

# **Randomizing a Patient**



# **Central Randomization System (CRS)**

https://ceru.hpcvl.queensu.ca/EDC2/CRS/index.php



| User name:<br>Password:<br>Login<br>Forgot Password? |  |
|--|--|
| Forgot Password?                                     |  |





#### **CRS Access**

- + Complete the Excel spreadsheet with the name, email address, and study role of each team member who needs CRS and/or REDCap access.
- + Each study team member needs their own CRS login. Do not share.
- + Send the Excel sheet to the Project Lead at CERU (via email preferred): <u>maureen.dansereau@queensu.ca</u>

|   | SITE (INSTITUTION) NAME: |           |                                  | SITE NUMBER:            |        |        |
|---|--------------------------|-----------|----------------------------------|-------------------------|--------|--------|
|   |                          |           |                                  | ROLE -Qualifed          |        |        |
|   |                          |           |                                  | Investigator, sub-      |        |        |
|   |                          |           |                                  | Investigator ,Research  |        |        |
|   |                          |           |                                  | Coordinator, Dieittian, | CRS    | REDCap |
|   | FIRST NAME               | LAST NAME | EMAIL ADDRESS                    | Data Entry, other       | ACCESS | ACCESS |
| I | Example below:           |           |                                  |                         |        |        |
|   |                          |           |                                  |                         |        |        |
|   | Taylor                   | Beauchamp | taylor.beauchamp@institution.gov | Research Coordinator    | X      | X      |
|   | Taylor                   | Beauchamp | taylor.beauchamp@institution.gov | Research Coordinator    | X      | X      |
|   | Taylor                   | Beauchamp | taylor.beauchamp@institution.gov | Research Coordinator    | X      | X      |



# **CRS Login**

- + If you already have access to the CRS for VICToRY your username and password will remain the same.
- + If you do not have access, you will receive an email with your username and temporary password. Change your password the first time you login.
- + There is now Multi-Factor Authentication (MFA) required every 30 days and the code will be sent to your email.
- + Access the CRS (Central Randomization System) at: <u>https://ceru.hpcvl.queensu.ca/EDC2/CRS/index.php</u>
- + Login to enter screening data and randomize patients.





# **Multi-Factor Authentication (MFA)**

- + Multi-Factor Authentication (MFA) has been added to the CRS.
- + The code will expire every 30 days.

| Y | Your Multi-Factor Authentication Code (MFA) has expired. A new MFA code has been sent to your email address on file. Please enter the new code provided below. |  |
|---|--|--|
|   | MFA Code: Submit   |  |





# **MFA (continued)**

- + A code will be sent to your email.
- For new accounts you will need to create your password and will then login and be asked for your MFA. During this process you will receive 2 MFA code emails. Please use the second one.

Your Multi-Factor Authentication Code (MFA) is: KQcq2Xmh

If you have any other questions please contact IT support.

DO NOT reply to this email address.





# **MFA (continued)**

+ Once you have entered your new MFA code you will receive the following message and be redirected to the login screen.



You will now be redirected to the login screen...





# **CRS Screening: who to enter**

Enter all screened patients, who meet the inclusion criteria into the CRS:

- + Even if they meet an exclusion criteria
- + Even if you did not get consent

| Inclusion Criteria<br>Present | Exclusion Criteria<br>Present | Informed Consent Obtained                                   | Enter into<br>CRS | Comments                       |
|-------------------------------|-------------------------------|---|-------------------|--------------------------------|
| $\checkmark$                  | ×                             | $\checkmark$  | $\checkmark$      | Randomized                     |
| $\checkmark$                  | X                             | X   | $\checkmark$      | Eligible but Not<br>Randomized |
| $\checkmark$                  | $\checkmark$                  | Exclusion criteria met –<br>Do not approach for consent     | $\checkmark$      | Not Eligible                   |
| ×                             | X                             | Inclusion criteria not met –<br>Do not approach for consent | X                 | Do NOT enter into CRS          |



#### **CRS Home Screen**

- + After you Login, you will see a list of studies you are participating in with CERU using the CRS.
- + Click on VICToRY

| A Home     | Study Name | VICToRY Test |
|------------|------------|--------------|
| Contact us | VICTORY    |              |
|            |            |              |





# **CRS: Adding a Patient**

+ To enter data for a new patient, select Add Patient







# **CRS: Inclusion Criteria**

- + When you click 'Add Patient' you will be taken to the Inclusion Criteria form.
- + Complete all fields and click 'Save', you will then be taken to the next form.

| Screening Date:   | MM-DD)             |
|---|--------------------|
| A subject will be eligible for inclusion in this study only if all of the following                                     | ng criteria apply: |
| 1. Adult (≥ 18 years of age) at the time of consent   | ○ Yes<br>○ No      |
| 2. Deep 2nd and/or 3rd degree burns requiring skin grafting with a minimum of Total Body Surface Area (TBSA) burn ≥ 20% | ○ Yes<br>○ No      |





# **CRS: Exclusion Criteria**

#### + Complete the exclusion criteria form.

| A subject will not be eligible for this study if any of the following criteria apply:                                 |               |
|---|---------------|
| 1. > 24 hours from admission to ICU or burn unit to assessment.   | ○ Yes<br>○ No |
| 2. Patients admitted to burn unit > 24 hours from injury or accident.   | ○ Yes<br>○ No |
| 3. Patients who are moribund (not expected to survive the next 72 hours).   | ○ Yes<br>○ No |
| 4. Pregnancy (pregnancy will be ruled out as part of standard of care) or lactating.                                  | ○ Yes<br>○ No |
| 5. Enrolment in another industry sponsored ICU intervention study (co-enrollment in the RE-ENERGIZE trial is allowed) | ○ Yes<br>○ No |
| 6. Receiving high-dose IV vitamin C already (enteral or oral vitamin C is allowed).                                   | ○ Yes<br>○ No |
| 7. Known glucose-6-phosphate dehydrogenase (G6PD) deficiency.   | ○ Yes<br>○ No |
| 8. Recent history of kidney stones (within the last year).  | O Yes<br>O No |





- + When the patient is eligible, complete the Pre-Randomization form.
- + Indicate whether you used Standard, Deferred, or Professional consent (you should only use consent types approved by your ethics).

| Did you confirm eligibility of the subject with the site investigator, or sub-<br>investigator? | ● Yes<br>○ No   |
|---|---|
| Please indicate the name of the physician who confirmed subject eligibility                     | Smith   |
| Type of consent:  | ✓<br>Standard (patient, family, SDM, LAR)<br>Deferred<br>Professional (impartial third party) |





+ When using **Standard** consent if the patient/SDM was not approached for consent, select the **primary** reason you did not approach for consent.

| Type of consent:   | Standard (patient, family, SDM, LAR) |  |
|--|--------------------------------------|--|
| Was SDM/subject approached for consent?                        | ○ Yes<br>● No                        |  |
| Please indicate why SDM/subject was not approached for consent | <ul> <li>✓</li> </ul>                |  |
|  | Next of kin or SDM not available     |  |
|  | Missed subject                       |  |
|  | Language barriers                    |  |
|  | Family dynamics                      |  |
|  | Recommendation of clinical team      |  |
|  | CRS unavailable                      |  |
|  | Pharmacy unavailable                 |  |
|  | Other, please specify                |  |





+ If you approached for **Standard** consent and consent is <u>NOT</u> obtained, indicate the **primary** reason consent was not obtained.

| Type of consent:  | Standard (patient, family, SDM, LAR) $\checkmark$  |  |
|---|--|--|
| Was SDM/subject approached for consent?                       | Yes<br>No  |  |
| Was consent obtained from the SDM/subject?                    | <ul><li>○ Yes</li><li>● No</li></ul>   |  |
| Choose the most important reason why consent was not obtained | ✓<br>Too overwhelmed<br>Not interested<br>Did not respond (timed out)<br>Other, please specify |  |



+ When using **Deferred or Professional** consent and consent is <u>NOT</u> obtained, indicate the **primary** reason consent was not obtained.

| Type of consent:  | Deferred                        |
|---|---------------------------------|
| Was Deferred/Professional consent obtained?                   | ○ Yes<br>● No                   |
| Choose the most important reason why consent was not obtained | ~                               |
|   | Professional refused            |
|   | Recommendation of clinical team |
|   | Timed out                       |
|   | CRS unavailable                 |
|   | Pharmacy unavailable            |
|   | Other, please specify           |





- + Enter dates in YYYY-MM-DD format or click in the date box to open the calendar.
- + Enter Times per 24-hour clock. If time is before 10:00, you must enter a leading zero.

| Consent Date             | 2020-06-08 (YYYY-MM-DD)          |
|--------------------------|----------------------------------|
| Consent Time             | 09:15 (HH:MM 24hr)               |
| Height                   | <b>172</b> ● cm ○ inches         |
| How was height obtained? | Measured V                       |
| Weight                   | 70 🔍 kg 🔿 lbs                    |
| How was weight obtained? | Measured<br>Estimated<br>Unknown |

 Indicate if height and weight were 'measured' or 'estimated', if you don't know how they were obtained select 'unknown'.



## **CRS: Randomization**

- + After clicking 'Save' on the bottom of the Pre-Randomization form, you will receive a Randomization Confirmation.
- + Print the page.
- + File it with your study records.
- + Contact your pharmacy.

You have successfully RANDOMIZED this subject to the VICTORY trial

| Randomization<br>#:    | 1002V011                |
|------------------------|-------------------------|
| Randomization<br>Date: | 2020-06-08<br>11:26 EST |
| Height:                | 172.00 cm               |
| Weight:                | 70.00 kg                |
| BMI:                   | 23.7                    |
|                        |                         |

Print page for your records

#### Contact your pharmacy to alert them of this new randomization!

Note: Remember to make an entry in the subject's medical chart to indicate they have been randomized to study treatment.



# **Randomization and Screening Numbers**

- + Every patient entered into the CRS will have a **Screening Number**.
- + Each patient randomized will also have a Randomization Number.

#### Number format:

- + First 4 digits = your site number
- + 5th alpha character indicates Screened "T" or Randomized "V"
- + Last 3 digits = ascend sequentially starting with 001
  - + Screening and randomization numbers advance independently

Example:

Screening #: 1002T006 Randomization #: 1002V003 This is the 6th patient screened and 3rd randomized





## **Site Status Page**

- + This page lists all patients screened and randomized at your site.
- To view any patient in the list, click on the corresponding Screening # or Status.

#### Site Status Page

|                    | Find | #:             | Find                        |  |
|--------------------|------|----------------|-----------------------------|--|
| (enter Patient # ) |      |                |                             |  |
| Screening #        | 0    | Enrollment # 🔍 | Status                      |  |
| 1094T015           |      | 1094V006       | Randomized                  |  |
| 1094T014           |      | 1094V005       | Randomized                  |  |
| 1094T013           |      | 1094V004       | Randomized (REEN No)        |  |
| 1094T012           |      | 1094V003       | Randomized (REEN Yes)       |  |
| 1094T006           |      | 1094V002       | Randomized (REEN Yes)       |  |
| 1094T003           |      | 1094V001       | Randomized (REEN No)        |  |
| 1094T011           |      |                | Not Eligible                |  |
| 1094T010           |      |                | Eligible but Not Randomized |  |
| 1094T009           |      |                | Eligible but Not Randomized |  |
| 1094T008           |      |                | Eligible but Not Randomized |  |
| 1094T007           |      |                | Not Eligible                |  |
| 1094T005           |      |                | Eligible                    |  |
| 1094T004           |      |                | Not Eligible                |  |
| 1094T002           |      |                | Not Eligible                |  |
| 1094T001           |      |                | Not Eligible                |  |



# **Patient Status Page**

- + Indicates the status of each data entry form for the patient.
- + You may still open locked forms, but if any changes are required you will need to contact the PL.

#### **Patient Status Page**

- 🔒 Inclusion Form
- 🗎 Exclusion Form
- Pre-Randomization Form
- Randomization Confirmation Form

| Status        | Symbol   | Description  |
|---------------|--|--|
| Completed     | <ul> <li>Image: A second s</li></ul> | All data has been completed and saved.   |
| Not Completed | ×  | Data has not yet been entered on the form.   |
| Locked        | 8  | The patient has been randomized and the data is locked (no longer able to be edited by the site user). |







