to capture Concomitant Medication Data.

Example:

Subject No.: please refer to CRF Completion Guidelines for Subject No. entry rule.

Combination: please enter 2 if the drug is combination.

Drug Name: please enter drug name, compound medicine or Chinese herbal medicine.

Indication: the indication of this drug.

P.R.N.: please enter 2 if the drug is P. R. N. (pro re nata, as needed).

Route Code: please enter the code (01-gargle, 02-in the ear, 03-in the eyes, 04-intracardiac, 05-intramuscular, 06-intrathecal, 07-intravenous, 08-mask, respiratory, 09-nebulization, 10-oral, 11-paste, 12-rectal, 13-sneffing, nasal, 14-subcutaneous, 15-sublingual, 16-topical, 17-transdermal, 18-transmucosal, 19-vaginal or 99-others) listed on the form. If enter the code (99-Others), please specify route code in the comments.

Daily Dose: please enter the daily dose in the pre-specified format (XXX.XX). Please round off if the dose exceeding two decimal places.

Units code: please enter the unit code (01-cc or ml, 02-drops, 03-g, 04-
grain, 05-IU, 06-mEq, 07-mg, 08-micro grams, 09-million units or 99-others) from Units Code listed on the form.
Date started/stopped: please enter the date in the format of MM/DD/YYYY.
If the drug continues using at visit 9, do not enter the stopped date.

7.2.11 SUBJECT ELIGIBILITY CHECKING LIST

This form is used to capture SUBJECT ELIGIBILITY/EXCLUSION CHECKING LIST data.

Example:
Subject No.: please refer to CRF Completion Guidelines for Subject No. entry rule.
SUBJECT ELIGIBILITY CHECKING LIST: please enter the number (1- No, 2-Yes) in each of SUBJECT ELIGIBILITY CHECKING LIST fields.
SUBJECT EXCLUSION CHECKING LIST: please enter the number (1- No, 2-Yes) in each of SUBJECT EXCLUSION CHECKING LIST fields.

7.3 Visit 2
Click on Visit 2 folder in the below column. The visit 2 forms will then appear: PHYSICAL EXAMINATION FORM, LABORATORY EVALUATION FORM, ADHD RATING SCALE, Clinical Global Impression, CAARS-S-S, Columbia-Suicide Severity Rating Scale-Baseline Version, CONCOMITANT MEDICATION FORM. Click on Add, left of PHYSICAL EXAMINATION FORM, to start.
Enter the MEDICAL HISTORY FORM of the visit 2, then click Save. Continue to enter study participant data in each of form. Please complete the visit 2 eCRFs as soon as possible after completing visit 1 eCRFs.

7.3.1 Medical History data – Visit 2
   Please refer to 7.2.3.

7.3.2 Physical Examination Data-Visit 2
   Please refer to 7.2.4.

7.3.3 Laboratory Evaluation-Visit 2
   Please refer to 7.2.5.

7.3.4 ADHD Rating Scale-Visit 2
   Please refer to 7.2.6.

7.3.5 Clinical Global Impression-Visit 2
   Please refer to 7.2.7.

7.3.6 CAARS-S:S-Visit 2
   Please refer to 7.2.8.

7.3.7 Columbia-Suicide Severity Rating Scale-Since Last Visit Version-visit 2
   Please refer to 7.2.9.

7.3.8 CONCOMITANT MEDICATION FORM-visit 2
   Please refer to 7.2.10.

7.4 Visit 3
   Click on Visit 3 folder in the below column. The visit 3 forms will then appear: PHYSICAL EXAMINATION FORM, ADHD RATING SCALE, Clinical Global Impression, CAARS-S-S, Columbia-Suicide Severity Rating Scale, CONCOMITANT MEDICATION FORM, ADVERSE EVENT. Click on Add, left of PHYSICAL EXAMINATION FORM, to
Enter the PHYSICAL EXAMINATION FORM of the visit 3, then click Save. Continue to enter study participant data in each of form. Please complete the visit 3 eCRFs as soon as possible after completing visit 2 eCRFs.

7.4.1 Physical Examination Data-Visit 3
   Please refer to 7.2.4.

7.4.2 Laboratory Evaluation-Visit 3
   Please refer to 7.2.5.

7.4.3 ADHD Rating Scale-Visit 3
   Please refer to 7.2.6

7.4.4 Clinical Global Impression-Visit 3
   Please refer to 7.2.7.

7.4.5 CAARS-S:S-Visit 3
   Please refer to 7.2.8.

7.4.6 Columbia-Suicide Severity Rating Scale-Since Last Visit Version-Visit 3
   Please refer to 7.2.9.

7.4.7 CONCOMITANT MEDICATION FORM-Visit 3
   Please refer to 7.2.10.

7.4.8 ADVERSE EVENT-Visit 3
If the AE has occurred, click on the AE form. Enter the AE, then click on Save. If an AE is considered serious (SAE), it should be reported as serious within the same AE form. Serious Adverse event must be reported within 1 working day after the site becomes aware of the event. This form is used to capture AE data.

Example:
None/Yes: please enter 1 if the subject has concluded participation in the trial and experienced no adverse event. Please enter 2 if the subject has concluded participation in the trial and other therapy has been used.
Mark if adverse event meets definition of ‘serious’: please enter the number (2-serious) if the AE meets definition of “serious”.
Record below any new event: please specify the adverse event.
Onset Date: please enter the date in the format of MM/DD/YYYY.
Mark if continuing at final exam: please enter the number (2-Yes) if the AE continue to happen at final examination.
Resolution Date: please enter the date in the format of MM/DD/YYYY. If the field of “Outcome of Event” is recorded as the number, 3-Continuing, 4-death or 5-lost to follow-up, please keep the resolution date is NULL.
Severity for event: adverse events must be classified using the NCI CTCAE version 4.03. Please enter the severity for each adverse event. (Grade 1-5 of CTCAE V4.03).
Relation to Study Drug: please enter the number (1-Unrelated, 2-Unlikely, 3-Possibly, 4-Probably, 5-Definitely) in the “Relation to Study Drug” field.
Outcome of event: please enter the number (1-Recovered, 2-Recovered with residual effects, 3-Continuing, 4-Death, 5-Lost to follow-up) in
the “outcome of event” field.
Therapy for event: please enter the number (1-No action, 2-Treatment
given, 3-Withdrawn from study, 4-Temporarily discontinued) in the
“Therapy for event” field.

7.5 Visit 4
Click on Visit 4 folder in the below column. The visit 4 forms will then
appear: PHYSICAL EXAMINATION FORM, LABORATORY
EVALUATION FORM, ADHD RATING SCALE, Clinical Global
Impression, CAARS-S-S, Columbia-Suicide Severity Rating Scale,
CONCOMITANT MEDICATION FORM, ADVERSE EVENT. Click on Add,
left of PHYSICAL EXAMINATION FORM, to start.

Enter the PHYSICAL EXAMINATION FORM of the visit 4, then click Save.
Continue to enter study participant data in each of form. Please complete the
visit 4 eCRFs as soon as possible after completing visit 3 eCRFs.

7.5.1 Physical Examination Data-Visit 4
Please refer to 7.2.4.

7.5.2 Laboratory Evaluation-Visit 4
Please refer to 7.2.5.

7.5.3 ADHD Rating Scale-Visit 4
Please refer to 7.2.6

7.5.4 Clinical Global Impression-Visit 4
Please refer to 7.2.7.

7.5.5 CAARS-S-S-Visit 4
Please refer to 7.2.8.

7.5.6 Columbia-Suicide Severity Rating Scale-Since Last Visit Version-visit 4
Please refer to 7.2.9.

7.5.7 CONCOMITANT MEDICATION FORM-visit 4
Please refer to 7.2.10.

7.5.8 ADVERSE EVENT-visit 4
Please refer to 7.3.9.

7.6 Visit 5
Click on Visit 5 folder in the below column. The visit 5 forms will then appear: PHYSICAL EXAMINATION FORM, ADHD RATING SCALE, Clinical Global Impression, CAARS-S-S, Columbia-Suicide Severity Rating Scale, CONCOMITANT MEDICATION FORM, ADVERSE EVENT. Click on Add, left of PHYSICAL EXAMINATION FORM, to start.

Enter the PHYSICAL EXAMINATION FORM of the visit 5, then click Save. Continue to enter study participant data in each of form. Please complete the visit5 eCRFs as soon as possible after completing visit 4 eCRFs.

7.6.1 Physical Examination Data-Visit 5
Please refer to 7.2.4.

7.6.2 Laboratory Evaluation-Visit 5
Please refer to 7.2.5.

7.6.3 ADHD Rating Scale-Visit 5
Please refer to 7.2.6

7.6.4 Clinical Global Impression-Visit 5
Please refer to 7.2.7.

7.6.5 CAARS-S-S-Visit 5
Please refer to 7.2.8.
7.6.6 Columbia-Suicide Severity Rating Scale-Since Last Visit Version-Visit 5  
Please refer to 7.2.9.

7.6.7 CONCOMITANT MEDICATION FORM-Visit 5  
Please refer to 7.2.10.

7.6.8 ADVERSE EVENT-Visit 5  
Please refer to 7.3.9.

7.7 Visit 6  
Click on Visit 6 folder in the below column. The visit 6 forms will then appear: PHYSICAL EXAMINATION FORM, LABORATORY EVALUATION FORM, ADHD RATING SCALE, Clinical Global Impression, CAARS-S-S, Columbia-Suicide Severity Rating Scale, CONCOMITANT MEDICATION FORM, ADVERSE EVENT. Click on Add, left of PHYSICAL EXAMINATION FORM, to start.

Enter the PHYSICAL EXAMINATION FORM of the visit 6, then click on Save. Continue to enter study participant data in each of form. Please complete the visit 6 eCRFs as soon as possible after completing visit 5 eCRFs.

7.7.1 Physical Examination Data-Visit 6  
Please refer to 7.2.4.

7.7.2 Laboratory Evaluation-Visit 6  
Please refer to 7.2.5.

7.7.3 ADHD Rating Scale-Visit 6  
Please refer to 7.2.6

7.7.4 Clinical Global Impression-Visit 6  
Please refer to 7.2.7.
7.7.5 CAARS-S:S-Visit 6
Please refer to 7.2.8.

7.7.6 Columbia-Suicide Severity Rating Scale-Since Last Visit Version-Visit 6
Please refer to 7.2.9.

7.7.7 CONCOMITANT MEDICATION FORM-Visit 6
Please refer to 7.2.10.

7.7.8 ADVERSE EVENT-Visit 6
Please refer to 7.3.9.

7.8 Visit 7
Click on Visit 7 folder in the below column. The visit 7 forms will then appear: PHYSICAL EXAMINATION FORM, LABORATORY EVALUATION FORM, ADHD RATING SCALE, Clinical Global Impression, CAARS-S-S, Columbia-Suicide Severity Rating Scale, CONCOMITANT MEDICATION FORM, ADVERSE EVENT. Click on Add, left of PHYSICAL EXAMINATION FORM, to start.

Enter the PHYSICAL EXAMINATION FORM of the visit 7, then click on Save. Continue to enter study participant data in each of form. Please complete the visit 7 eCRFs as soon as possible after completing visit 6 eCRFs.

7.8.1 Physical Examination Data-Visit 7
Please refer to 7.2.4.

7.8.2 Laboratory Evaluation-Visit 7
Please refer to 7.2.5.

7.8.3 ADHD Rating Scale-Visit 7
Please refer to 7.2.6
7.8.4 Clinical Global Impression-Visit 7
Please refer to 7.2.7.

7.8.5 CAARS-S:S-Visit 7
Please refer to 7.2.8.

7.8.6 Columbia-Suicide Severity Rating Scale-Since Last Visit Version-Visit 7
Please refer to 7.2.9.

7.8.7 CONCOMITANT MEDICATION FORM-Visit 7
Please refer to 7.2.10.

7.8.8 ADVERSE EVENT-Visit 7
Please to 7.3.9.

7.9 Visit 8
Click on Visit 8 folder in the below column. The visit 8 forms will then appear: PHYSICAL EXAMINATION FORM, LABORATORY EVALUATION FORM, ADHD RATING SCALE, Clinical Global Impression, CAARS-S-S, Columbia-Suicide Severity Rating Scale, CONCOMITANT MEDICATION FORM, ADVERSE EVENT. Click on Add, left of PHYSICAL EXAMINATION FORM, to start.

Enter the PHYSICAL EXAMINATION FORM of the visit 8, then click on Save. Continue to enter study participant data in each of form. Please complete the visit 8 eCRFs as soon as possible after completing visit 7 eCRFs.

7.9.1 Physical Examination Data-Visit 8
Please refer to 7.2.4.

7.9.2 Laboratory Evaluation-Visit 8
Please refer to 7.2.5.
7.9.3 ADHD Rating Scale-Visit 8
  Please refer to 7.2.6

7.9.4 Clinical Global Impression-Visit 8
  Please refer to 7.2.7.

7.9.5 CAARS-S:S-Visit 8
  Please refer to 7.2.8.

7.9.6 Columbia-Suicide Severity Rating Scale-Since Last Visit Version-Visit 8
  Please refer to 7.2.9.

7.9.7 CONCOMITANT MEDICATION FORM-Visit 8
  Please refer to 7.2.10.

7.9.8 ADVERSE EVENT-Visit 8
  Please refer to 7.3.9.

7.10 Drug Accountability Record
  The repeating form collects the details of all drug accountability record.
  Drug Accountability Record will be recorded from Visit 2, throughout Visit 8.

This form is used to capture the drug Accountability record.

Example:
  Visit: please enter the number. (2, 3, 4, 5, 6, 7, 8)

Dispensed Date: please enter the date in the format of MM/DD/YYYY.

Quantity Dispensed: please enter quantity in the pre-specified format (XX).

Returned Date: please enter the date in the format of MM/DD/YYYY.

Quantity Returned: please enter quantity in the pre-specified format (XX).

Returned receipt recorded by (Initials): please enter the signature or initial of the receiver.

Comment: please enter the comments if any capsule has NOT been returned.

Date and Time of First Dose: please enter the date and time.

Recorded by: please enter the Initial who records the date and time of first dose.

Date and Time of Last Dose: please enter the date and time.

Recorded by: please enter the Initial who records the date and time of last dose.

Comment: please enter the comments.

7.11 Visit 9

After two weeks of the last dose administration, subjects are assessed for a follow-up. Click on Visit 9 folder in the below column. The visit 9 forms will then appear: Columbia-Suicide Severity Rating, Laboratory Evaluation Form (Follow-up), ADVERSE EVENT. Click on Add, left of Columbia-Suicide Severity Rating, to start.

Enter the Columbia-Suicide Severity Rating Scale-Since Last Visit Version form of the visit 9, then click on Save. Continue to enter study participant data in Laboratory Evaluation form. Please complete the visit 9 eCRFs as soon as possible after completing off-study form.

7.11.1 Columbia-Suicide Severity Rating Scale-Since Last Visit Version-visit 9

Please refer to 7.2.9.

7.11.2 Laboratory Evaluation Form (Follow-up) – Visit 9

Please refer to 7.2.5
7.11.3 ADVERSE EVENT - Visit 9
Please refer to 7.3.9.

7.12 Off Study Treatment
Click on Off Study Treatment folder in the below column. The OFF STUDY TREATMENT FORM will then appear. Click on Add, left of OFF STUDY TREATMENT FORM, to start.

This eCRF event is used to capture the timing and result of end of treatment assessment. An Off-Study Treatment visit must take place as soon as possible after the decision has been made to cease study treatment. This form is used to capture Off-Study Treatment data. Click on Add, left of OFF STUDY TREATMENT FORM, to start.

Example:
Date of Removed from Study Treatment: please enter the date in the format of MM/DD/YYYY.
Reason for Termination of Protocol Treatment: please enter the 01-Completion of the study, 02-Not received protocol treatment, 03-Not eligible, 04-Adverse event, 05-Death, 06-Subject becomes pregnant during the entire study period, 07-Investigator feels that it is in the best interest of the subject, 08-Subject wishes to withdraw, 09-Subject can’t obey the regulation of the study, 11-Lost to follow-up, or Others in Reason for Termination of Protocol Treatment. Please specify the reason if enter 02-Not received protocol treatment, 03-Not eligible, or 99-Others. Please enter the date of death if “Reason for Termination of Protocol Treatment” is 05-Death. Please enter the date of last contact if “Reason for Termination of Protocol Treatment” is 11-Lost to follow-up.
Which schedule does the patient be early withdrawal in?: The question will be used to control the schedule state. For example, if subject is early withdrawal in visit 4 and the off-study treatment from is completed, these schedule after visit 4 will be black light state. Please enter 1-Visit 1, 2-Visit 2, 3-Visit 3, 4-Visit 4, 5-Visit 5, 6-Visit 6, 7-Visit 7, or 8-Visit 8.

8. Data Requests
8.1 eCRF submission timeline
All eCRFs (excluding SAEs) are to be completed within 2 weeks of the date of visit. SAE are to be recorded in the eCRF within 1 working day after the site becomes aware of the event.

8.2 Overdue eCRF reports
Overdue eCRF reports will be emailed to sites on a regular basis. All outstanding eCRFs listed on these reports should be completed as soon as possible. If you are having problems with eCRF completion, please contact BioLite staff for assistance.

8.3 Queries
Query management occurs within the eCRF. Queries issued on an SAE form should be addressed within 1 working day or sooner if contacted by BioLite staff. If you submitted new SAE data, please verify the form frequently to see if new auto queries were generated. Other queries should be responded to within 2 weeks of generation. Look for queries existing from QC results or Todo list. If you are having problems with query resolution, please contact BioLite staff for assistance.

8.4 Responding to Data Queries
Look for queries existing from the QC results or to-do list. Correct any incorrect data and/or complete missing data items on the eCRF. If the original data on the eCRF is confirmed, and the query asks for further clarification, please contact BioLite staff. Entering a clean response will reduce the chance of the query being re-issued to seek further clarification.

9. General Guidelines
9.1 Source Documents
All data entered on eCRFs should be verifiable from a source document. Source documents are the documents on which patient information is first
recorded and includes, but is not limited to, lab results, the results of CT scans and patient medical records. All lab results and CT scan source documents must be reviewed and signed by investigator. The investigator must initial any lab values that are outside local normal reference ranges and indicate if clinically significant or not. Each page of a source document should uniquely identify the patient. In most cases, required trial data is routinely collected clinical data however there may be some items specific to the trial. Procedures should be put in place at individual sites at the start of the trial to ensure that all required data is captured in source documents. All relevant source documents should be retained at site and be available for monitoring and audit purpose. If it is necessary to forward a copy of source documents to BioLite (supporting an SAE for example), please ensure all patient identifiers are removed, including the patient’s name (leaving the initials as required), medical record number, phone numbers and addresses. Please also ensure that any identifiers within the body of the report/document have also been de-identified appropriately. Each page of all reports/documents sent to BioLite should be clearly marked with the patient’s study number, initials and site name or number. Only copies of original source documents should be sent to BioLite, original should be retained at site.

9.2 Missing Data
Do not leave field blank, unless instructed to do so in these guidelines or the eCRF. When information is unobtainable please a clarification via the reply field where a query has been triggered. Entries of “Unknown”, “Not Done” or “Not Applicable” with no explanation will be queried to request a more detailed description.

9.3 Participant Identifier
9.3.1 Patient Number/Subject ID
This is the unique trial number assigned to the participant at the time of registration. An eCRF for the applicable participant ID will be automatically generated in the CTIMeS once the participant is registered.

9.3.2 Participant initials
Participant initial are requested, record the English initial of the first character, the second character, the third character and the fourth character in the name. Remain blank in the 3rd and 4th space if there
have no more initial(s) to be filled in. Please refer to section 4.4.1 in protocol about participant initial information.

9.4 Dates
The format of date fields is MM/DD/YYYY.

9.5 Rounding
Report values rounded to the number of decimal places allowed on the eCRF. Values should be rounded to the nearest number, for example:
7.35 is round down to 7.4.

9.6 Units
Report all value in units specified on the eCRF. Maintain consistency with units at throughout each visit.

9.7 Participant follow-up
All registered participants must be followed and all eCRFs completed as per protocol, including for participants who discontinue study treatment at any visit. Participant who have withdrawn consent for the trial cannot have data collected after the date of withdrawal of consent. If the participant wishes to discontinue trial treatment but allow data to be collected, they are not considered to have withdrawn consent. Please contact BioLite staff, if a participant withdraws consent or is unwilling or unable to participant in follow-up.

9.8 Consent forms
The original signed information consent form for each participant consenting to the trial should be kept in the Study Manual (or a file note as to location) at site and is NOT to be sent to BioLite.

9.9 Signatures
All eCRFs require an investigator e-signature at the end of the study. The investigator must enter their username and password and will have signed for all required pages.

10. Reference
Protocol of BLI-1008-001
Case Report Form of BLI-1008-001
CRF completion Guidelines
Investigational Product Procedures Manual
Data Validation Plan