



Data Analysis & Research Toolkit (DART)

This is the secure information upload application for
ALZ-NET

What is DART?

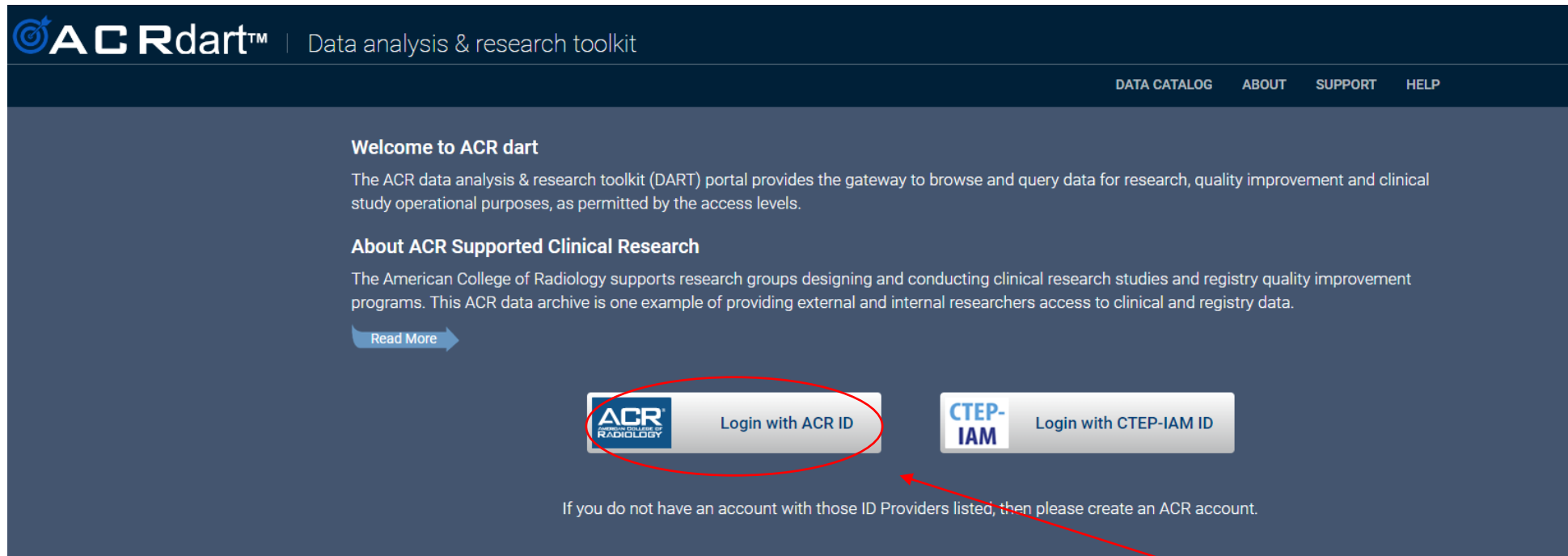
ACRdart is a Data Analysis & Research Toolkit is an application that allows for the secure upload and storage of sensitive information, including PII. Only permitted users can access this information.

For ALZ-NET, insurance and demographic information will be collected and uploaded into DART.

Logging into DART

This weblink will be used every time an individual logs into DART. **Please bookmark this page.**

- Navigate to <https://dart.acr.org/>



Click 'Login with ACR ID'

Logging into DART

Login using the same email address used for CTMS access. If you have issues accessing your account, please reach out to alz-net@acr.org

ACR
AMERICAN COLLEGE OF
RADIOLOGY

Already have an account?
Please enter your ACR Login.

Email Address

Remember me

Log In

[Forgot your password?](#) [Unlock your account](#)

[Help center](#)

Don't have an account?
Welcome! We're glad you're here. Register below to access more from ACR.

Create an account

The ACR Operations Team will accept or reject your user access.

Submitting Data

DATA SUBMISSION

Please select a project to submit data

--Select-- ▾

--Select--

Alzheimer's Network

Click on '**Alzheimer's Network**' in the drop-down menu

Submitting Data

ACRdart™ | Data analysis & research toolkit

Home Discover Image Pipeline My Workspace Business Reports Download Data Submission

DATA SUBMISSION

Please select a project to submit data Alzheimer's Network

Please select a site -- Select --

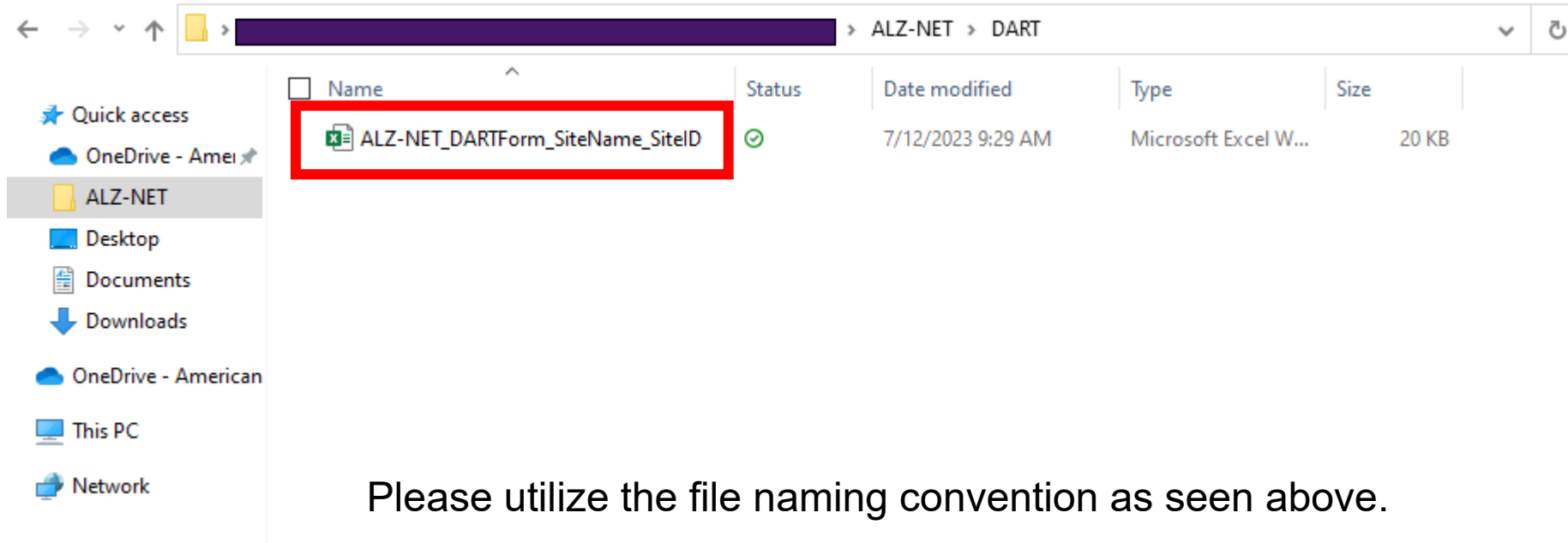
Please select a file upload Choose File No file chosen

SUBMIT

Select your site name from the drop-down menu

Select and upload the file. Please refer to slide 10 for formatting requirements.

Submitting Data



'ALZ-NET_DARTForm_SiteName_SiteID'

Submitting Data

DATA SUBMISSION

Please select a project to submit data

Please select a site

Please select a file upload ALZ-NET_DAR...t6001-001.csv

Once the Site Name is selected and the file is uploaded, click 'Submit'.

Please note: The file is **required** to be submitted as a CSV.

If it is *not* a CSV, click File > Save As > under file name, click Excel Workbook (*.xls) and change it to CSV (Comma delimited) (*.csv) > SAVE

Submitting Data

DATA SUBMISSION

Please select a project to submit data

Alzheimer's Network

Please select a site

-- Select --

Please select a file upload

Choose File No file chosen

SUBMIT

Uploaded Files

UserName	File Name	File Upload Date	Site Name	Project Name
[REDACTED]	ALZ-NET_DARTForm_Upload.csv	4/13/2023 2:09:41 PM	[REDACTED]	Alzheimer's Network

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View 1 - 1 of 1

Once the file is successfully submitted, it will appear under 'Uploaded Files'.

Formatting Requirements



Site Number	ALZ-NET Case ID	First Name	Middle Name	Last Name	DOB	Address	Address Line 2	City	State	Zip Code	Phone Number
Email address	Social Security Number	Specify Insurance Status	If Medicare Advantage:	If Commercial Plan:	Primary Insurance ID Number	Insurance Group ID Number					

All fields are **required** to be filled out for each registered patient. Please note that using ALZ-NET's template is required. The template can be found on the [ALZ-NET website](#).



Formatting Requirements

Instructions on how to fill out the DART form are on Sheet 1 of the provided Excel document

INSTRUCTIONS

This information is to be provided **after** a patient is registered in CTMS. CTMS will provide the unique ALZ-NET ID for each patient.

Please fill out **all** columns with the appropriate information for each registered patient.

If there is no information available for a certain column or if you have questions, please contact the ALZ-NET Operations Team at alz-net@acr.org

Instructions on providing insurance information

Please specify Insurance status in Column O from the following:

- Uninsured
- Insured, Medicare Fee for Service
- Insured, Medicare Advantage
- Insured, Medicaid
- Insured, Commercial Plan
- Other, Specify:

If the patient has Medicare Advantage, please specify in Column P

- Anthem, Inc.
- Blue Cross Blue Shield
- CIGNA Health Plans, Inc.
- CVS Health (Aetna)
- Humana, Inc.
- Kaiser Foundation Health Plans, Inc.
- UnitedHealth Group Inc.
- WellCare Corporation
- Other Medicare Advantage, specify: _____

If the patient has a Commercial Plan, please specify which plan in Column Q

- Anthem, Inc.
- Blue Cross Blue Shield
- CIGNA Health Plans, Inc.
- CVS Health (Aetna)
- Department of Defense - TRICARE
- Health Care Service Corporation
- Humana, Inc.
- Kaiser Foundation Health Plans, Inc.
- UnitedHealth Group Inc.
- Other Commercial Plan, specify: _____



ALZ-NET Operations Team

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