

Instructions **** READ THIS BEFORE STARTING ****

Study ID

2

Welcome to the CRP 109 Clinical Data Management Exam. There are at least 25 errors, omissions, issues, or "bad design decisions" in this project. Your goal is to: 1. review and test the project 2. make the corrections in the project as if you were the Project Administrator / Developer 3. document in the User Acceptance Log below. ****Remember - this UAT Log would be considered Auditable so make sure it's complete, accurate, and easy to read for someone that does not know REDCap. This exam is worth 10% of the course.**

This is the User Acceptance Testing Log you will need to fill in and Upload to Blackboard.

[Attachment: "Seneca Test Part 2 - UAT Error Log.docx"]

Demographics

Consent Information

Date subject signed consent	2025-06-18 (YYYY-MM-DD)
-----------------------------	----------------------------

Contact Information

First Name	first
Last Name	last
Street Number:	123
Street Name:	Street
City:	Toronto
Province/Territory:	<input checked="" type="checkbox"/> Ontario
Postal code (format A1A 1A1)	A1A 1A1
Phone number	(416) 123-4567 (Include Area Code)
E-mail	mmustavi@myseneca.ca
Date of birth	1996-08-06
Age (years)	28
Race (check all that apply)	<input checked="" type="checkbox"/> Asian <input checked="" type="checkbox"/> Other
If Other chosen, please elaborate:	test
Gender	<input checked="" type="checkbox"/> Other
If choosing "Other," please specify	test
Has the patient given birth before?	<input checked="" type="checkbox"/> Yes

Please provide the patient's weekly schedule for the activities below.

	Monday	Tuesday	Thursday	Friday	Saturday	Sunday
Gym (Weight Training)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat Out (Dinner/Lunch)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink (Alcoholic Beverages)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Other information

Specify the patient's mood

Very sad Indifferent Very happy



Is patient taking any of the following medications?
(check all that apply)

- ☒ Lexapro
- ☒ Celexa
- ☒ Prozac
- ☒ Paxil
- ☒ Zoloft

Height (cm) 300

Weight (kilograms) 35

BMI 3.9

General Comments

Comments test

Baseline Data

Baseline Measurements	
Date of baseline visit	2025-06-18
Date blood was drawn	2025-06-18
Serum Albumin (g/dL)	3
Serum Albumin (g/L)	50
Date patient begins supplement	2025-06-18

Month 1 Data

Month 1	
Date of Month 1 visit	2025-06-18
Serum Albumin (g/dL)	4
Number of treatments missed	7
How compliant was the patient in drinking the supplement?	<input checked="" type="checkbox"/> 100 percent

Hospitalization Data	
Was patient hospitalized since last visit?	<input checked="" type="checkbox"/> Yes
What was the cause of hospitalization? (check all that apply)	<input checked="" type="checkbox"/> Vascular access related events <input checked="" type="checkbox"/> CVD events <input checked="" type="checkbox"/> Other
If "Other" selected, please elaborate:	test
Date of hospital admission	2025-06-18
Date of hospital discharge	2025-06-18
Discharge summary in patients binder?	<input checked="" type="checkbox"/> Yes

Mortality Data	
Has patient died since last visit?	<input checked="" type="checkbox"/> Yes
Date of death	2025-06-18
What was the cause of death?	<input checked="" type="checkbox"/> All-cause

Month 3 Data

Month 3

Date of Month 3 visit	2025-06-18
Date blood was drawn	2025-06-18
Serum Albumin (g/dL)	4
Transferrin (mg/dL)	100
Collected Plasma 1?	<input checked="" type="checkbox"/> Yes
Collected Plasma 3?	<input checked="" type="checkbox"/> No
Collected Serum 1?	<input checked="" type="checkbox"/> Yes
Collected Serum 3?	<input checked="" type="checkbox"/> No
Subject Global Assessment (score = 1-7)	7
Number of treatments missed	7
How compliant was the patient in drinking the supplement?	<input checked="" type="checkbox"/> 100 percent

Hospitalization Data

Was patient hospitalized since last visit?	<input checked="" type="checkbox"/> Yes
What was the cause of hospitalization?	<input checked="" type="checkbox"/> Vascular access related events <input checked="" type="checkbox"/> CVD events <input checked="" type="checkbox"/> Other
If "Other" selected, please elaborate:	test
Date of hospital admission	2025-06-18
Date of hospital discharge	2025-06-18

Mortality Data

Has patient died since last visit?

☒ Yes

Date of death

2025-06-18

What was the cause of death?

☒ Cardiovascular

Completion Data

Study Completion Information	
Has patient completed study?	<input checked="" type="checkbox"/> No
Has patient withdrawn from study?	<input checked="" type="checkbox"/> Yes
Reason patient withdrew from study (check all that apply)	<input checked="" type="checkbox"/> Hospitalization <input checked="" type="checkbox"/> Other
If "Other" was chosen, please elaborate.	test
General Comments	
Comments	test