

## Printing a Visit Checklist

1. Select a study and a study site from the drop down menus.
2. Select one or more visits from the *Study Visits* menu.
3. Users can print checklists for specific patients, or a blank checklist.
4. After making a selection, click **Continue**.
5. If choosing to print a checklist for specific patient, select the patient name.
6. The checklist will then load and display in Adobe PDF format. (The example below is a blank visit checklist, not specific to a patient.)

Visit Checklist					
<b>Patient:</b>		<b>Alias:</b>		<b>Status:</b>	
<b>Study:</b> WA201-RC201		<b>Visit:</b> 1 / Screening/Baseline			
<b>Screen Number:</b>		<b>Randomization Number:</b>			
<b>Visit Date:</b>	<input type="text"/>				
Visit Procedures					
Procedure Date	Procedure	Provider	Complete	Qty	Type
1 <input type="text"/>	Informed Consent	Unspecified	<input type="checkbox"/>	1	Protocol-Required
Procedure Notes:					
2 <input type="text"/>	Demographics & Medical History	Unspecified	<input type="checkbox"/>	1	Protocol-Required
Procedure Notes:					
3 <input type="text"/>	Physical Exam	Unspecified	<input type="checkbox"/>	1	Protocol-Required
Procedure Notes:					
4 <input type="text"/>	Vital Signs	Unspecified	<input type="checkbox"/>	1	Protocol-Required
Procedure Notes:					
Vital signs include respiration rate, blood pressure, pulse and temperature.					
5 <input type="text"/>	Height & Weight	Unspecified	<input type="checkbox"/>	1	Protocol-Required
Procedure Notes:					

7. Users can view this on screen, save it to the hard drive, or print by choosing the appropriate icon.
8. On the last page of a visit checklist, there is a signature line if the printed checklist is to be used as a source document.

Additional Procedures					
Procedure	Date	Procedure	Provider	Complete	Qty Type
1	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Additional Procedure Notes:					
2	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Additional Procedure Notes:					
3	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Additional Procedure Notes:					
<b>Visit Notes:</b>					
_____					
<b>Coordinator / Physician Signature</b>					