



User's Manual for National Transplant Registry (NTR) for *Blood and Marrow* Web Application

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Table of Contents

1.0	NTR WEB APPLICATION MODULES.....	3
1.1	Online data access and Remote data capture	3
1.2	Real time report	3
1.3	Data Standard	3
1.4	Maintenance	3
1.5	Access Control	3
2.0	SECURITY	4
2.1	Policies and Practices as follows.....	4
3.0	HOW TO ACCESS NTR WEB APPLICATION	5
4.0	STEP BY STEP PROCEDURE IN USING NATIONAL TRANSPLANT REGISTRY (NTR) FOR <i>BLOOD AND MARROW TRANSPLANT</i> WEB APPLICATION.....	9
4.1	Blood and Marrow Transplant	9
4.1.1	Navigation Toolbars	10
4.1.2	Main Menu	10
4.1.3	New Patient Data Entry.....	10
4.1.4	Register New Blood and Marrow Transplant Patient	11
4.1.5	Patient List	20
4.1.6	Statistic	24
4.1.7	Data Download.....	25
4.1.8	Data Query	28
4.1.9	Change Password	28
4.1.10	Help.....	29
4.1.11	Logout.....	29
5.0	HELP DESK SUPPORT	30
6.0	NATIONAL TRANSPLANT REGISTRY (NTR) FOR <i>BLOOD AND MARROW TRANSPLANT</i> DATA ENTRY PROCESS	31

1.0 NTR WEB APPLICATION MODULES

1.1 Online data access and Remote data capture

Each SDP is given right to access its own data and is able to enter data remotely at its site via the NTR Web Application

1.2 Real time report

Reports are generated on a real time basis based on data entered via the online data access and Remote data capture module.

1.3 Data Standard

These documents contain definition of all variables collected in all the NTR registries.

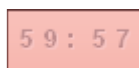
1.4 Maintenance

This module allows user to change their password. Users are encourage to change their own password after every three months for security reasons.

1.5 Access Control

Only authorized users can gain access to a system. Depending on the role of user, different users have different access rights to the application, i.e. some may view data only but not edit data, some may view and edit data, etc.

Timer – On top of each application, timer has been set from 60 minutes and will decrease each time the application left idle. If the application is left idle for more than 60 minutes, the application will be logged off automatically.



Picture 1.1 *Timer*

2.0 SECURITY

Each authorised user is required to read through, understand and sign The Security Policy for NTR Web Application before being authorised to access the application. This is to ensure that users play an active role in ensuring security of data at their level.

2.1 Policies and Practices as follows

As a good security practice, you are **strongly advised** to:

Keep your password confidential!

- **Avoid** sharing or divulging your Password to anyone. This includes any person who may appear to represent or work for the Registry. Our administrator do not request for your password at any time.
- **Avoid** using the same Web Application Password for any other web-based services such as for e-mail or for Internet Service Provider login.
- **Avoid** choosing a Password that is easily anticipated by a third party, like your NRIC number, telephone number, date of birth, etc. You should select a unique Password to make it difficult for anyone to anticipate.
- **Avoid** writing down or "saving" your Password on your browser or any other software. Memorizes your Password.
- If you suspect your Password may have been compromised, change your Password **immediately**.

***Tips:** Your password is what tells the system that you are who you say you are. Because your password is like a key to your account, you need to safeguard it. Anyone who has your password can pose as you. Therefore, you may be held responsible for someone else's actions, if they are able to get your password. Do not record your passwords down, memories them!*

Ensure you are accessing the correct website!

Never access the website via a hyperlink from an e-mail. Always enter the correct website address yourself, which is <https://www.macr.org.my/entr/>.

Only access Web Application using a secure and trusted computer!

- **Never** access your Web Application on computers / devices which you have doubts with regard to security, such as those located in public places. If you have to use such computers (for example, when you are outside the office), change your password once you have access to a secure computer.
- Keep your operating system (eg. Microsoft Windows) and Internet-related software updated with the latest security patches.
- Protect your computer from viruses and malicious programs with anti-virus software and firewalls where possible. Always **update** your anti-virus software with the latest virus signatures.
- Always log out your Internet session by clicking on the "logout" button whenever you leave your computer, even for a short while. Do not simply close the browser window when you wish to end the Web Application session.

3.0 HOW TO ACCESS NTR WEB APPLICATION

1. Register the centre as Source Data Provider with NTR Registry, contact NTR Manager at Tel: 03-2681 5948 or email ntr@acrm.org.my
2. Fill in the authorization list form for the purpose of access control and sign the security policy form to receive a username and password.
3. Access to ACRM Website at <http://www.acrm.org.my>



Picture 1.2 ACRM Home page

4. Click on the NTR link and the NTR website will be displayed as show in Picture 1.1 or can access to NTR Website at <http://www.mst.org.my/ntrSite/index.htm>

National Transplant Registry

NATIONAL TRANSPLANT REGISTRY

The National Transplant Registry (NTR) collects information about patients who had undergone organ or tissue transplantation. The information allows us to estimate the magnitude of transplant activity in the country. Such information besides being useful to practitioner of transplantation is also useful in assisting the MOH, Non-Governmental Organizations, private providers and industry in the planning and evaluation of transplant services.

NTR REPORTS

5th Report of the National Transplantation Registry 2008
Click [here](#)

Publication from NTR available for Download
Fourth Report of the National Transplant Registry 2007

Click here to go to National Transplant Registry (NTR) Web Application

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The NTR would like to invite you to be its sponsor

Click here to find out the benefits of being sponsor
Contact us today!

Contact Us

National Transplant Registry
Level 5, Menara Wisma Sejarah

Picture 1.3 National Transplant Registry (NTR) website

5. To go to NTR Web application, click the **- eNTR** eNTR link.
6. You also can go directly to eNTR Web Application at <https://www.macr.org.my/entr>

7. On the login page, key in the *username* and *password* in the appropriate column and then, click on the *Sign in* button.



Picture 1.4 National Transplant Registry (NTR) web application - : Welcome page

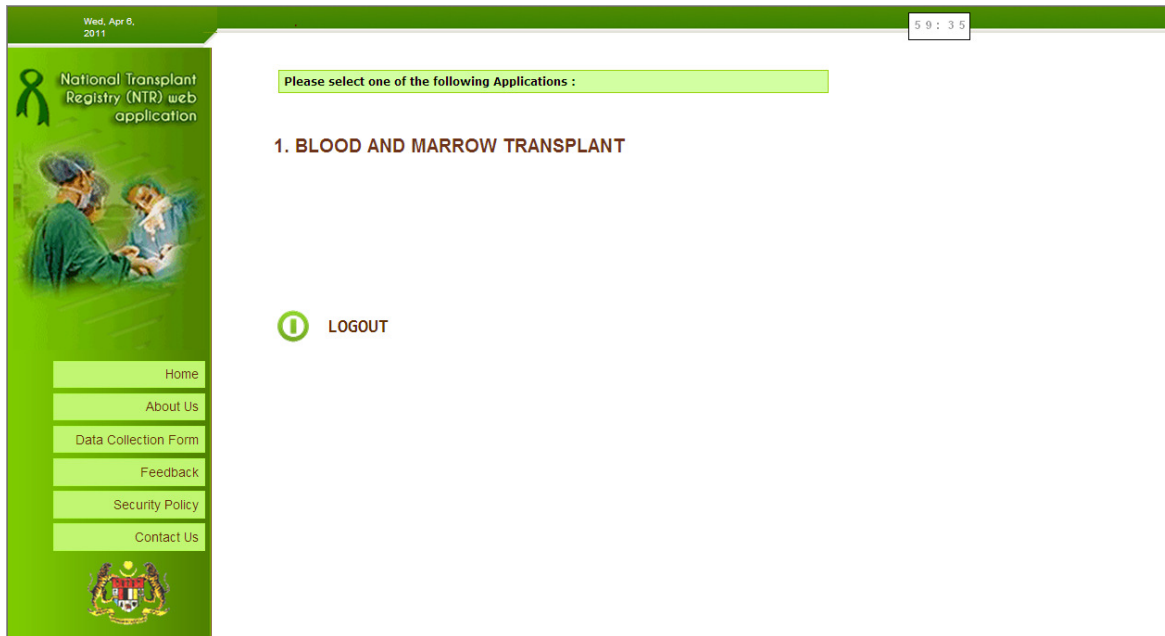
User authentication – There are two levels of user authentication. After user logs in using *Username* and *password*, an SMS containing Authentication Code will be sent to user's mobile phone. User then types in the *Auth Code* before gaining access to the system.

8. Key in the authentication code received via SMS.



Picture 1.5 Authentication page

9. The next page allows the user to select the Blood and Marrow Transplant application.



Picture 1.6 Application selection page – *Blood and Marrow Transplant*

4.0 STEP BY STEP PROCEDURE IN USING NATIONAL TRANSPLANT REGISTRY (NTR) FOR BLOOD AND MARROW TRANSPLANT WEB APPLICATION

4.1 Blood and Marrow Transplant

Upon selecting Blood and Marrow Transplant application link on the application selection page, user will be directed to Patient List.

Blood and Marrow Transplantation

5.9 : 2.3

bmt_mc - (Doctor in-charge/ Medical Coordinator (BMT))

Main Menu
Patient List
New Patient Data Entry
Statistics
Data Download
Data Query
Change Password
Help
Logout

Patient Id	Equal to (S) <input type="text"/>	From <input type="text"/>	To <input type="text"/>	
Name	Whole word (S) <input type="text"/>	<input type="text"/>		
MyKad/MyKid	Whole word (S) <input type="text"/>	<input type="text"/>		
Old IC	Whole word (S) <input type="text"/>	<input type="text"/>		
Other ID document No	Whole word (S) <input type="text"/>	<input type="text"/>		
National Registry patient number	Equal to (S) <input type="text"/>	<input type="text"/>		
Reporting centre name	Equal to (S) <input type="text"/>	<input type="text"/>		
Date of this Report	Equal to (S) <input type="text"/>	From <input type="text"/>	To <input type="text"/>	
<input type="button" value="Show"/> <input type="button" value="Show All"/>				

Blood and Marrow Transplant Patient List							Patient Details (view/update patient particulars)																																																																												
No	Patient Id	Name	MyKad/MyKid	Gender	Unique Patient No.	Notification																																																																													
1	38	20110222_TEST	MyKad number : 850202-02-0205	Male		<div style="text-align: center; margin-bottom: 5px;"> 10 Notification </div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: left;"> <thead> <tr style="background-color: #f0f0f0;"> <th>No</th> <th>Pt</th> <th>Notif ID</th> <th>SDP</th> <th>Tx Center</th> <th>Date of Notification</th> <th>Disease</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>66</td> <td></td> <td>BMT Adult, UMMC</td> <td>HKL (Adult)</td> <td></td> <td>Hemoglobinopathy -> (Please complete Section 18: Hemoglobinopathy)</td> </tr> <tr> <td>2</td> <td>65</td> <td></td> <td>BMT Adult, UMMC</td> <td>Missing</td> <td></td> <td>Anaemia -> (Please complete Section 17: Anaemia)</td> </tr> <tr> <td>3</td> <td>64</td> <td></td> <td>BMT Adult, UMMC</td> <td>Missing</td> <td></td> <td>Plasma Cell Disorder including Multiple Myeloma -> (Please complete Section 16: Plasma Cell Disorder including Multiple Myeloma)</td> </tr> <tr> <td>4</td> <td>63</td> <td></td> <td>BMT Adult, UMMC</td> <td>Missing</td> <td></td> <td>Myeloproliferative Syndrome -> (Please complete Section 15: Myeloproliferative Syndrome)</td> </tr> <tr> <td>5</td> <td>62</td> <td></td> <td>BMT Adult, UMMC</td> <td>Missing</td> <td></td> <td>Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPS) -> (Please complete Section 14: Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPS))</td> </tr> <tr> <td>6</td> <td>61</td> <td></td> <td>BMT Adult, UMMC</td> <td>Missing</td> <td></td> <td>Myelodysplastic Syndrome (MDS) -> (Please complete Section 13: Myelodysplastic Syndrome (MDS))</td> </tr> <tr> <td>7</td> <td>60</td> <td></td> <td>BMT Adult, UMMC</td> <td>Missing</td> <td></td> <td>Lymphomas -> (Please complete Section 12: Lymphomas)</td> </tr> <tr> <td>8</td> <td>59</td> <td></td> <td>BMT Adult, UMMC</td> <td>Missing</td> <td></td> <td>Other Leukemias -> (Please complete Section 11: Other Leukemias)</td> </tr> <tr> <td>9</td> <td>58</td> <td></td> <td>BMT Adult, UMMC</td> <td>Missing</td> <td></td> <td>Chronic MyelogenousLeukemia (CML) -> (Please complete Section 10: Chronic MyelogenousLeukemia (CML)Note: CMML is Not (CML)</td> </tr> <tr> <td>10</td> <td>57</td> <td></td> <td>BMT Adult, UMMC</td> <td>Missing</td> <td></td> <td>Acute Leukemias -> (Please complete Section 9: Acute Leukemias)</td> </tr> </tbody> </table>	No	Pt	Notif ID	SDP	Tx Center	Date of Notification	Disease	1	66		BMT Adult, UMMC	HKL (Adult)		Hemoglobinopathy -> (Please complete Section 18: Hemoglobinopathy)	2	65		BMT Adult, UMMC	Missing		Anaemia -> (Please complete Section 17: Anaemia)	3	64		BMT Adult, UMMC	Missing		Plasma Cell Disorder including Multiple Myeloma -> (Please complete Section 16: Plasma Cell Disorder including Multiple Myeloma)	4	63		BMT Adult, UMMC	Missing		Myeloproliferative Syndrome -> (Please complete Section 15: Myeloproliferative Syndrome)	5	62		BMT Adult, UMMC	Missing		Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPS) -> (Please complete Section 14: Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPS))	6	61		BMT Adult, UMMC	Missing		Myelodysplastic Syndrome (MDS) -> (Please complete Section 13: Myelodysplastic Syndrome (MDS))	7	60		BMT Adult, UMMC	Missing		Lymphomas -> (Please complete Section 12: Lymphomas)	8	59		BMT Adult, UMMC	Missing		Other Leukemias -> (Please complete Section 11: Other Leukemias)	9	58		BMT Adult, UMMC	Missing		Chronic MyelogenousLeukemia (CML) -> (Please complete Section 10: Chronic MyelogenousLeukemia (CML)Note: CMML is Not (CML)	10	57		BMT Adult, UMMC	Missing		Acute Leukemias -> (Please complete Section 9: Acute Leukemias)
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Picture 1.7 Patient Lists for Blood and Marrow Transplant

4.1.1 Navigation Toolbars

On top of Blood and Marrow Transplant page, there are 9 menu navigation toolbars which include:

- i. Main Menu
- ii. Patient List
- iii. New Patient Data Entry
- iv. Statistics
- v. Data Download
- vi. Data Query
- vii. Change Password
- viii. Help
- ix. Log Out



Picture 1.8 Menu Navigation toolbars for Blood and Marrow Transplant

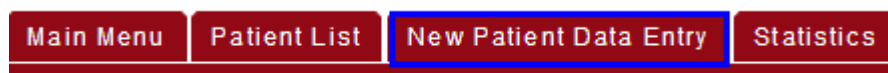
User's can only view parts of this menu navigation toolbars depends on their group that has been assigned to them.

4.1.2 Main Menu

Navigate to Main Menu. (See Picture 1.6)

4.1.3 New Patient Data Entry

Before registering a patient, please verify that patient has not been registered in the system before by clicking on **New Patient Data Entry** tab.





Picture 1.9 New Patient Data Entry Tab Menu

[Patient Verification Before Registration](#) 5.9 : 3

Please verify that the patient you wish to register has not been registered before in the registry. Only register NEW Patient if NO record is found or the patient identities are NOT the same. This is to avoid duplication of registration.

Steps :

1. Enter one or more search criteria at the Search section and click Search. It is encouraged to enter MyKad Num first if available.
2. If no record is found in the list below, click on the  to register a new Blood and Marrow transplantation patient.
3. If a record is found in the list below, click on the  to enter the Blood and Marrow Transplant Notification Form List. Further instruction is available on the page.

To find a patient, you must enter at least 4 characters at MyKad/MyKid field at first otherwise find any other one of the fields below :

SEARCH

MyKad/MyKid (Please key in with dash, eg. 880226-05-5500 or minimum 4 characters)

Name (Please key in minimum 4 characters)

Old IC (Please key in minimum 4 characters)

Other ID document No (Please key in minimum 4 characters)

Please enter at least one of the fields above to search (e.g Name, MyKad/MyKid, Old IC, Other ID document No).

1. Key in one of the patient information with minimum 4 characters

2. Select the filter for better search

3. Click the button 'Search' to start searching

No.	Patient Id	Name	MyKad/MyKid	Old IC	Other ID document No	Gender	Action
-----	------------	------	-------------	--------	----------------------	--------	--------

Picture 1.10 Patient Search Page

In this page, user can view and search for the patients records within the whole centre.

In the 'Search' section, search the patient by type in the MyKad/MyKid, Patient Name, Old IC or Other ID Document No of the patient with not less than 4 characters. Use the filter for better search. Click on the search button to start searching.

4.1.4 Register New Blood and Marrow Transplant Patient

If the patient exists in the database (i.e. Patient is shown in the patient list), click on Notification button of the patient to view the list of Blood and Marrow Transplant notification for that patient.

SEARCH

MyKad/MyKid: Whole word (S) [850202-02-0205] (Please key in with dash, eg. 880226-05-5500 or minimum 4 characters)

Name: Whole word (S) [] (Please key in minimum 4 characters)

Old IC: Whole word (S) [] (Please key in minimum 4 characters)

Other ID document No: Whole word (S) [] (Please key in minimum 4 characters)


Search

Patient List

No.	Patient Id	Name	MyKad/MyKid	Old IC	Other ID document No	Gender	Action																					
1	38	20110222_TEST	MyKad number : 850202-02-0205		Male		<div>Click the blue button to view the Notification List</div> <div>10 Notification</div> <table border="1"> <thead> <tr> <th>No</th> <th>Pt</th> <th>Notif ID</th> <th>SDP</th> <th>Tx Center</th> <th>Date of Notification</th> <th>Disease</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>66</td> <td></td> <td>BMT Adult, UMMC</td> <td>HKL (Adult)</td> <td></td> <td>Hemoglobinopathy -> (Please complete Section 18: Hemoglobinopathy)</td> </tr> <tr> <td>2</td> <td>65</td> <td></td> <td>BMT Adult, UMMC</td> <td>Missing</td> <td></td> <td>Anaemia -> (Please complete Section 17: Anaemia)</td> </tr> </tbody> </table>	No	Pt	Notif ID	SDP	Tx Center	Date of Notification	Disease	1	66		BMT Adult, UMMC	HKL (Adult)		Hemoglobinopathy -> (Please complete Section 18: Hemoglobinopathy)	2	65		BMT Adult, UMMC	Missing		Anaemia -> (Please complete Section 17: Anaemia)
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1	66		BMT Adult, UMMC	HKL (Adult)		Hemoglobinopathy -> (Please complete Section 18: Hemoglobinopathy)																						
2	65		BMT Adult, UMMC	Missing		Anaemia -> (Please complete Section 17: Anaemia)																						

Picture 1.11 Patient Search Page - Patient Exist

If patient doesn't exist (i.e. Patient is NOT shown in the patient verification list), click on

the blue icon  Add Bone & Tissue Tx in as shown in Picture 1.12 bellow to register a new patient.

SEARCH

MyKad/MyKid: Whole word (S) [850202-02-0206] (Please key in with dash, eg. 880226-05-5500 or minimum 4 characters)

Name: Whole word (S) [] (Please key in minimum 4 characters)

Old IC: Whole word (S) [] (Please key in minimum 4 characters)

Other ID document No: Whole word (S) [] (Please key in minimum 4 characters)

Search

Patient Not Found, Kindly check the criteria you have provided, or Click on the Add button below to register new patient.

Add BMT Tx 

Patient List

No.	Patient Id	Name	MyKad/MyKid	Old IC	Other ID document No	Gender	Action
-----	------------	------	-------------	--------	----------------------	--------	--------

Picture 1.12 Patient Search Page – Register New Patient

After click on blue icon, user will be brought to Blood and Marrow Transplant Notification Form as shown in Picture 1.13 bellow.

5	4	3	2	1
SECTION 9: ACUTE LEUKEMIAS	SECTION 8: PATIENT STATUS AT LAST CONTACT	SECTION 7: MALIGNANT DISEASE EVALUATION FOR THIS HSCT	SECTION 6: ADDITIONAL TREATMENT INCLUDING CELL INFUSION	SECTION 5: AFTER HSCT
SECTION 4: PREPARATION REGIMEN				
SECTION 3: HSCT				
SECTION 2: DISEASE				
SECTION 1: PATIENT DETAILS				

New BLOOD AND MARROW TRANSPLANT NOTIFICATION FORM			
General Information			
i. Reporting centre name			ii. ** Date of this Report
iii. ** Place of Transplant centre	Local <input type="text"/> Other, specify: <input type="text"/>		iv. Name of Transplant centre
1. APBMT Center No.	2. CIBMTR Center No.	3. EBMT Code (CIC)	
4. Hospital	5. Unit		
6. Contact person	a. Name	b. Phone	d. Email
7. Report information	c. Patient following national / international study / trial (Defaulted as No)		
	a. CIBMTR patient (recipient) identification number	i. Name of study / trial	
	b. EBMT patient (recipient) number		
	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not available <input type="radio"/> Missing		
SECTION 1: PATIENT DETAILS			
1. Unique patient number or Code	2. Centre Specification Number		
3. ** Name	4. Initials		
5. ** NFIC	MyKid/ MyKid		
	Other ID document No	OIDC	
	Specify document type (if others)	<input type="radio"/> Army <input type="radio"/> Police <input type="radio"/> Mother's IC <input type="radio"/> Father's IC <input type="radio"/> Work Permit <input type="radio"/> Passport <input type="radio"/> Birth Certificate <input type="radio"/> Pension Card <input type="radio"/> Others <input type="radio"/> Not available	

Picture 1.13 Blood and Marrow Transplant Notification Form

The Blood and Marrow Transplant Notification Form consist of 9 different sections that need to be filled in.

For Section 9 until Section 29 will be appear, depends on Disease you choose on Section 2.

Field with ** symbols are mandatory which cannot be blank or missing, otherwise action submitted will be rejected and show the error in color red. So it is advisable for user to rectify the errors before click the **Save** button. Clicking on the validator link will highlight the corresponding fields that got error.

- **SECTION 1: PATIENT DETAILS** : Name cannot be blank!
- **SECTION 1: PATIENT DETAILS** : Please key in one of the following : 1) MyKad/MyKid 2) Old IC 3) Other ID document No. 4) Other ID Doc for age below 12!
- **SECTION 1: PATIENT DETAILS** : Gender cannot be missing!
- **SECTION 1: PATIENT DETAILS** : Date of Birth cannot be blank!
- **SECTION 1: PATIENT DETAILS** : Ethnic group cannot be missing!
- **SECTION 1: PATIENT DETAILS** : Age at notification cannot be blank!
- **SECTION 3: HSCT** : Type of HSCT cannot be missing!
- **SECTION 3: HSCT** : Date of this HSCT cannot be blank!
- **SECTION 3: HSCT** : Source of stem cells : Item 1 to 4. Please answer at least one!

User need to resolve the validator message before saving

Clicking on the validator link will highlight the corresponding field that got error

1	Unique patient number or Code		
3 **	Name	Mandatory!	
5 **	NRIC	Please key in one of the following : 1) MyKad/MyKid 2) Old IC 3) Other ID document No. 4) Other ID Doc for age below 12! MyKad/MyKid: <input type="text"/> Old IC: <input type="text"/> Other ID document No: <input type="text"/> Specify document type (if others): <input type="radio"/> Army <input type="radio"/> Mother's IC <input type="radio"/> Work Permit <input type="radio"/> Birth Certificate <input type="radio"/> Others <input type="radio"/> Police <input type="radio"/> Father's IC <input type="radio"/> Passport <input type="radio"/> Pension Card <input type="radio"/> Not available <input checked="" type="radio"/> Missing Other specify: <input type="text"/>	
6	Address: State	<input type="radio"/> Johor Darul Takzim <input type="radio"/> Pahang Darul Makmur <input type="radio"/> Sarawak <input type="radio"/> Wilayah Persekutuan (Labuan) <input type="radio"/> Kedah Darul Aman <input type="radio"/> Perak Darul Ridzuan <input type="radio"/> Selangor Darul Ehsan <input type="radio"/> Wilayah Persekutuan (Putrajaya) <input type="radio"/> Kelantan Darul Naim <input type="radio"/> Perlis Indera Kayangan <input type="radio"/> Terengganu Darul Iman <input type="radio"/> Not applicable - Foreign <input type="radio"/> Melaka <input type="radio"/> Pulau Pinang <input type="radio"/> Wilayah Persekutuan (Kuala Lumpur) <input checked="" type="radio"/> Missing <input type="radio"/> Negeri Sembilan Darul Khusus <input type="radio"/> Sabah	
7 **	Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Not available <input checked="" type="radio"/> Missing Missing not allowed!	8 ** Date of Birth (dd/mm/yyyy) <input type="text"/> Mandatory! (autofill if MyKad is available)
		<input type="checkbox"/> Estimated / presumed year If the exact date is not known, please enter 01/01/yyyy & check the estimated/presumed year box	9. ** Age at notification (autocalculated) <input type="text"/> Mandatory!
10 **	Ethnic group	<input type="radio"/> Malay <input type="radio"/> Bumiputera Sabah <input type="radio"/> Other Malaysian, specify <input type="radio"/> Chinese <input type="radio"/> Bumiputera Sarawak <input type="radio"/> Foreigner, specify country <input type="radio"/> Indian <input type="radio"/> Not available <input checked="" type="radio"/> Missing Missing not allowed! Bumiputra Sabah Specify: <input type="text"/> Others Malaysian specify: <input type="text"/> Bumiputra Sarawak, specify: <input type="text"/> Foreign Specify country: <input type="text"/> Missing	
11	Weight	<input type="text"/> (kg)	12. Height <input type="text"/> (cm)

SECTION 2: DISEASE

BACK TO TOP

Picture 1.14 Validation message

After completed the form, click on the **Save** button to save the data into the database. Upon clicking the save button, user will be directed to the Blood and Marrow Transplant Notification List.

5 9 : 4 0

bmt_mc - (Doctor in-charge/ Medical Coordinator (BMT))

Main Menu Patient List New Patient Data Entry Statistics Data Download Data Query Change Password Help Logout

Patient Information

Patient Name	TEST USER			Office use	PID : 45
NRIC	MyKad / MyKid	840404-04-0404	Old IC		
	Other ID document No				
	Specify document type	Missing			
	Specify document type (if others) - Others specify				

BMTx Notification List

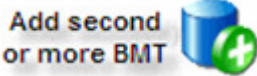
No.	Pt Notification Id	Reporting centre name	Transplant centre name	Date of Tx (HSCT Date)	Disease	View	Notification	Follow Up	Appendix (OPTIONAL ITEM)
1	80	BMT Adult, UMMC	UMMC (Adult)	06-04-2011	Acute Leukemias -> (Please complete Section 9: Acute Leukemias)				

Printer Friendly Page

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DATAMED

Picture 1.15 Blood and Marrow Transplant Notification List


To add second or more notification, click the blue ADD button . General information about the patient details are automatically entered base on the first registration and can only be editable in the patient's form (Refer to Picture 1.20 Patient Information).

SECTION 1: PATIENT DETAILS

1	Unique patient number or Code			2. C. Spec Num	
3 **	Name	TEST USER			
5 **	NRIC	MyKad/ MyKid	840404-04-0404	4. Im	
		Other ID document No			
		Specify document type (if others)	Missing		
		Other specify			
6	Address: State	Missing			
7 **	Gender	Female	8 ** Date of Birth (dd/mm/yyyy)	04.04.1984 (autofill if MyKad is available)	Estimated / presumed year if the exact date is not known, please enter 01/07/yyyy & check the estimated/presumed year box
					9. ** Age at notification (autocalculated)
					27
10 **	Ethnic group	Malay Bumiputra Sabah Specify Others Malaysian specify Bumiputra Sarawak, specify Foreign Specify country Missing			
11	Weight		(kg)	12.Height	
					(cm)

General information (No 1,2,3,4,5,6,7,8,9,10) is auto entered from the first registration

Picture 1.16 Blood and Marrow Transplant Notification – Add second or more notification


To view notification record, click on the blue View icon .


Patient Information			
Patient Name	TEST USER	Office use	PID : 45
NRIC	MyKad / Mykid	840404-04-0404	Old IC
	Other ID document No		
	Specify document type	Missing	
	Specify document type (if others) - Others specify		

SECTION 1: PATIENT DETAILS SECTION 2: DISEASE SECTION 3: HSCT SECTION 4: PREPARATION REGIMEN SECTION 5: AFTER HSCT
SECTION 6: ADDITIONAL TREATMENT INCLUDING CELL INFUSION SECTION 7: MALIGNANT DISEASE EVALUATION FOR THIS HSCT SECTION 8: PATIENT STATUS AT LAST CONTACT
SECTION 9: ACUTE LEUKEMIAS

View BLOOD AND MARROW TRANSPLANT NOTIFICATION FORM Edit			
General Information			
i. Reporting centre name	BMT Adult, UMMC		ii. Date of this Report
			06-04-2011 (dd/mm/yyyy)
iii. Place of Transplant centre	Local	iv. Name of Transplant centre	UMMC (Adult) Other, specify:
1. APBMT Center No.	0	2. CIBMTR Center No.	0
4. Hospital		3. EBMT Code (CIC)	0
6. Contact person	a. Name c. Fax	Tee Lay Hui (603)7954 5682	b. Phone d. Email
			(012)6598119 wad6td@ummc.edu.my
7. Report information	a. CIBMTR patient (recipient) identification number		
	b. EBMT patient (recipient) number		
	c. Patient following national / international study / trial (Defaulted as No)	No	i. Name of study / trial

Picture 1.17 Blood and Marrow Transplant Notification – View notification

To update notification record, click on the blue Update icon  or click edit button Edit on the View Page (Picture 1.17). Click save button after update the notification.

To request delete notification record, click on the blue request delete icon . Fill in the Reason for request delete and click the request delete button Request Delete.


Reason <input type="text"/> Request Delete			
General Information			
i. Reporting centre name	BMT Adult, UMMC		ii. Date of this Report
			06-04-2011 (dd/mm/yyyy)
iii. Place of Transplant centre	Local		
1. APBMT Center No.	0	2. CIBMTR Center No.	0
4. Hospital		5. Unit	
6. Contact person	a. Name c. Fax	Tee Lay Hui (603)7954 5682	b. Phone d. Email
			(012)6598119 wad6td@ummc.edu.my
7. Report information	a. CIBMTR patient (recipient) identification number		
	b. EBMT patient (recipient) number		
	c. Patient following national / international study / trial (Defaulted as No)	No	i. Name of study / trial


Fill in reason to request delete then click the Request Delete button



Picture 1.18 Blood and Marrow Transplant Notification – Request to delete notification

Note: Only manager can delete a record that has been requested to delete by user. IF user has request to delete wrong form, user can call the manager to undo the pending request delete.

Follow Up Section

Add second or more BMT 

Click on this red button to ADD Follow Up 

No.	Pt Notification Id	Reporting centre name	Transplant centre name	Date of Tx (HSCT Date)	Disease	Notification	Follow Up	Appendix (OPTIONAL ITEM)
1	80	BMT Adult, UMMC	UMMC (Adult)	06-04-2011	Acute Leukemias -> (Please complete Section 9: Acute Leukemias)			

Picture 1.19 Blood and Marrow Notification List – Add new Follow Up


Click on the Add button  to add new follow up.

Key in all the compulsory fields and then click the save button .

SECTION 1: PATIENT DETAILS SECTION 2: DISEASE STATUS SECTION 3: DATE OF LAST CONTACT
SECTION 4: COMPLICATIONS OF TRANSPLANT SECTION 5: ADDITIONAL TREATMENT SECTION 6: FIRST RELAPSE OR PROGRESSION
SECTION 7: DISEASE PRESENCE/DETECTION AT LAST CONTACT SECTION 8: CONCEPTION SECTION 9: PATIENT STATUS SECTION 10: CELL INFUSION

General Information Save

i. Reporting centre name: BMT Adult, UMMC

ii. Date of assessment / visit / Follow up: 14-04-2011  iii. Date of this HSCT: 06-04-2011 00:00:00

1. Hospital:
 2. Unit:
 3. Contact person: a. Name: Tee Lay Hui b. Phone: (012)6598119 c. Fax: (603)7954 5682 d. Email: wad6td@ummc.edu.my

4. Report information: Date of this report: 06-04-2011 00:00:00

New BMTx Outcome

SECTION 1: PATIENT DETAILS BACK TO TOP

1 Unique patient number or Code:
 2 ** Name (autofill): TEST USER

SECTION 2: DISEASE STATUS BACK TO TOP

1 Best disease status (response) after transplant. (prior to treatment modification in response to a post HSCT disease assessment) (malignant disease only)

☐ Continued complete remission (CR) ☐ CR achieved ☐ Never in CR ☐ Not evaluated ☐ Not available ☒ Missing

Date CR achieved / assessed: (dd/mm/yyyy)

2 ** Primary Disease Diagnosis (autofill): Acute Leukemias -> (Please complete Section 9: Acute Leukemias) Other Leukemias:
 BACK TO TOP

SECTION 3: DATE OF LAST CONTACT BACK TO TOP

1 Date of last follow up or death: (dd/mm/yyyy)

SECTION 4: COMPLICATIONS OF TRANSPLANT BACK TO TOP

1 Late graft failure: ☐ Yes ☐ No ☐ Not available ☒ Missing

2 Chronic Graft Versus Host Disease present during this period (allografts only)

☐ No ☐ First episode ☐ Recurrence ☐ Continuous ☐ Not available ☒ Missing

i. Date of diagnosis of cGVHD: (dd/mm/yyyy)

i. Date first evidence of recurrent cGVHD during this period: (dd/mm/yyyy)

☐ Resolved since last report (currently absent)

Maximum extent of cGVHD during this period: ☐ Limited ☐ Extensive ☐ Unknown ☐ Not available ☒ Missing

3 Did a secondary malignancy, lymphoproliferative or myeloproliferative disorder occur? ☐ Yes ☐ No ☐ Not available ☒ Missing

i. Date of diagnosis: (dd/mm/yyyy) ii. Diagnosis:
 BACK TO TOP

SECTION 5: ADDITIONAL TREATMENT BACK TO TOP

1 Additional treatment: ☐ No ☐ Yes ☐ Not available ☒ Missing














i. Date of additional treatment: (dd/mm/yyyy)

ii. Additional Cell infusion (CI): ☐ Yes ☐ No ☐ Not available ☒ Missing

iii. Other disease treatment: ☐ Yes, planned (planned before HSCT) ☐ Yes, not planned (for relapse/progression or persistent disease) ☐ No ☐ Not available ☒ Missing

Picture 1.20 New Follow Up form

After saving the Follow Up form, user will be brought back to the Blood and Marrow Transplant Notification list as shown in Picture 1.21.

BMTx Notification List																					
No.	Pt Notification Id	Reporting centre name	Transplant centre name	Date of Tx (HSCT Date)	Disease	Notification	Follow Up	Appendix (OPTIONAL ITEM)													
1	80	BMT Adult, UMMC	UMMC (Adult)	06-04-2011	Acute Leukemias -> (Please complete Section 9: Acute Leukemias)	  	<div><div>Follow Up List</div><table><tr><th>No.</th><th>FU ID</th><th>NotifID</th><th>Best disease status</th><th>Dt Last Contact</th><th>Action</th></tr><tr><td>1</td><td>11</td><td>80</td><td>Continued complete remission (CR)</td><td>14-04-2011</td><td></td></tr></table></div>	No.	FU ID	NotifID	Best disease status	Dt Last Contact	Action	1	11	80	Continued complete remission (CR)	14-04-2011	  		
No.	FU ID	NotifID	Best disease status	Dt Last Contact	Action																
1	11	80	Continued complete remission (CR)	14-04-2011	  																

Picture 1.21 Blood and Marrow Notification List – Follow Up List

To view follow up record, click on the blue View icon on the Follow Up List.

SECTION 1: PATIENT DETAILS

SECTION 2: DISEASE STATUS

SECTION 3: DATE OF LAST CONTACT

SECTION 4: COMPLICATIONS OF TRANSPLANT

SECTION 5: ADDITIONAL TREATMENT

SECTION 6: FIRST RELAPSE OR PROGRESSION

SECTION 7: DISEASE PRESENCE/DETECTION AT LAST CONTACT

SECTION 8: CONCEPTION

SECTION 9: PATIENT STATUS

SECTION 10: CELL INFUSION

5 9 : 4

General Information

i. Reporting centre name

BMT Adult, UMMC

ii. Date of assessment / visit / Follow up

14.04.2011

iii. Date of this HSCT

06.04.2011 00:00:00

1. Hospital

2. Unit

3. Contact person

a. Name

Tee Lay Hui

b. Phone

(012)6598119

c. Fax

(603)7954 5682

d. Email

wad6td@ummc.edu.my

4. Report information

Date of this report

06.04.2011 00:00:00

View BMTTxOutcome

SECTION 1: PATIENT DETAILS

1 Unique patient number or Code

2 Name (autofill)

TEST USER

SECTION 2: DISEASE STATUS

1 Best disease status (response) after transplant. (prior to treatment modification in response to a post HSCT disease assessment) (malignant disease only)

Continued complete remission (CR)

Date CR achieved / assessed

(dd/mm/yyyy)

2 Primary Disease Diagnosis (autofill)

Acute Leukemias -> (Please complete Section 9: Acute Leukemias)

Other Leukemias

SECTION 3: DATE OF LAST CONTACT

1 Date of last follow up or death

14.04.2011 (dd/mm/yyyy)

SECTION 4: COMPLICATIONS OF TRANSPLANT

1 Late graft failure

Yes

2 Chronic Graft Versus Host Disease present during this period (allografts only)

No

i. Date of diagnosis of cGVHD

(dd/mm/yyyy)

i. Date first evidence of recurrent cGVHD during this period

(dd/mm/yyyy)

☒

Resolved since last report (currently absent)

Picture 1.22 Follow Up View page

To update follow up record, click on the blue Update icon on the Follow Up section or click edit button on the View Page (Picture 1.22). Click save button after update the notification.

To request delete follow up record, click on the blue request delete icon . Fill in the Reason for request delete and click the request delete button .

Reason: duplicate Request Delete

General Information	
i. Reporting centre name	BMT Adult, UMMC
ii. Date of assessment / visit / Follow up	14-04-2011
1. Hospital	
3. Contact person	a. Name: Tee Lay Hui b. Phone: (012)6598119 c. Fax: (603)7954 5682 d. Email: wad6td@ummc.edu.my
4. Report information	Date of this report: 06-04-2011 00:00:00
SECTION 1: PATIENT DETAILS	
1. Unique patient number or Code	
2. Name (autofill)	TEST USER
SECTION 2: DISEASE STATUS	
1. Best disease status (response) after transplant. (prior to treatment modification in response to a post HSCT disease assessment) (malignant disease only)	Continued complete remission (CR)
2. Primary Disease Diagnosis (autofill)	Acute Leukemias -> (Please complete Section 9: Acute Leukemias)
SECTION 3: DATE OF LAST CONTACT	
1. Date of last follow up or death	14-04-2011 (dd/mm/yyyy)
SECTION 4: COMPLICATIONS OF TRANSPLANT	
1. Late graft failure	Yes
2. Chronic Graft Versus Host Disease present during this period (allografts only)	No
	i. Date of diagnosis of cGVHD (dd/mm/yyyy) ii. Date first evidence of recurrent cGVHD during this period (dd/mm/yyyy) Resolved since last report (currently absent) <input checked="" type="checkbox"/> Maximum extent of cGVHD during this period: Limited
3. Did a secondary malignancy, lymphoproliferative or myeloproliferative disorder occur?	Yes
	i. Date of diagnosis: 14-04-2011 (dd/mm/yyyy) ii. Diagnosis:

Picture 1.23 Follow Up – Request to delete page

Appendix Section

BMTx Notification List									
Pt No.	Notification Id	Reporting centre name	Transplant centre name	Date of Tx (HSCT Date)	Disease	Notification	Follow Up	Click on this red button to ADD Appendix	
1	80	BMT Adult, UMMC	UMMC (Adult)	06-04-2011	Acute Leukemias -> (Please complete Section 9: Acute Leukemias)				

Picture 1.24 Blood and Marrow Notification List – Add new Appendix

Click on the Add button  to add new appendix.

Key in all the compulsory fields and then click the save button .

SECTION 1: PRE-HSCT DISEASE THERAPY SECTION 2: EX VIVO MANIPULATION REGIMEN SECTION 3: POST-HSCT DISEASE THERAPY SECTION 4: COMORBID CONDITIONS 59 : 43

New Appendix: Optional items for CIBMTR Research Centers Save

General Information
Reporting centre name: **BMT Adult, UMMC**

SECTION 1: PRE-HSCT DISEASE THERAPY BACK TO TOP

1 ** Was imatinib mesylate given for pretransplant therapy anytime prior to start of prep regimen? (FOR ACUTE LEUKAEMIA) ☐ No ☐ Yes ☐ Unknown ☐ Not available ☒ Missing

3 ** Treated

<input type="checkbox"/> Combination chemotherapy	<input type="checkbox"/> Imatinib mesylate (Gleevec, Glivec)	<input type="checkbox"/> Others, specify
<input type="checkbox"/> Dasatinib (Sprycel)	<input type="checkbox"/> Interferon	Others, specify :
<input type="checkbox"/> Hydroxyurea (HU)	<input type="checkbox"/> Nilotinib (Tasigna)	

SECTION 2: EX VIVO MANIPULATION REGIMEN BACK TO TOP

Instruction: Fill in only if the question Graft manipulation ex-vivo in the Day 100 report sheet 1 is Yes.

1 Ex vivo graft manipulation regimen

<input type="checkbox"/> T-cell depletion	<input type="checkbox"/> Other negative selection, specify	<input type="checkbox"/> CD34 selection	<input type="checkbox"/> Others, specify
<input type="checkbox"/> Tumor purging	Other, specify:	<input type="checkbox"/> Expansion	Other, specify:

SECTION 3: POST-HSCT DISEASE THERAPY BACK TO TOP








Instruction: Fill in only if the question Disease treatment (apart from cell infusion) in the Day 100 report sheet 1 is Yes: Planned.

1 Post-HSCT disease therapy

<input type="checkbox"/> Bortezomib (Velcade)	<input type="checkbox"/> Intrathecal Chemotherapy	<input type="checkbox"/> Rituximab (Rituxan, Mabthera)
<input type="checkbox"/> Cellular therapy (e.g. DCL, DLI)	<input type="checkbox"/> Imatinib mesylate (Gleevec, Glivec)	<input type="checkbox"/> Thalidomide (Thalomid)
<input type="checkbox"/> FGF (velaferrin)	<input type="checkbox"/> Lenalidomide (Revlimid)	<input type="checkbox"/> Others, specify
<input type="checkbox"/> KGF (palifermin, Kephivance)	<input type="checkbox"/> Local radiotherapy	Other, specify:

Picture 1.25 New Appendix form

After saving the Appendix form, user will be brought back to the Blood and Marrow Transplant Notification list as shown in Picture 1.26.

BMTx Notification List																			
No.	PT Notification Id	Reporting centre name	Transplant centre name	Date of Tx (HSCT Date)	Disease	Notification	Follow Up						Appendix (OPTIONAL ITEM)						
1										<div>Appendix List</div>			No. Action						
80		BMT Adult, UMMC	UMMC (Adult)	06-04-2011	Acute Leukemias -> (Please complete Section 9: Acute Leukemias)					No.	FU ID	NotifID	Best disease status	Dt Last Contact	Action	1			
										1	11	80	Continued complete remission (CR)	14-04-2011					

Picture 1.26 Blood and Marrow Notification List – Appendix List

To view appendix record, click on the blue View icon  on the Appendix List.

View Appendix: Optional items for CIBMTR Research Centers Print

General Information
Reporting centre name: **BMT Adult, UMMC**

SECTION 1: PRE-HSCT DISEASE THERAPY BACK TO TOP

1 Was imatinib mesylate given for pretransplant therapy anytime prior to start of prep regimen? (FOR ACUTE LEUKAEMIA) **No**

2 Did recipient receive treatment prior to this HSCT? (FOR CHRONIC LEUKAEMIA) **Missing**

3 Treated

<input checked="" type="checkbox"/> Combination chemotherapy	<input type="checkbox"/> Imatinib mesylate (Gleevec, Glivec)	<input checked="" type="checkbox"/> Others, specify
<input type="checkbox"/> Dasatinib (Sprycel)	<input checked="" type="checkbox"/> Interferon	Others, specify : test
<input checked="" type="checkbox"/> Hydroxyurea (HU)	<input type="checkbox"/> Nilotinib (Tasigna)	

SECTION 2: EX VIVO MANIPULATION REGIMEN BACK TO TOP

Instruction: Fill in only if the question Graft manipulation ex-vivo in the Day 100 report sheet 1 is Yes.

1 Ex vivo graft manipulation regimen

<input checked="" type="checkbox"/> T-cell depletion	<input type="checkbox"/> Other negative selection, specify	<input type="checkbox"/> CD34 selection	<input type="checkbox"/> Others, specify
<input type="checkbox"/> Tumor purging	Other, specify:	<input type="checkbox"/> Expansion	Other, specify:



SECTION 3: POST-HSCT DISEASE THERAPY BACK TO TOP



Instruction: Fill in only if the question Disease treatment (apart from cell infusion) in the Day 100 report sheet 1 is Yes: Planned.


1 Post-HSCT disease therapy

<input checked="" type="checkbox"/> Bortezomib (Velcade)	<input type="checkbox"/> Intrathecal Chemotherapy	<input checked="" type="checkbox"/> Rituximab (Rituxan, Mabthera)
<input type="checkbox"/> Cellular therapy (e.g. DCL, DLI)	<input type="checkbox"/> Imatinib mesylate (Gleevec, Glivec)	<input type="checkbox"/> Thalidomide (Thalomid)
<input checked="" type="checkbox"/> FGF (velaferrin)	<input checked="" type="checkbox"/> Lenalidomide (Revlimid)	<input type="checkbox"/> Others, specify
<input checked="" type="checkbox"/> KGF (palifermin, Kephivance)	<input type="checkbox"/> Local radiotherapy	Other, specify:

Picture 1.27 Appendix View page

To update appendix record, click on the blue Update icon  on the Appendix section or click edit button  on the View Page (Picture 1.27). Click save button after update the notification.

To request delete appendix record, click on the blue request delete icon . Fill in the Reason for request delete and click the request delete button .

Reason: Duplicate 

General Information

Reporting centre name: BMT Adult, UMMC

SECTION 1: PRE-HSCT DISEASE THERAPY

1 Was imatinib mesylate given for pretransplant therapy anytime prior to start of prep regimen? (FOR ACUTE LEUKAEMIA) No

2 Did recipient receive treatment prior to this HSCT? (FOR CHRONIC LEUKAEMIA) Missing

3 Treated

<input checked="" type="checkbox"/> Combination chemotherapy	<input type="checkbox"/> Imatinib mesylate (Gleevec, Glivec)	<input checked="" type="checkbox"/> Others, specify
<input type="checkbox"/> Dasatinib (Sprycel)	<input checked="" type="checkbox"/> Interferon	Others, specify : test
<input checked="" type="checkbox"/> Hydroxyurea (HU)	<input type="checkbox"/> Nilotinib (Tasigna)	

SECTION 2: EX VIVO MANIPULATION REGIMEN

Instruction: Fill in only if the question Graft manipulation ex-vivo in the Day 100 report sheet 1 is Yes.

1 Ex vivo graft manipulation regimen

<input checked="" type="checkbox"/> T-cell depletion	<input type="checkbox"/> Other negative selection, specify	<input type="checkbox"/> CD34 selection	<input type="checkbox"/> Others, specify
<input type="checkbox"/> Tumor purging	Other, specify:	<input type="checkbox"/> Expansion	Other, specify:

SECTION 3: POST-HSCT DISEASE THERAPY

Instruction: Fill in only if the question Disease treatment (apart from cell infusion) in the Day 100 report sheet 1 is Yes: Planned.

1 Post-HSCT disease therapy

<input checked="" type="checkbox"/> Bortezomib (Velcade)	<input type="checkbox"/> Intrathecal Chemotherapy	<input checked="" type="checkbox"/> Rituximab (Rituxan, Mabthera)
<input type="checkbox"/> Cellular therapy (e.g. DCI, DLI)	<input type="checkbox"/> Imatinib mesylate (Gleevec, Glivec)	<input type="checkbox"/> Thalidomide (Thalomid)
<input checked="" type="checkbox"/> FGF (velaferrin)	<input checked="" type="checkbox"/> Lenalidomide (Revlimid)	<input type="checkbox"/> Others, specify
<input checked="" type="checkbox"/> KGF (palifermin, Kevivance)	<input type="checkbox"/> Local radiotherapy	Other, specify:

Picture 1.28 Appendix – Request to delete page

4.1.5 Patient List

Main Menu **Patient List** New Patient Data Entry Statistics Data Download Data Query Change Password Help Logout

Picture 1.29 Patient List Tab Menus

In this page, user can view and search for the patients records within the user's centre.

SEARCH / FILTER

Patient Id: Equal to (S) From: To:

Name: Whole word (S)

MyKad/MyKid: Whole word (S)

Old IC: Whole word (S)

Other ID document No: Whole word (S)

National Registry patient number: Equal to (S)

Reporting centre name: Equal to (S)

Date of this Report: Equal to (S) From: To:

2. Select the filter for better search

3. Click 'Show' button to start searching

4. Click 'Show All' button to reset

1. Key in one of the patient information

5. Click 'Show All' button to reset

6. Patient Information

7. Button to VIEW Notification

8. View


9. Update

10. Request to Delete

No.	Patient Id	Name	MyKad/MyKid	Gender	Unique Patient No.	Notification																																			
1	45	TEST USER	MyKad number : 840404-04-0404	Female		<p>1 Notification</p> <table border="1"> <thead> <tr> <th>No</th> <th>Pt</th> <th>Notif ID</th> <th>SDP</th> <th>Tx Center</th> <th>Date of Notification</th> <th>Disease</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>80</td> <td></td> <td></td> <td>BMT Adult, UMMC</td> <td>UMMC (Adult)</td> <td>Acute Leukemias -> (Please complete Section 9: Acute Leukemias)</td> </tr> </tbody> </table>	No	Pt	Notif ID	SDP	Tx Center	Date of Notification	Disease	1	80			BMT Adult, UMMC	UMMC (Adult)	Acute Leukemias -> (Please complete Section 9: Acute Leukemias)																					
No	Pt	Notif ID	SDP	Tx Center	Date of Notification	Disease																																			
1	80			BMT Adult, UMMC	UMMC (Adult)	Acute Leukemias -> (Please complete Section 9: Acute Leukemias)																																			
2	38	20110222_TEST	MyKad number : 850202-02-0205	Male		<p>10 Notification</p> <table border="1"> <thead> <tr> <th>No</th> <th>Pt</th> <th>Notif ID</th> <th>SDP</th> <th>Tx Center</th> <th>Date of Notification</th> <th>Disease</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>66</td> <td></td> <td></td> <td>BMT Adult, UMMC</td> <td>HKL (Adult)</td> <td>Hemoglobinopathy -> (Please complete Section 18: Hemoglobinopathy)</td> </tr> <tr> <td>2</td> <td>65</td> <td></td> <td></td> <td>BMT Adult, UMMC</td> <td>Missing</td> <td>Anaemia -> (Please complete Section 17: Anaemia)</td> </tr> <tr> <td>3</td> <td>64</td> <td></td> <td></td> <td>BMT Adult, UMMC</td> <td>Missing</td> <td>Plasma Cell Disorder including Multiple Myeloma -> (Please complete Section 16: Plasma Cell Disorder including Multiple Myeloma)</td> </tr> <tr> <td>4</td> <td>63</td> <td></td> <td></td> <td>BMT Adult, UMMC</td> <td>Missing</td> <td>Myeloproliferative Syndrome -> (Please complete Section 15: Myeloproliferative Syndrome)</td> </tr> </tbody> </table>	No	Pt	Notif ID	SDP	Tx Center	Date of Notification	Disease	1	66			BMT Adult, UMMC	HKL (Adult)	Hemoglobinopathy -> (Please complete Section 18: Hemoglobinopathy)	2	65			BMT Adult, UMMC	Missing	Anaemia -> (Please complete Section 17: Anaemia)	3	64			BMT Adult, UMMC	Missing	Plasma Cell Disorder including Multiple Myeloma -> (Please complete Section 16: Plasma Cell Disorder including Multiple Myeloma)	4	63			BMT Adult, UMMC	Missing	Myeloproliferative Syndrome -> (Please complete Section 15: Myeloproliferative Syndrome)
No	Pt	Notif ID	SDP	Tx Center	Date of Notification	Disease																																			
1	66			BMT Adult, UMMC	HKL (Adult)	Hemoglobinopathy -> (Please complete Section 18: Hemoglobinopathy)																																			
2	65			BMT Adult, UMMC	Missing	Anaemia -> (Please complete Section 17: Anaemia)																																			
3	64			BMT Adult, UMMC	Missing	Plasma Cell Disorder including Multiple Myeloma -> (Please complete Section 16: Plasma Cell Disorder including Multiple Myeloma)																																			
4	63			BMT Adult, UMMC	Missing	Myeloproliferative Syndrome -> (Please complete Section 15: Myeloproliferative Syndrome)																																			

Picture 1.30 Patient List/ Search page

In the 'Search' section, search the patient by filling in the different selection criteria, then select the filters for easy searching and click the Show button to start searching. Result will be shown in the Patient List. Click the Show All button to reset the searching. Please refer Picture 1.30

To View/Update Blood and Marrow Transplant notification data, click on the Notification icon . The numbers indicates how many notifications exist in each of the patient registered. Clicking the Notification icon will directed user to the Notification List. Please refer to Picture 1.15

In the Patient Information section, user can view or update general information of the patients registered.

To View Patient Particulars, click on the blue View icon



Patient Information					
Patient Name		TEST USER		Office use	PID : 45
NRIC	MyKad / Mykid	840404-04-0404		Old IC	
	Other ID document No				
	Specify document type	Missing			
	Specify document type (if others) - Others specify				

View Blood and Marrow Transplant Patient					
Patient Information					
1	Unique patient number or Code			2. Centre Specification Number	
3	Name	TEST USER		4. Initials	
5	NRIC	MyKad/ MyKid	840404-04-0404		Old IC
		Other ID document No			
		Specify document type (if others)	Missing		
		Other specify			
6	Address: State	Missing			
7	Gender	Female	8Date of Birth	04.04.1984 (dd/mm/yyyy)	<input type="checkbox"/> Estimated / presumed year If the exact date is not known, please enter 01/07/yyyy & check the estimated/presumed year box
9	Ethnic group	Malay			
		Bumiputra Sabah Specify			
		Others Malaysian specify			
		Bumiputra Sarawak, specify			
		Foreign Specify country			
Missing					
Audit					
1	Request Delete	<input type="checkbox"/>			
2	Request Delete By				
3	Request Delete Reason				
4	Request Delete Date				

Picture 1.31 Patient's Information - VIEW page

To update the patient's form, click on the blue Update icon



or click edit button


Edit

in the View page.

Patient Information			
Patient Name	TEST USER	Office use	PID : 45
NRIC	MyKad / Mykid	840404-04-0404	Old IC
	Other ID document No		
	Specify document type	Missing	
	Specify document type (if others) - Others specify		

Update Blood and Marrow Transplant Patient			
Patient Information			
1	Unique patient number or Code		2. Centre Specification Number
3 **	Name	TEST USER	4. Initials
5 **	NRIC	MyKad/ MyKid	840404-04-0404
		Other ID document No	
		Specify document type (if others)	
		<input type="checkbox"/> Army <input type="checkbox"/> Mother's IC <input type="checkbox"/> Work Permit <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Others <input type="checkbox"/> Police <input type="checkbox"/> Father's IC <input type="checkbox"/> Passport <input type="checkbox"/> Pension Card <input type="checkbox"/> Not available <input checked="" type="checkbox"/> Missing	
6	Address: State	<input type="checkbox"/> Johor Darul Takzim <input type="checkbox"/> Pahang Darul Makmur <input type="checkbox"/> Sarawak <input type="checkbox"/> Wilayah Persekutuan (Labuan) <input type="checkbox"/> Kedah Darul Aman <input type="checkbox"/> Perak Darul Ridzuan <input type="checkbox"/> Selangor Darul Ehsan <input type="checkbox"/> Wilayah Persekutuan (Putrajaya) <input type="checkbox"/> Kelantan Darul Naim <input type="checkbox"/> Perlis Indera Kayangan <input type="checkbox"/> Terengganu Darul Iman <input type="checkbox"/> Not applicable - Foreign <input type="checkbox"/> Melaka <input type="checkbox"/> Pulau Pinang <input type="checkbox"/> Wilayah Persekutuan (Kuala Lumpur) <input checked="" type="checkbox"/> Missing <input type="checkbox"/> Negeri Sembilan Darul Khusus <input type="checkbox"/> Sabah	

Picture 1.32 Patient's Information - UPDATE page

To request delete a patient's record, click on the blue request delete icon . Fill in the Reason for request delete and click the button **Request Delete**.

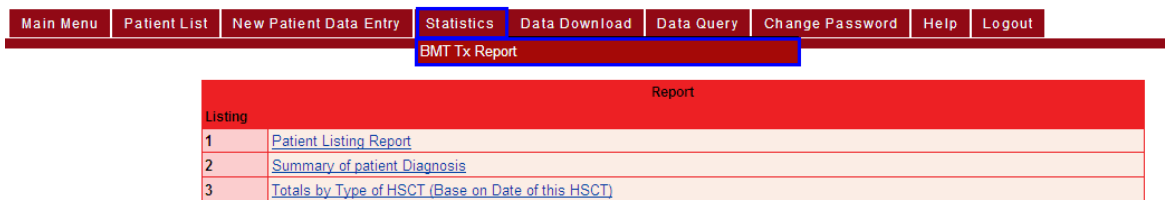
Reason: Duplicate			
Patient Information			
1	Unique patient number or Code		
3	Name	TEST USER	
5	NRIC	MyKad/ MyKid	840404-04-0404
		Other ID document No	
		Specify document type (if others)	
		Missing Other specify	
6	Address: State	Missing	
7	Gender	Female	8Date of Birth 04-04-1984 (dd/mm/yyyy)
9	Ethnic group	Malay Bumiputra Sabah Specify Others Malaysian specify Bumiputra Sarawak, specify Foreign Specify country Missing	
Audit			
1	Request Delete	<input type="checkbox"/>	
2	Request Delete By		
3	Request Delete Reason		
4	Request Delete Date		
5	Created User Id	bmt_mc	
6	Date Registered	06-04-2011 14:13:33	
7	User Id	bmt_mc	
8	Record Datetime	14-04-2011 09:38:52	
9	Reason For Change	Update from BMT_Tx_NotificationController	

Picture 1.33 Request Delete section

Note: Only manager can delete a record that has been requested to delete by user. IF user has request to delete wrong form, user can call the manager to undo the pending request delete.

4.1.6 Statistic

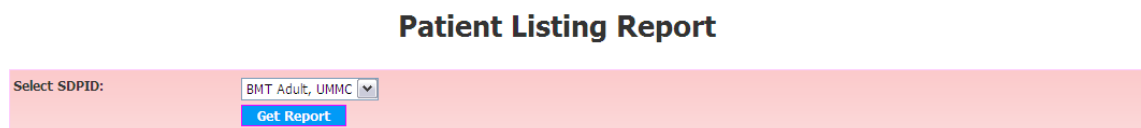
Users are able to access to Real time analysis of Report (based on unclean data).



Picture 1.34 Report Index

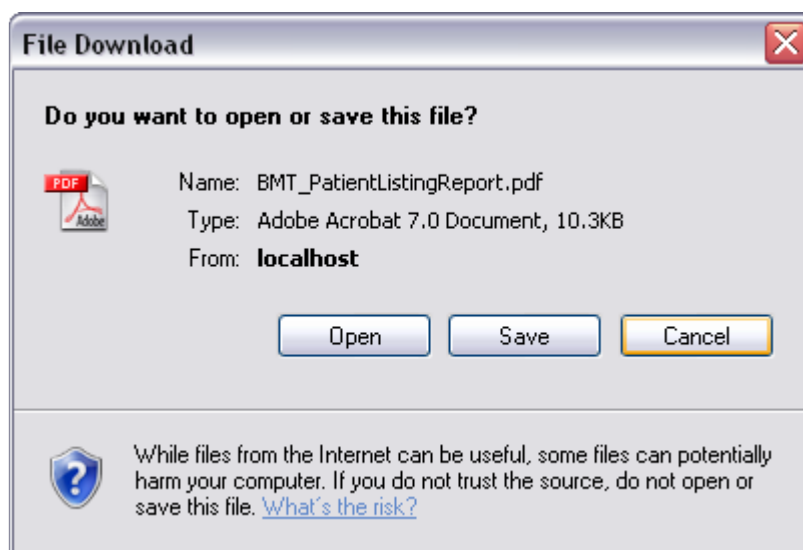
Note: Only those that have the access right can view reports.

Click on “Patient Listing Report”. The Report selection page is displayed as shown in Picture 1.35. Set the SDP and then click on the Get Report button to obtain a PDF copy of the report.



Picture 1.35 Patient Listing Report Selection page

A dialog boxes for saving the report or open the report will appear as shown in Picture 1.36.



Picture 1.36 Dialog box

Click “Open” to view the report or “Save” to save the report to your PC.

The report will appear.

Blood & Marrow Transplant

Patient Listing Report

BMT Adult, UMMC

No.	PT ID	Notif ID	Name	RN No.	Gender	Ethnic	Diagnosis	Date of initial diagnosis	Type of HSCT	Date of this HSCT	Survival status	Date of last contact
1	37	45	TRISHA	UX123	Female	Bumiputera Sabah	Hemoglobinopathy -> (Please complete Section 18: Hemoglobinopathy)		Autologous	17/02/2011	Missing	
2	37	49	TRISHA	UX123	Female	Bumiputera Sabah	Inherited Disorders of Metabolism -> (Please complete Section 22: Inherited Disorders of Metabolism)		Autologous	17/02/2011	Alive	
3	37	56	TRISHA	UX123	Female	Bumiputera Sabah	Other Leukemias -> (Please complete Section 11: Other Leukemias)		Autologous	17/02/2011	Missing	
4	38	57	20110222_TEST		Male	Malay	Acute Leukemias -> (Please complete Section 9: Acute Leukemias)	22/02/2011	Allogenic	22/02/2011	Dead	22/02/2011
5	38	58	20110222_TEST		Male	Malay	Chronic Myelogenous Leukemia (CML) -> (Please complete Section 10: Chronic Myelogenous Leukemia)		Autologous	22/02/2011	Missing	
6	38	59	20110222_TEST		Male	Malay	Other Leukemias -> (Please complete Section 11: Other Leukemias)		Autologous	22/02/2011	Missing	
7	38	60	20110222_TEST		Male	Malay	Lymphomas -> (Please complete Section 12: Lymphomas)	22/02/2011	Autologous	22/02/2011	Missing	
8	38	61	20110222_TEST		Male	Malay	Myelodysplastic Syndrome (MDS) -> (Please complete Section 13: Myelodysplastic Syndrome (MDS))		Autologous	22/02/2011	Missing	
9	38	62	20110222_TEST		Male	Malay	Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPs) -> (Please complete Section 14: Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPs))		Autologous	22/02/2011	Missing	
10	38	63	20110222_TEST		Male	Malay	Myeloproliferative Syndrome -> (Please complete Section 15: Myeloproliferative Syndrome)		Autologous	22/02/2011	Missing	

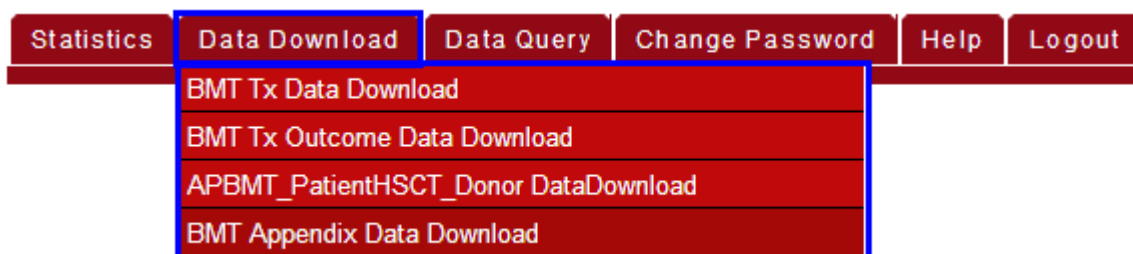
14/04/2011
Page 1 of 2

14/04/2011

Page 1 of 2

Picture 1.37 Report example

4.1.7 Data Download



Picture 1.38 Data Download Tab Menu

Data entered in Blood and Marrow Transplant Notification form are downloadable.

Note: Only those that have the access right can view Data Download tab and download it.

Upon clicking on the Data download sub menu, user will be brought to the downloadable form where each fields are in checkbox.

The screenshot shows the 'Download' section of the NTR application. It includes search filters for Reporting centre name, Patient ID, Date of this HSCT, and Download Format. A 'Download' button is present. Annotations include:

- 1. Click the Download button to start download.** (pointing to the Download button)
- 2. Use the search function to filter the downloadable data** (pointing to the search filters)
- Click this box to select all fields in this form to be downloaded.** (pointing to a checkbox labeled 'Check ☒ to select all in Section 1')
- Click this box to select only fields in this section to be downloaded.** (pointing to a checkbox labeled 'Check ☐ to select all in Section 1')

 Below the search section is a table titled 'DONOR DETAILS' with columns: Donor ID, HLA mismatch, Country / WMDA code, Complete number of mismatches, Donor sex, Donor CMV status, and Ethnic group. The table contains rows for Antigenic (A, B, C, DRB1, DQB1, DPB1) and Allelic (A, B, C, DRB1, DQB1, DPB1) mismatches, and Ethnic group options (Race Sabah Specify, Race Sarawak Specify, Other Msian Specify, Foreign Specify).

Picture 1.39 Blood and Marrow Transplant downloadable forms

Check the checkbox for the desired field that need to be download. Use the search function to filter the downloadable data.

The screenshot shows the 'Download Format' dropdown menu open, displaying three options: 'Excel (.xls)', 'Comma separated values (CSV)', and 'Tab delimited (TXT)'. The 'Excel (.xls)' option is selected. A note at the bottom states: 'Note: For file size more than 1 MB, the system will automatically compress the file and download in Winzip format. Kindly unzip the file to get the dataset in the file format MS Excel (.xls). Click [here](#) to download the Winzip program.'

Picture 1.40 Data Download search section – Download Format

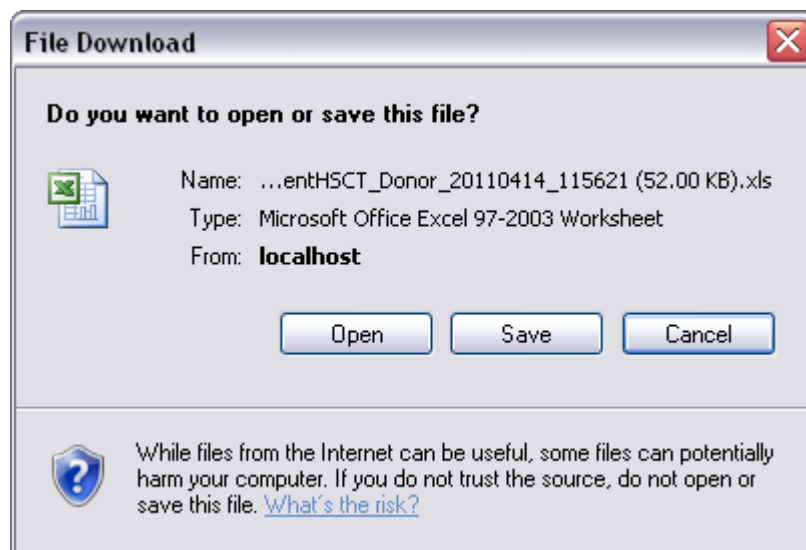
There are 3 types of downloadable format as shown in Picture 1.27:

- Excel (.xls)
- Comma separated values(.cvs)
- Tab delimited (.txt)

The download format is defaulted to excel type. Select the desired format and click the Download button **Download** to start downloading.

Note: For file size more than 1 MB, the system will automatically compress the file and download in WinZip format. Kindly unzip the file to get the dataset in the file format MS Excel (.xls).

A dialog box for saving the data download or open the data download will appear as shown in Picture 1.41 bellow.



Picture 1.41 *Dialog box*

Click “Open” to view the data in Excel format. The Excel file will appear.
Or click “Save” to save the file in your PC. Double click on the file and the file will appear.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S			
1	No.	Patient ID	Patient N	MyKad / N	Old IC	Other ID	c	Other ID	c	Reporting Local	RN	N	Donor ID	HLA match	Degree of	Degree of	Name of c	WMDA co	HLA-A, An	HLA-B, An	HLA-C, An	HLA-DRB1 HL
2	1	45	TEST USER	840404-04-0404		Missing		BMT Adult, UMMC		14				HLA-mism	1	HLA anti	Missing		0	1	2	ND (Not D No
3																						
4																						
5																						
6																						
7																						
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Picture 1.42 *Data Download example*

4.1.8 Data Query



Picture 1.43 *Data Query Tab Menu*



Picture 1.44 *Data Query under construction*

4.1.9 Change Password

To change the password, click on the 'Change Password' menu toolbar.

A screenshot of the 'Change Password' page. At the top is a menu bar with 'Change Password' highlighted. Below the menu bar is a green box containing the text: 'Change Password', 'To change your password, please enter your existing password, enter the new password and retype your new password in the text boxes. 'New Password' and 'Retype Password' should match.' Below this text are three input fields: 'Old Password', 'New Password', and 'Retype New Password'. A blue arrow points from the 'Change Password' menu item to the 'New Password' input field. At the bottom right of the green box is a 'Submit' button.

Picture 1.45 *Change Password page*

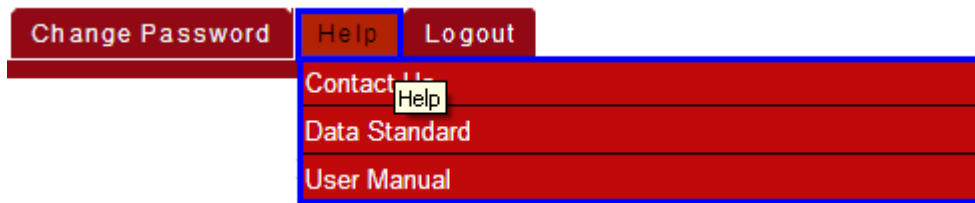
Fill in the details and click the Submit button.

A green box containing the text: 'Change Password', 'Password changed!', and 'Please use new password for next login'.

Picture 1.46 *Result page for Change Password*

User can use the new password for the next login.

4.1.10 Help



Picture 1.47 *Help Tab Menu*

The Help tab menu consist of the following information.

1. Contact Use
2. Data Standard
3. User Manual

This information also exists in the login page.

4.1.11 Logout

To logout from National Transplant Registry (NTR) web application, click on ‘Logout’ menu bar.



Picture 1.48 *Logout Menu Bar*

5.0 HELP DESK SUPPORT

Note: The NTR User's Manual is subjected for amendment in future for better quality of NTR.

For assistance in completing your application or if you experience technical difficulties using this site, including problems related to data entry, please contact:

1) The Registry Manager

Phone: +603-2681 5948

Email: ntr@acrm.org.my

Address: National Transplant Registry (NTR),
Level 5, Menara Wisma Sejarah
Jalan Tun Razak
Kuala Lumpur

OR

2) The IT Administrator at: Tel: 603-4044 0615

6.0 NATIONAL TRANSPLANT REGISTRY (NTR) FOR BLOOD AND MARROW TRANSPLANT DATA ENTRY PROCESS

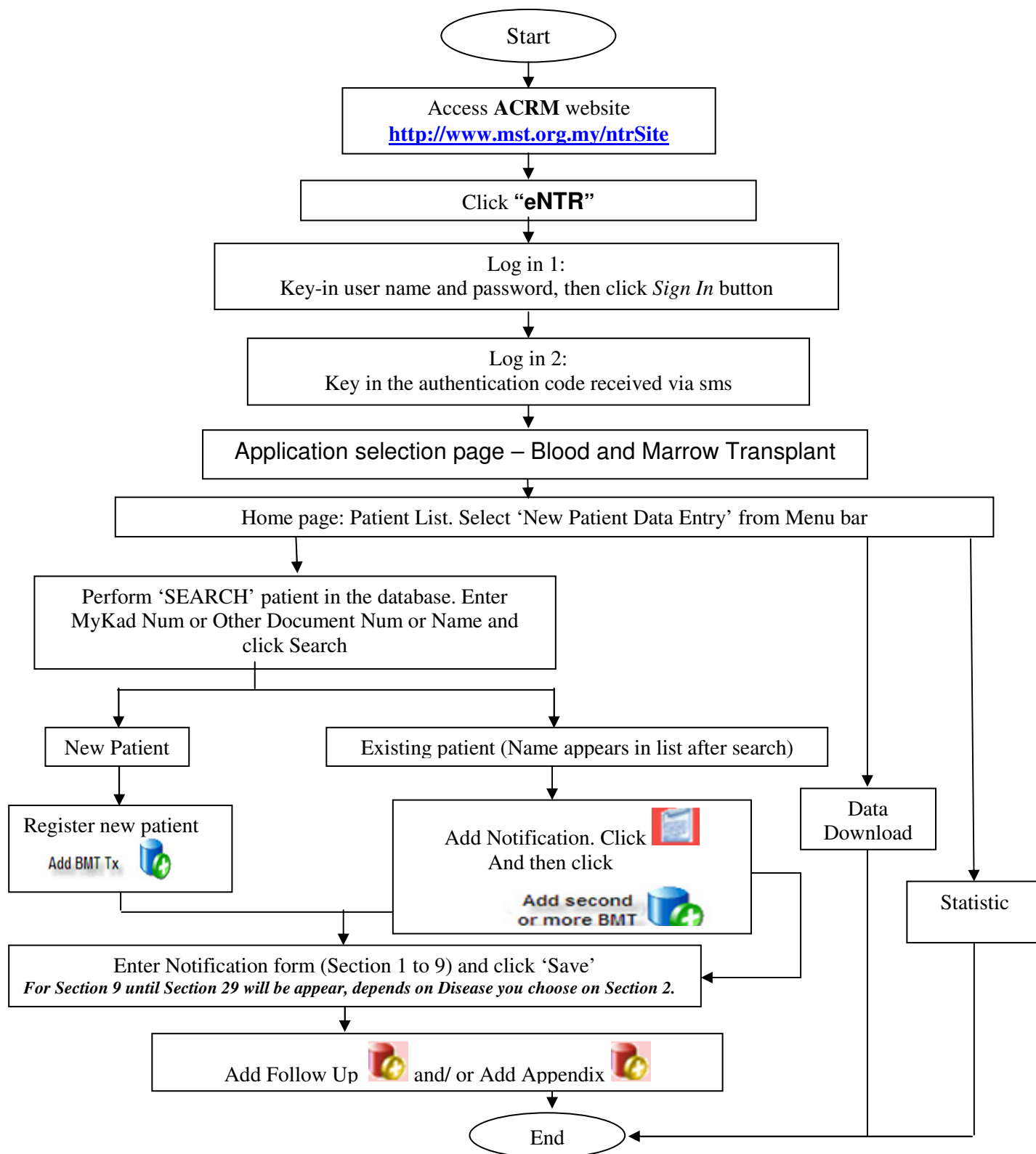


Diagram 1 Blood and Marrow Transplant User's Manual Flow