

TASK DOCUMENTATION

RTS Global Medications Form

Click here to open/close previously entered data for viewing or editing	
BM1 Variation C	If treatment is for a medical condition or adverse event, a Medical Condition Form or Adverse Event Form must be completed before the medication is entered.
BM4 Variation B	If treatment is for a pre-existing medical condition or adverse event, a Pre-Existing Medical Condition Form or Adverse Event Form must be completed before the medication is entered.
BM2 Variations B and C	When you are updating a previously entered medication, if the medication dose or frequency has changed, enter the stop date for the current medication dose and then enter a new record for the new dose.
ParentRxNormDrugListID	1. Medication Name: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>Note: If the medication you are looking for is not in the list, please click here to send an email to request that it be added to the list.</p>
MedDose MedUnit MedDoseUnk	2. Dose per administration (include unit): Dose: <input style="width: 150px;" type="text"/> Unit: <input style="width: 150px;" type="text"/> or <input type="checkbox"/> Unknown
MedRoute	3. Route: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
MedLocSide	4. If treatment is for eye or ear, complete: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Right Left Both </div>
MedFreqType	5. Frequency: <div style="margin-top: 5px;"> <input type="radio"/> Fixed Regimen <input type="radio"/> As Needed <input type="radio"/> One Time Treatment </div>

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MedFreqNum MedFreqPer MedFreqUnk	5a. If <u>Fixed</u>, complete the following: Frequency: <div style="display: flex; align-items: center;"> <input style="width: 40px; border: 1px solid black;" type="text"/> per <div style="margin: 0 10px;">Day Week Month Year or <input type="checkbox"/> Uncertain</div> </div>
BM3 MedInd	Null 6. Indication: Medical condition prior to enrollment New medical condition/adverse event Prevention
ParentLoginIDMedCondition ParentLoginIDMedCondition2 MedCondNotReqd ParentLogInIDPreExisting ParentLogInIDPreExisting2 PreExistCondNotReqd ParentLogInIDAdvEvent ParentLogInIDAdvEvent2 AdvEventNotReqd MedStartTrtCat	6a. If medical condition (either pre-existing or occurred during the study), select condition(s): Variation C <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input style="width: 150px; border: 1px solid black;" type="text"/> or <input style="width: 150px; border: 1px solid black;" type="text"/> </div> <input type="checkbox"/> Condition not required to be reported on medical condition form 6a. If medical condition prior to enrollment (i.e. pre-existing), select condition(s): Variation B <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input style="width: 150px; border: 1px solid black;" type="text"/> or <input style="width: 150px; border: 1px solid black;" type="text"/> </div> <input type="checkbox"/> Condition not required to be reported on pre-existing condition form 6b. If "Treatment for Adverse Event," select adverse event(s): Variation B Variation C <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input style="width: 150px; border: 1px solid black;" type="text"/> or <input style="width: 150px; border: 1px solid black;" type="text"/> </div> <input type="checkbox"/> Condition not required to be reported on adverse event form Variation B
MedStartPreEnrRange	7. Start Date of Treatment: On treatment at time of enrollment Treatment started after enrollment
MedStartDt MedStartDtApprox MedStartMonth MedStartYear MedStartDtUnk	7a. If on treatment at time of enrollment: Start date: <=30 days >30 days to < 3 months 3 months to < 6 months 6 months to < 1 year 1 year to < 5 years 5 years to < 10 years >=10 years Unknown 7b. If treatment started after enrollment: Start date: Please enter exact date (Month, Day, Year) if known, otherwise estimate the month and year: <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> </div> OR if exact date not known, estimate: <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> (if month unknown and cannot be estimated just enter year) </div> <input type="checkbox"/> Unknown
MedStopDt MedStopDtApprox MedStopMonth MedStopYear MedStopDtUnk MedOngoing	8. Stop Date (or mark box if ongoing): Please enter exact date (Month, Day, Year) if known, otherwise estimate the month and year. <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> </div> OR if exact date not known, estimate: <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> (if month unknown and cannot be estimated just enter year) </div> <input type="checkbox"/> Unknown <input type="checkbox"/> Ongoing

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