Pediatric Blood and Marrow Transplant
Adult Blood and Marrow Transplant
Stem Cell Laboratory

DOCUMENT NUMBER: COMM-PAS-025 FRM1

DOCUMENT TITLE:
MasterControl HTML Form Verification Request

DOCUMENT NOTES:

Document Information

Revision: 01	**Vault:** COMM-PAS-rel
Status: Release	**Document Type:** COMM-PAS

Date Information

Creation Date: 20 Jun 2025	**Release Date:** 01 Jul 2025
Effective Date: 01 Jul 2025	**Expiration Date:**

Control Information

Author: MC363	**Owner:** MC363
Previous Number: None	**Change Number:** PAS-CCR-043

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STEP 1 PRE-APPROVAL			
Verification Request #:	**Date of Request:**		**Requestor:**
☐ **New Form in MasterControl** ☐ **Revision to Existing Form**		**CCR#(s):**	**Current Released HTML Form Version #:**
MasterControl Document/Form #:	**Current MasterControl Version #:**	**MasterControl Document/Form Title:**	
Description of Changes of the Form (Refer to CCR):			

Do the Change(s) Involve/Impact:

Title of the Form

☐ **No** ☐ **Yes**

Reporting/Datasets (changes to Existing Field/Tab Names, adding or deleting Fields, adding or deleting Tabs)

☐ **No** ☐ **Yes**

Functionality of the Form (changes to Check Boxes, Radio Buttons, Select Boxes, File Selection Boxes, Save and Submission buttons, etc.

☐ **No** ☐ **Yes**

Review/Approval Process (changes to the review and approval process of this form)

☐ **No** ☐ **Yes**

Others:

_____ ☐ **N/A**

Comment:

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Description of the Functional Requirements/Specifications and Acceptance Criteria of the Verification/Validation:		
Number	**Verification/Validation Items**	**Acceptance Criteria**
1.	Verify the HTML form against the PDF form to ensure that the contents on both forms are identical	The contents of the HTML form and the PDF form should be identical.
2.	Compare the label of each tab on the HTML form to the relevant header of each section on the PDF form to ensure the labels and the relevant headers match	The label of each tab on the HTML form should match the relevant header of each section on the PDF form.
3.	Check the functionality of the HTML form, such as character limitation in Text Field and Text Area, Check Boxes, Radio Buttons, Date Selection from the Calendar, Select Boxes, Select from the drop-down list, File Selection Boxes in the Attachment Field, Save and Submission Buttons, etc.	The form should meet the pre-defined functional requirements.
4.	Test the review/approval Process of the form	The form should be routed per the defined specific approval process for each form.
5.	Verify that the planned implementation date of the HTML form matches the due date for the associated training InfoCard training task.	The planned implementation date of the HTML form matches the due date for the associated training InfoCard training task.
6.	Other:	
Comment:		

Requestor (Author/Initiator, or Designee)	**Date:**	☐ **Requirements Reviewed/Understood**
MasterControl HTML Form Developer	**Date:**	☐ **Requirements Reviewed/Understood**
CQP Director or Designee	**Date:**	☐ **Pre-approved**

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STEP 2. TESTING SITE VERIFICATION/VALIDATION
***Attach any printed copies of the test forms** ***Author/Initiator (or Designee), HTML Form Developer, and CQP serve as Testers*

Verification Request #:				**Date Released to Testing Site:**
Tester	**Name/Initials**	**Date Completed**	**Pass**	**Fail – Select, Add Item # from page 2, and describe the issue below**
A			☐	☐ **Item(s) #**
B			☐	☐ **Item(s) #**
C			☐	☐ **Item(s) #**

Completed by Tester(s)

Item #	**Description of Issue(s)**	**Initials/Date**

Comment:

Completed by MasterControl HTML Form Developer

Item#	**Description of Further Change(s) Made**	**Initials/Date**

Completed by MasterControl HTML Form Change Owner and CQP

Verification that the planned implementation date of the HTML form matches the due date for the associated training InfoCard training task

☐ **No** ☐ **Yes**

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Initials/Date (Author/Initiator): **Initials/Date (CQP):**		
Comment:		
Author/Initiator (or Designee)	**Date:**	☐ **Pass; Approved for Release to Production Site.** ☐ **Fail; Forward to MasterControl HTML Form Developer**
CQP Tester	**Date:**	☐ **Pass; Approved for Release to Production Site.** ☐ **Fail; Forward to MasterControl HTML Form Developer**
MasterControl HTML Form Developer	**Date:**	☐ **Further Changes Made, Ready for Testing Site Re-verification/Re-validation** ☐ **Reviewed; Ready for Production Site Release**

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STEP 2a. TESTING SITE RE-VERIFICATION/RE-VALIDATION (*Further Changes Have been Made, Ready for Re-verification/Re-validation, may be repeated as needed*)
**** Attach any printed copies of the test forms **Author/Initiator (or Designee), HTML Form Developer, and CQP serve as Testers***

☐ **N/A Initial Testing Passed, all Functional Requirements/Acceptance Specifications have been met.**

Verification Request#:		**Date Released to Testing Site:**		
Tester	**Name/Initials**	**Date Completed**	**Pass**	**Fail – Select, Add Item # from page 2, and describe the issue below**
A			☐	☐ **Item(s) #**
B			☐	☐ **Item(s) #**
C			☐	☐ **Item(s) #**

Completed by Tester(s)

Item #	**Description of Issue(s)**	**Initials/Date**

Comment:

Completed by MasterControl HTML Form Developer

Items#	**Description of Further Change(s) Made**	**Initials/Date**

Completed by MasterControl HTML Form Change Owner and CQP

Verification that the planned implementation date of the HTML form matches the due date for the associated training InfoCard training task

☐ **No** ☐ **Yes**

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Initials/Date (Author/Initiator): **Initials/Date (CQP):**		
Comment:		
Author/Initiator (or Designee)	**Date:**	☐ **Pass; Approved for Release to Production Site.** ☐ **Fail; Forward to MasterControl Form Developer.** Attach additional Testing Site Verification/Validation
CQP Tester	**Date:**	☐ **Pass; Approved for Release to Production Site.** ☐ **Fail; Forward to MasterControl Form Developer.** Attach additional Testing Site Verification/Validation
MasterControl HTML Form Developer	**Date:**	☐ **Further changes made; Ready for Testing Site Re-verification/Re-validation** ☐ **Reviewed; Ready for Production Site Release**

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STEP 3. PRODUCTION SITE VERIFICATION/VALIDATION ***Attach any printed copies of the test forms ** Author/Initiator (or Designee), HTML Form Developer, and CQP serve as Testers***				
Verification Request #:		**Date Released to Production Site:**		
Tester	**Name/Initials**	**Date Completed**	**Pass**	**Fail – Select, Add Item # from page 2, and describe the issue below**
A			☐	☐ **Item(s) #**
B			☐	☐ **Item(s) #**
C			☐	☐ **Item(s) #**

Completed by Tester(s)

Item #	**Description of Issue(s)**	**Initials/Date**

Comment:

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STEP 4 POST-APPROVAL **** Attach any printed copies of the test forms, DEV, CAPA, new CCR, new HTML form verification request, as available.***		
Requestor (Author/ Initiator, or Designee)	**Date:**	☐ **Approved** ☐ **Approved for Continual Use, but Revision Recommended** ☐ **Failed; Forward to MasterControl HTML Form Developer.** Submit a New CCR and a New HTML Form Verification Request. Initiate a DEV/INV Report. Initiate a CAPA, if applicable. Attach all associated documents, as available. New CCR# _____ New Verification Request#: _____ DEV#: _____ CAPA#:_____
MasterControl HTML Form Developer	**Date:**	☐ **Reviewed and Approved** ☐ **Failed; Assist with CAPA as Needed.** Make Changes to the HTML Form. New Form Verification/Validation Request pending.
CQP Director or Designee	**Date:**	☐ **Approved** ☐ **Approved for Continual Use, but Revision Recommended** ☐ **NOT Approved** **Comments:**

Signature Manifest

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Title: MasterControl HTML Form Verification Request
Effective Date: 01 Jul 2025

All dates and times are in Eastern Time.

COMM-PAS-022 -- COMM-PAS-027 JA1

Author

Name/Signature	Title	Date	Meaning/Reason
Mary Beth Christen (MC363)		26 Jun 2025, 12:01:08 AM	Approved

Management

Name/Signature	Title	Date	Meaning/Reason
Kris Mahadeo (KM193)		26 Jun 2025, 10:34:13 AM	Approved

Medical Director

Name/Signature	Title	Date	Meaning/Reason
Kris Mahadeo (KM193)		26 Jun 2025, 10:34:28 AM	Approved

Quality

Name/Signature	Title	Date	Meaning/Reason
Mary Beth Christen (MC363)		26 Jun 2025, 05:14:55 PM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Amy McKoy (ACM93)	Document Control Specialist	30 Jun 2025, 05:51:48 PM	Approved