

UWI2016-07-01 - VERIFICATION: DATA DICTIONARY

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Document Summary

Property	Value
Document Title	UWI2016-07-01 - Verification: Data Dictionary
Date Created	07/10/2020
Sections	3
Entries	18
Document Filename	dictionary_verif.rtf

UWI2016-07-01 - Verification: Data Dictionary

Section 1: Identifiers

Variable	Label	Description	Format Text
SEQUENCE_NO_	Patient ID		Numeric

Section 2: Study-wide

Variable	Label	Description	Format Text
ARM	Arm		"ACTOplus XR/Placebo"="ACTOplus XR/Placebo"
CYCLE	Cycle		Char
DAY_1	Day		Numeric
FORM	Form		"CP_DCP_Verification V1"="CP_DCP_Verification V1"
FORM_DESC_	Form Description		"Built for UW16110"="Built for UW16110"
FORM_STATUS	Form Status		"Amended"="Amended" "Completed"="Completed"
LEVEL	Level		Char
MDS_DCPProtocolNumber	DCP Protocol Number	Unique alphanumeric identifier assigned to a protocol by the National Cancer Institute for reporting of data.	"UWI2016-07-01"="UWI2016-07-01"
MDS_RegisteringInstitution	Registering Institution	Code that uniquely identifies the institution where the research participant was registered in the clinical trial	"MD017"="MD017" "MN022"="MN022" "WI020"="WI020"
NOT_APPLICABLE_OR_MISSING	Not Applicable Or Missing		Char
PHASE	Phase		"Treatment"="Treatment"
SEGMENT	Segment		"Day 15-22 (max day 26)"="Day 15-22 (max day 26)" "Final Dosing Reminder Call"="Final Dosing Reminder Call" "Screening/Baseline"="Screening/Baseline"
VISIT_DATE	Visit Date		SAS Date

Section 3: Verification

Variable	Label	Description	Format Text
InvestigatorName	Investigator Name	The name of the physician or investigator participating in a clinical trial.	"XX"="XX"
InvestigatorSignature	Investigator's Signature	The indicator representing that the investigator has signed the document.	"Yes"="Yes"
InvestigatorSignatureDate	Investigator's Signature Date	Calendar date Investigator has signed the document	SAS Date
VerificationDate	Form Date	The date on which a data capture form (CRF or case report form) was completed.	SAS Date