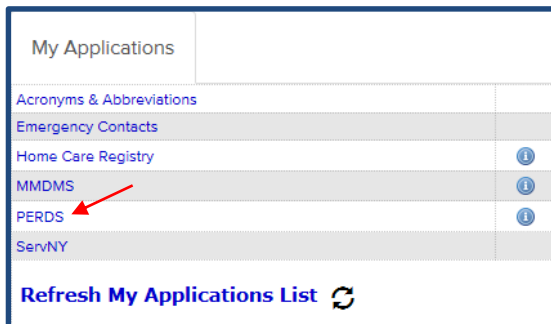


New York State Department of Health Medical Marijuana Program Adverse Event Reporting Instructions

The Adverse Event Reporting Tool is administered through a system referred to as the Person-based Electronic Response Data System (PERDS) which users can access through the Health Commerce System (HCS). The survey is used to track adverse events related to medical marijuana products or devices and to help the Medical Marijuana Program identify potential public health risks through the information reported.

The following instructions provide the steps to report an Adverse Event to the Medical Marijuana Program.

1. Access PERDS by logging into HCS at <https://commerce.health.state.ny.us/>.
 - If you forgot your user ID or password to HCS, please call the Commerce Accounts Management Unit at 866-529-1890, option 1.
 - If you do not have an HCS account, click on the following link for instructions on how to obtain an HCS account:
https://www.health.ny.gov/professionals/narcotic/prescription_monitoring/docs/hcs_application_instructions.pdf
2. Select PERDS from the *My Applications* Menu (shown below).
 - If PERDS is not listed in the *My Applications* Menu, select “All Applications” from the *My Content* dropdown menu, click the “P” tab, find the Person-based Electronic Response Data System (PERDS) application in the list, and click the green and white “+” icon in the Add/Remove column to add the PERDS application.



3. Select the “Data Entry” tab from the tool bar at the top of the screen (shown below).



New York State Department of Health Medical Marijuana Program Adverse Event Reporting Instructions

4. From the *Activity* drop down menu select “MM Adverse Event Reporting” (shown below).

The screenshot shows the 'Person Electronic Response Data System (PERDS)' interface. The 'Data Entry' tab is selected in the top navigation bar. Below the navigation bar, the 'Activity' dropdown menu is open, showing options: 'Please Select Activity', 'MM Adverse Event Reporting', and 'UMH_HDP_BMI'. A red box highlights the 'MM Adverse Event Reporting' option, with a red arrow pointing to it.

5. Next, select your Organization from the *Organization* drop down menu (step 1, shown below), then click the “Add New MM Adverse Event” button (step 2, shown below).

Person Electronic Response Data System (PERDS)

The screenshot shows the 'Person Electronic Response Data System (PERDS)' interface. The 'Data Entry' tab is selected. The 'Activity' dropdown is set to 'MM Adverse Event Reporting'. The 'Form' dropdown is also set to 'MM Adverse Event Reporting'. The 'Organization' dropdown is set to 'Z Test Hospital (PFI) (8888)'. A red box highlights the 'Organization' dropdown, with a red arrow pointing to it and the number '1'. Below the dropdowns, the 'Data Entity Type' is set to 'MM Adverse Event' and the 'Data Entity Name' is set to 'Please Select Name'. A yellow 'Search MM Adverse Event' button is visible. A red box highlights the 'Add New MM Adverse Event' button, with a red arrow pointing to it and the number '2'.

6. PERDS creates a unique ID to identify the adverse event, click the “Add” button (shown below) to proceed.

The screenshot shows the 'Person Electronic Response Data System (PERDS)' interface. The 'Data Entry' tab is selected. The 'Activity' dropdown is set to 'MM Adverse Event Reporting'. The 'Form' dropdown is also set to 'MM Adverse Event Reporting'. The 'Organization' dropdown is set to 'Z Test Hospital (PFI) (8888)'. The 'Data Entity Type' is set to 'MM Adverse Event' and the 'Data Entity Name' is set to 'MMP Unique ID:144204'. A yellow 'Search MM Adverse Event' button, a grey 'Add New MM Adverse Event' button, and a grey 'Edit' button are visible. Below the form, the 'Add New Entity' section shows 'Created By Z Test Hospital (PFI)' and 'MM Adverse Event Unique ID 144234'. A red box highlights the 'Add' button, with a red arrow pointing to it.

New York State Department of Health Medical Marijuana Program Adverse Event Reporting Instructions

- To add data to the adverse event reporting form, review the instructions on the top of the page and scroll down the page to complete the form. Required boxes are denoted by a red asterisk (*), please provide as many details about the adverse event as possible.
- After completing the form (including all required boxes), click the “Save All” button (step 1, shown below) then click the “Review & Submit” button (step 2, shown below) located at both the top and bottom of the form page.

The screenshot shows the 'Person Electronic Response Data System (PERDS)' interface. The 'Data Entry' tab is active. The form fields are: Activity: MM Adverse Event Reporting, Form: MM Adverse Event Reporting, Organization: Z Test Hospital (PFI) (8888), Data Entity Type: MM Adverse Event, and Data Entity Name: MMP Unique ID:144204. Below the form, there is a 'Form Information' section with a 'Navigational Style' dropdown set to 'Section'. A legend indicates: * Required Field, Repeatable, Data Saved to Work Area, Data Submitted to DOH, Current Field/Selection, Field Information, Field with Rules, Warning, and Error. At the bottom, the 'Review & Submit' button is highlighted with a red box and a red arrow labeled '2', and the 'Save All' button is highlighted with a red box and a red arrow labeled '1'. There are also 'Export options' for 'View Data PDF' and 'Blank Form PDF'.

Note: After selecting the “Save All” button, if you have not completed a required field the form will notify you that there are errors. Errors will be highlighted in red and must be corrected before the form can be saved.

- You will have an opportunity to review your report one final time before submitting the data. If you would like to add information or change a response, click the “Modify” button to navigate back to the form to make any necessary updates. Repeat [step #8](#) above to save any changes.

When you are satisfied with your report, click the “Submit Data to DOH” button (shown below).

The screenshot shows the same 'Person Electronic Response Data System (PERDS)' interface. The 'Data Entry' tab is active. The form fields are: Activity: MM Adverse Event Reporting, Form: MM Adverse Event Reporting, Organization: Z Test Hospital (PFI) (8888), Data Entity Type: MM Adverse Event, and Data Entity Name: MMP Unique ID:144204. Below the form, there is a 'Form Information' section with a 'Navigational Style' dropdown set to 'Section'. A legend indicates: * Required Field, Repeatable, Data Saved to Work Area, Data Submitted to DOH, Current Field/Selection, Field Information, Field with Rules, Warning, and Error. At the bottom, the 'Submit Data to DOH' button is highlighted with a red box and a red arrow. There are also 'Export options' for 'View Table PDF'.