



ALZ-NET RMS Training

Research Management System (RMS) serves as the case registration application for ALZ-NET.

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RMS Overview

The **R**esearch **M**anagement **S**ystem (**RMS**) will be used to register patients and confirm eligibility criteria.

Link to RMS: <https://acr-patientregistration.acr.org/>

Accessing RMS Requires the use of an ACR Okta Account

- This account is needed before creating an RMS account. This will serve as your ACR ID. If you do not have one, you will be redirected before creating your RMS account.

Creating an ACR Okta Account



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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

- Each user must have their own Okta Account. Ensure that the email being entered is a **current** email address.
- **Passwords must be changed every 90 days.**
- If you have participated in a previous ACR Study, you **already have** an ACR Okta Account, and may just log in directly. If you have issues accessing your account, please reach out to alz-net@acr.org

Creating an ACR Okta Account

1. Create your account and click “Register.”
2. Locate the ‘Welcome to ACR ID’ email in the email inbox you used to register and follow the one-time link to activate your account. Simply clicking on this link will activate your account (Note: check spam folder)
3. Return to the application’s home page (on previous slide).
4. Type in your username underneath *Please Enter Your ACR Login* (email address used to create ACR ID).
5. Set up Okta (two-factor authentication).
6. Return to the login portal and login with username and two-factor authentication.

Note: You will have to utilize a ‘multifactor authentication’ mechanism to log in each time. This is for security purposes.

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Create an Account

All ACR accounts were reset on Sept. 14 due to a systems upgrade. Before signing in, please check your email for instructions on how to create your new ACR Login.

[Need additional help?](#)

Email *

Password *

First name *

Last name *

Secondary email *

Phone number

* indicates required field

[Register](#)

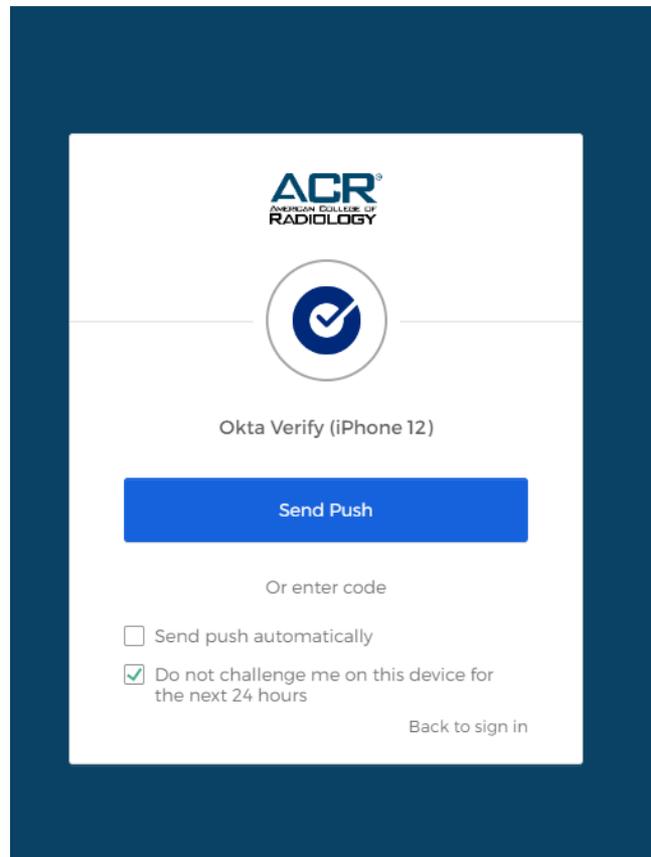
[Back to sign in](#)

Save your username and password. This is your ACR ID to be used across all ALZ-NET applications.

When you are done filling out the required fields, click ‘Register’

Logging into ACR Okta

ACR Okta will prompt to send a push to the mobile device that was registered with Okta. This is the multi-factor authentication. This is an example of what the prompt will look like.



RMS User Account Creation

For new RMS users – one time account set up

RMS User Account Creation

Login with your email address. You must be logged into Okta before accessing RMS.





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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](#)

RMS User Account Creation



User Registration

Account activation is required for data center access on the ACRIN Web site. Also, radiologists who will provide data for imaging-related case report forms

Details

Group *

Q Search

Details

Group *

Q Search

ACRIM-ACR Image Metrix

ALZ-NET-Alzheimer's Network for Treatment and Diagnostics

BTH-BTH

Click 'ALZ-NET' from the drop-down menu

Select your institution from the drop-down menu.
You can also search by Site ID (begins with a '6')

Enter all mandatory fields, denoted with a (*)

Primary Institution *

Search

Prefix

Select Option

First Name *

Enter First Name

Middle Name

Enter Middle Name

Last Name *

Enter Last Name

Degree

A.A.

A.P.R.N.

B.A.

B.S.

B.S., C.M.D.

B.S.N.

Person Role*

Select Option

Please enter your email
and ensure that it is
current, and you have
access to it.

Check no

ACR Staff*

Yes No

Do you require Reader ID?

Yes No

Select No for Reader ID

E-mail *

Enter E-mail

Address Line 1 *

Enter Address Line 1

Address Line 2

Enter Address Line 2

Address Line 3

Enter Address Line 3

Enter your site's address

City *

Enter City

State

Select Option

Country*

Select Option

Central Study Email Address

Enter Central Study Email Address

Protocol Number *

Enter Protocol Number

The Protocol Number for
ALZ-NET is **4709**

RMS User Account Creation

File Upload



[Upload Files](#) Or drop files

Upload your Human
Subjects Research
Certificate



Complete this field.

By checking the "I agree" box at the end of this statement, I agree to keep my account and/or reader ID confidential and not to allow its use by anyone else and that the use of my account is the legally binding equivalent of my traditional handwritten signature.*

Check the check box

Requestor Name *

Date *

Type your name and date of
registration, then click 'Submit'

Submit

RMS User Account Creation

User Registration

Account activation is required for data center access on the ACRIN Web site. Also, radiologists who will provide data for imaging-related case report forms must obtain a Reader ID. To obtain account access or a reader ID, please supply all information requested.

Registration Successful. You will be notified by ACR staff after your account has been approved to submit the DDSI Forms.

A member of the ALZ-NET Operations Team will approve your RMS account

How to Register a Patient in RMS

New Patient Registrations

RMS Patient Registration

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Logout

Institution Information

Please select your Institution Information and Group from the list displayed.

0

Select your Institution Name. It will have **‘ALZ-NET’** at the end of it.

Your Institution ID will start with a ‘6’. If you do not know your Institution ID, contact alz-net@acr.org

RMS Patient Registration

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Logout

Institution Information > Main Menu

Please select from the following menu.

New Patient Registration

View

View Subjects for applicable study

View

Click 'view' for new patient registration

Click 'view' to see list of enrolled and incomplete patients

RMS Patient Registration

If you need to go back at any point, click the 'Institution Information' or 'Main Menu' buttons.
Do not click on your browser's back button. This will log you out.

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Institution Information > Main Menu > Patient Registration

Please select from the following menu.

Search Study

| Clinical Study | Protocol Number | Group Short Name | Study_Status | Action |
|----------------|-----------------|------------------|-----------------|--|
| ALZ-NET | ALZ-NET | ALZ-NET | Open to Accrual | Register Incomplete Registration |

Click 'Register'

RMS Patient Registration

Demography



Logout

Visit Details (1)

Demography

Tracking No: P-000587

*fill all mandatory qnsns

Close

Step 1 Registration

Demography

Eligibility Checklist

Section - 1

Response

Name of person registering case

Name of treating clinician

Date informed consent signed by patient or Legally Authorized Representative (LAR)*

Date of protocol version enrolling to:*

Informed consent provided by

Select Option

In what language was the consent form completed?

Select Option

Has consent been provided for the patient to be contacted about other research studies investigating Alzheimer's disease for which he or she may be a candidate?

Select Option

Patient's country of residence*

Select Option

Patient's year of birth

Patient's sex assigned at birth

Select Option

Patient's self-reported identification of their gender

Select Option

Visit Details (1)

Demography

Tracking No: P-000618

*fill all mandatory qnsns

Close

- Step 1 Registration
- Demography
- Eligibility Checklist

| | |
|--|---------------|
| American Indian or Alaska Native (For example: Aztec, Blackfeet Tribe, Mayan, Navajo Nation, Nome Eskimo Community) * | Select Option |
| Asian or Asian American (For example: Asian Indian, Chinese, Filipino, Japanese, Korean, Pakistani, Vietnamese) * | Select Option |
| Black, African American, or African (For example: African American, Ethiopian, Haitian, Jamaican, Nigerian, Somali) * | Select Option |
| Hispanic, Latino, or Spanish (For example: Colombian, Cuban, Dominican, Mexican or Mexican American, Puerto Rican, Salvadoran) | Select Option |
| Middle Eastern or North African (For example: Algerian, Egyptian, Iranian, Lebanese, Moroccan, Syrian) | Select Option |
| Native Hawaiian or other Pacific Islander (For example: Chamorro, Fijian, Marshallese, Native Hawaiian, Tongan) * | Select Option |
| White or European (For example: English, European, French, German, Irish, Italian, Polish) * | Select Option |
| None of these fully describe me | Select Option |
| None of these fully describe me, specify | |
| Prefer not to answer * | Select Option |
| Unknown Race * | Select Option |
| Enter the patients information as it appears on their Insurance ID card | Response |
| Primary Insurance Status | Select Option |

Click 'Next' to go to the Eligibility Checklist

Prev

Next

Validate and Save

RMS Patient Registration

Eligibility Checklist



Logout

| Visit Details (1) | Eligibility Checklist | Tracking No: P-000589 | *fill all mandatory qsns | Close |
|--|---|--|--------------------------|-------|
| Step 1 Registration | Section - 1 | | | |
| <input checked="" type="radio"/> Demography | Patient or patient's legally authorized representative (LAR) (e.g., spouse or legal guardian) has the ability to understand the purpose and risks of ALZ-NET and provide signed and dated informed consent and authorization to use protected health information (PHI) in accordance with national and local patient privacy regulations. * | <input type="text" value="Select Option"/> | | |
| <input checked="" type="radio"/> Eligibility Checklist | Patient is at least 18 years of age at the time of informed consent. * | <input type="text" value="Select Option"/> | | |
| | Patient has a diagnosis of MCI or dementia with clinical suspicion of Alzheimer's disease (AD) as contributing pathology and 1) is being evaluated for treatment or 2) will be initiating treatment or 3) has already initiated treatment with novel FDA-approved AD therapies in real world clinical practice. * | <input type="text" value="Select Option"/> | | |
| | If treatment is initiated at time of consent, patient meets appropriate label requirements and treatment follows appropriate use recommendations for novel FDA-approved AD therapy/therapies. * | <input type="text" value="Select Option"/> | | |
| | Patient's treating clinician has made the decision to provide clinical care or treatment prior to patient consent and independently of the purpose of ALZ-NET. * | <input type="text" value="Select Option"/> | | |

Click 'Validate and Save' to complete registration

RMS Patient Registration

Patient Information



Logout

Visit Details (1)

Patient Information

Tracking No: P-001149

*fill all mandatory qsns

Close

Step 1 Registration

Demography

Eligibility Checklist

Patient Information

PATIENT CONSENT & ELIGIBILITY

ALZ-NET participants provide authorization via the informed consent process to have the below personal information provided to ALZ-NET. This data is kept secure and separate from the patient's clinical data and only accessed and used to collect health insurance claims data and/or contact for future research if the patient provided additional consent to that optional component of ALZ-NET. Sites must enter the patient's name exactly as it appears on their primary insurance ID card or medical record.

Response

First Name: *

Middle Name:

Last Name: *

Patient's date of birth: *

Patient's country of residence: *

--None--

Primary address: *

Address:

City: *

Please enter a valid City name

State *

--None--



RMS Patient Registration

Patient Information

| | |
|-----------------------------------|----------------------|
| Zip Code: * | <input type="text"/> |
| Primary phone number: | <input type="text"/> |
| Primary email address: | <input type="text"/> |
| Social Security Number (SSN): | <input type="text"/> |
| Primary Insurance ID Number | <input type="text"/> |
| Primary Insurance Group ID Number | <input type="text"/> |

RMS Patient Registration

Visit Details (1) Patient Information Tracking No: P-001149 *fill all mandatory qnsns Close

Step 1 Registration <<

- Demography
- Eligibility Checklist
- Patient Information**

PATIENT CONSENT & ELIGIBILITY
ALZ-NET participants provide authorization via the informed consent process to have the below personal information provided to ALZ-NET. This data is kept secure and separate from the patient's clinical data and only accessed and used to collect health insurance claims data and/or contact for future research if the patient provided additional consent to that optional component of ALZ-NET. Sites must enter the patient's name exactly as it appears on their primary insurance ID card or medical record.

Response

First Name: *

Middle Name:

Last Name: *

Patient's date of birth: *

Patient's country of residence: *

Primary address: *

Address:

City: *
Please enter a valid City name

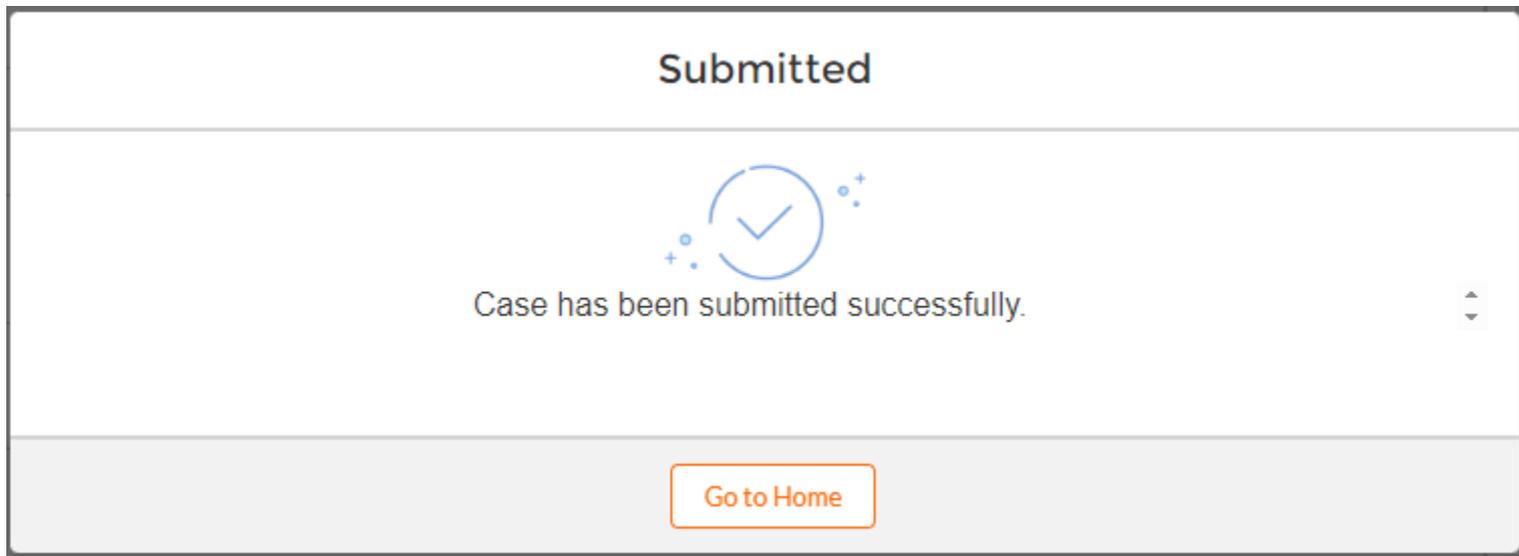
Submit

Please click on the Submit button to register the patient.

Close Submit

Click 'Submit'

RMS Patient Registration



RMS Patient Registration

Sandbox: Subject Registered Successfully - Study Number - 4709 - [REDACTED] 7 - Case No - 4709-282



ACR - RMS <no-reply@acr.org>

To [REDACTED]



[If there are problems with how this message is displayed, click here to view it in a web browser.](#)
[Click here to download pictures.](#) To help protect your privacy, Outlook prevented automatic download of some pictures in this message.



Hi [REDACTED],

This is to inform you that you have registered patient successfully.

Study Number: 4709

Case Number: 4709-282

Institution #: OH007

Institution Name: [REDACTED]

Treatment Assignment: ALZ-NET N/A

Thanks,
ACR

A confirmation email will be sent to your email with the Patient ID. After registration, the Patient ID will be seen in Medidata Rave to begin data input for baseline.

How to Register a Patient in RMS

Incomplete Patient Registrations

Incomplete Patient Registration



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Logout

Institution Information > Main Menu > Patient Registration

Please select from the following menu.

Search Study

Clinical Study

Protocol Number

Group Short Name

Study_Status

Action

ALZ-NET

ALZ-NET

ALZ-NET

Open to Accrual

Register

Incomplete Registration

If you began a patient registration and **did not** complete it, you can retrieve it by clicking '**Incomplete Registration**'

Incomplete registrations must be completed within **7 calendar days** of the initial registration date. **Any progress will be deleted if not completed in this timeframe.**

Incomplete Patient Registration

Institute Information > Main Menu > Patient Registration > **Incomplete Registration** > Patients

Please Select from the following Subjects.

| Tracking Number | Protocol Number | Status | Action |
|-----------------|-----------------|-------------|----------------------|
| P-000618 | ALZ-NET | In Progress | View |
| P-000588 | ALZ-NET | In Progress | View |

Click 'view' on the patient you would like to finish registering and complete registration as normal



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Innovation (CRI)
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