

Compassionate Use Board (CUB) REDCap Patient Petition Help Document

Contact Information

For CUB specific questions or to submit requested documents:

Email: cubcmc@utah.gov

Fax: 385.465.6052

For submission due dates and CUB determination dates visit our website at:

https://medicalcannabis.utah.gov/resources/compassionate-use-board/

Save & Return Later

REDCap provides a **Save & Return Later** button on each survey page, which allows the respondent to save their progress and return at a future time to where they left off to complete the survey. As discussed below, when the respondent clicks this button

Save & Return Later

[], they will be given a **validation code**, which they will be required to enter in order to resume the survey.

To leave and complete the CUB petition later select the Save & Return Later button at the bottom of the form:

Save & Return Later

Once selected a screen displaying a random validation code is displayed, similar to the following:



Validation code needed to return	×
Copy or write down the validation code below. Without it, you wil return and continue this survey. Once you have the code, click C the other instructions on this page.	
Validation code: nabt93hj	
	Close

The respondent **must remember this validation code** because they will be prompted to enter it later when they try to resume the survey.

When the respondent clicks [] in the above screen, the subsequent screen (not shown here) will display that same validation code, as a reminder. That screen will also provide information about the web link to use for returning to the survey in the future:

- If you had accessed the survey via an **email invitation**, that screen would state that another email has been sent to you, which contains the web link to use for resuming the survey. Note that this link is identical to the link that was sent in the initial invitation email.
- If instead, you had accessed the survey via its **public link**, that screen will allow you to request that REDCap sends an email, which will contain the web link to use for resuming the survey.

Incomplete Submission

The Department will not review incomplete CUB petitions. To ensure that the petition is

reviewed complete all fields. When a respondent selects [

Save & Mark Survey as Complete

], if

the petition is not complete a popup box will display any fields that have been missed.



Complete Submission

After all of the required fields have been satisfied, and the respondent has selected the [

Save & Mark Survey as Complete

] the following notice will appear on the screen:



The respondent will also get an email response [below] if the petition was accessed via a link sent to an email inbox.

	CUB Petition 🔎 Inbox ×	•	
נ	Compassionate Use Board <cubcmc@utah.gov> 8:53 AM (0 minutes ago) ☆ to me ◄</cubcmc@utah.gov>	*	:
	The CUB petition has been submitted. Please contact us at <u>cubcmc@utah.gov</u> for an Visit the Utah Medical Cannabis CUB <u>website</u> for additional information.	ny upd	ates.

<u>Upload a Document</u>

To add a document to the petittion select [].
Attach QMP Face-to-Face SOAP note (telehealth visits will not be accepted) * must provide value	

A popup box will display allowing the respondent to select [see below]. After the file has been

chosen, select [] . A popup box will then display indicating that the upload was successful.

Upload file	×
Attach QMP Face-to-Face SOAP note (telehealth visits will not be accepted)	
Select a file then click the 'Upload File' button	
Choose File No file chosen	
Lupload file (Max file size: 32 MB)	



Add Signature

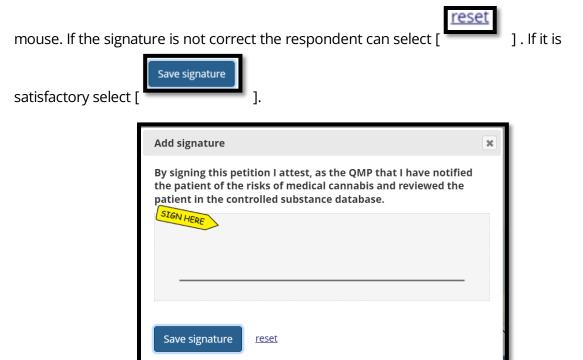
► Add signature
Claracter Declaration

To add a signature to the petition select [

By signing this petition I attest, as the QMP that I have notified the patient of the risks of medical cannabis and reviewed the patient in the controlled substance database.

≁ <u>Add signature</u>

A popup box [see below] will display allowing the respondent to create a signature with the



After the signature has been saved to the petiton it will appear as follows [see below].



By signing this petition I attest, as the QMP that I have notified the patient of the risks of medical cannabis and reviewed the patient in the controlled substance database.

* must provide value

0 signature_2021-10-05_1500.png (0.01 MB) 🛍 Remove file