

iReport 3.7.5

File Edit View Format Preview Tools Window Help

Warehouse.Stat.Prod

Search (Ctrl+F)

Repository ... Report Insp... \$F{dinner} file_1458063197296.jrxml file_1458063207193.jrxml

Properties

Left 130
Top 112
Width 10
Height 10
Forecolor [0,0,0]
Backcolor [255,255,255]
Opaque
Style
Key
Position Type Fix Relative to Top
Stretch Type No stretch
Print Repeated Values
Remove Line When Blank
Print in First Whole Band
Print When Detail Overflows
Print When Group Changes
Print When Expression
Properties expressions No properties set
Text field properties
Text Field Expression \$F{dinner}
Expression Class java.lang.String
Blank When Null
Pattern
Stretch With Overflow
Evaluation Time Now
Evaluation group
Text properties
Font name SansSerif
Size 5
Bold
Italic
Underline
Strike Through
Pdf Font name is now deprecated Helvetica
Pdf Embedded
Pdf Encoding CP1252 (Western Euro...
Horizontal Alignment Center

Designer XML Preview

SansSerif 5

Re trophin

SPEAKER PROGRAM CAM EVALUATION

PROGRAM INFORMATION		
Speaker:	\$F{speaker_name}	"Location: " + \$F{venue_name}
Program Date:	\$F{program_date}	"# of HCP attendees: " + \$F{estimated_attendees}
Program Type:	<input checked="" type="checkbox"/> Dinner Meeting	<input checked="" type="checkbox"/> Lunch Meeting <input checked="" type="checkbox"/> Breakfast Meeting
Program #:	\$F{program_number}	
Topic:	<input type="checkbox"/> Thiola	

CAM INFORMATION		
CAM Name:	\$F{rep_name}	"Cell: " + \$F{rep_cell}
Territory Name:	\$F{territory}	"Email: " + \$F{rep_email}

SPEAKER EVALUATION					
	Excellent	Good	Satisfactory	Fair	Poor
Overall delivery of the presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker's knowledge of the chosen Topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker's interaction with the audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM EVALUATION					
	Excellent	Good	Satisfactory	Fair	Poor
Overall rating of program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time allotted for presented materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A/V Equipment and Logistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title

Did the speaker state that they were speaking on behalf of Retrophin at the beginning of the program?

1:33 PM 3/15/2016

SPEAKER PROGRAM CAM EVALUATION

PROGRAM INFORMATION		
Speaker:	Dr. Ross Goldstein	Location: Ruth's Chris Steak House
Program Date:	March 1st, 2016	# of HCP attendees: 10
Program Type:	<input checked="" type="checkbox"/> Dinner Meeting <input type="checkbox"/> Lunch Meeting <input type="checkbox"/> Breakfast	
Program #:	1299MR0116	
Topic:	<input type="checkbox"/> Thiola	

CAM INFORMATION		
CAM Name:	Tony Ramey	Cell: (601) 613-5731
Territory Name:	New Orleans	Email: tony.ramey@retrophin.com

SPEAKER EVALUATION					
	Excellent	Good	Satisfactory	Fair	Poor
Overall delivery of the presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker's knowledge of the chosen Topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker's interaction with the audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM EVALUATION					
	Excellent	Good	Satisfactory	Fair	Poor
Overall rating of program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time allotted for presented materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A/V Equipment and Logistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue (_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did the speaker state that they were speaking on behalf of Retrophin at the beginning of the program?

YES or NO (Circle the appropriate response)

Did the speaker present all the slides in the presentation? YES or NO

Did the speaker use the approved slide deck without any changes, additions or deletions? YES or NO

Did the speaker answer all off-label questions on a 1:1 basis after the presentation? YES or NO or N/A

Did the speaker distribute ANY non-Retrophin materials to the audience? YES or NO

Did a minimum of 5 HCPs attend this presentation? YES or NO

-If NO, what would you attribute to this low attendance? _____

COMMENTS: