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## CDM Test 2023-2024 Questions and Answers 100% Correct

A Certified Dietary Manager is dissatisfied with prices from current vendors. The Manager should first:

- a. ask vendors to lower their prices.
- b. ask the consultant to recommend other vendors.
- c. complete a comparison study of vendors.
- d. discontinue purchasing from the current vendors. - ANSWER-c. complete a comparison study of vendors.

The best way to prepare frozen peas is to: a. slowly cook the peas at 200°F (93.3°C) so they do not dry out.

- b. cook them rapidly until they reach an internal temperature of 140°F (60.0°C).
- c. cook them to 120°F (48.9°C) and hold them in the steam table to come up to temperature.
- d. cook them in batches throughout the service time. - ANSWER-d. cook them in batches throughout the service time.

Beans and legumes are essential protein substitutes for clients who are:

Choose one answer.

- a. lactose intolerant.
- b. vegan.
- c. ovo-lacto-vegetarian.
- d. lacto vegetarian. - ANSWER-b. vegan.

When preparing goals for the foodservice department, a Certified Dietary Manager must show that the goals are:

Choose one answer.

- a. narrow.
- b. broad.
- c. listed on the bulletin board.
- d. transferrable to other departments. - ANSWER-b. broad.

When purchasing food, a Certified Dietary Manager must develop specifications to ensure that:

Choose one answer.

- a. government commodities are used when available.
- b. eggs are delivered in a timely manner.
- c. milk arrives at a temperature below 41°F (5°C).
- d. canned fruits are packed in water or juice. - ANSWER-c. milk arrives at a temperature below 41°F (5°C).

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## SCDM CCDM Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> <li>Testing Tasks: This section measures the skills of Data Managers and involves creating test plans, generating test data, executing validation and user acceptance testing, and documenting results to ensure systems and processes perform reliably and according to specifications.</li> </ul>
Topic 2	<ul style="list-style-type: none"> <li>Data Processing Tasks: This section measures skills of Clinical Systems Analysts and focuses on handling, transforming, integrating, reconciling, coding, querying, updating, and archiving study data while maintaining quality, consistency, and proper privileges over the data lifecycle.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>Review Tasks: This section measures the skills of Data Managers and involves reviewing protocols, CRFs, data tables, listings, figures, and clinical study reports (CSRs) for consistency, accuracy, and alignment with data handling definitions and regulatory requirements.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>Coordination and Project Management Tasks: This domain evaluates the skills of a Clinical Systems Analyst in coordinating data management workload, vendor selection, scheduling, cross-team communication, project timeline management, risk handling, metric tracking, and preparing for audits.</li> </ul>
Topic 5	<ul style="list-style-type: none"> <li>Design Tasks: This section of the CCDM Exam measures skills of Data Managers and covers how to design and document data collection instruments, develop workflows and data flows, specify data elements, CRF forms, edit checks, reports, database structure, and define standards and procedures for traceability and auditability.</li> </ul>

## SCDM Certified Clinical Data Manager Sample Questions (Q147-Q152):

### NEW QUESTION # 147

Which of the following data verification checks would most likely be included in a manual or visual data review step?

- A. Checking a value against a reference range
- B. Checking mandatory fields for missing values
- C. Checking adverse event treatments against concomitant medications
- D. Checking an entered value against a valid list of values

**Answer: C**

Explanation:

Manual or visual data review is used to identify complex clinical relationships and contextual inconsistencies that cannot be detected by automated edit checks.

According to the GCDMP (Chapter: Data Validation and Cleaning), automated edit checks are ideal for structured validations, such as missing fields (option C), reference ranges (option D), or predefined value lists (option A). However, certain clinical cross-checks-such as verifying adverse event treatments against concomitant medication records-require clinical judgment and contextual understanding.

For example, if an adverse event of "severe headache" was reported but no analgesic appears in the concomitant medication log, the data may warrant manual review and query generation. These context-based checks are best performed by trained data reviewers or medical data managers during manual data review cycles.

Reference (CCDM-Verified Sources):

SCDM Good Clinical Data Management Practices (GCDMP), Chapter: Data Validation and Cleaning, Section 6.3 - Manual Review and Clinical Data Consistency Checks ICH E6 (R2) Good Clinical Practice, Section 5.18.4 - Clinical Data Review Responsibilities FDA Guidance for Industry: Computerized Systems Used in Clinical Investigations - Data Verification Principles

### NEW QUESTION # 148

Which of the following scenarios requires a query to be sent to the central lab first when there is a discrepancy between the final lab

data transfer and the CRF?

- A. The CRF has data for a visit but the central lab has missing data for the visit
- B. Both the central lab and the CRF have data present for a visit
- **C. The central lab has data for a visit but the CRF has missing data for the visit**
- D. Both the central lab and the CRF data have missing data for a visit

**Answer: C**

Explanation:

During data reconciliation between a central laboratory and CRF data, the source of truth is typically the central lab database, as it provides directly measured, vendor-generated results.

When the central lab has data but the CRF does not (option C), the Data Manager must first query the central lab to confirm that the result was transmitted correctly, since discrepancies may stem from data processing or timing issues. Once confirmed, a secondary query may be issued to the site to ensure CRF completion and alignment.

Conversely, if the CRF contains data but the central lab is missing results (option B), the issue is site-level, not vendor-level.

According to the GCDMP (Chapter: External Data Transfers and Reconciliation), priority for querying depends on the authoritative source - for lab data, the central lab is considered the source of record.

Therefore, option C is correct.

Reference (CCDM-Verified Sources):

SCDM GCDMP, Chapter: External Data Transfers and Reconciliation, Section 6.1 - Reconciliation of Central Lab and CRF Data  
ICH E6(R2) GCP, Section 5.5.3 - Source Data Verification and Vendor Reconciliation  
FDA Guidance for Industry: Computerized Systems Used in Clinical Investigations, Section 6.4 - Data Reconciliation and Traceability

#### **NEW QUESTION # 149**

During an inspection to determine appropriate documentation for use of a computerized system, what SOP might the inspector expect to find?

- **A. Data backup plan**
- B. Data management plan
- C. Statistical analysis plan
- D. Edit specifications

**Answer: A**

Explanation:

During a regulatory inspection, inspectors expect to find documented Standard Operating Procedures (SOPs) governing the use, validation, and maintenance of computerized systems, including data backup and recovery procedures.

According to the GCDMP (Chapter: Computerized Systems and Compliance) and FDA 21 CFR Part 11, organizations must maintain an SOP that ensures data protection against loss, corruption, or unauthorized access. The SOP should describe backup frequency, secure storage, verification of backup integrity, and procedures for data restoration.

While the Data Management Plan (A) and Edit Specifications (D) are study-level documents, and the Statistical Analysis Plan (C) focuses on analysis procedures, only a Data Backup Plan (B) constitutes a required system-level SOP ensuring compliance and data continuity.

Reference (CCDM-Verified Sources):

SCDM GCDMP, Chapter: Computerized Systems and Compliance, Section 5.2 - Data Security, Backup, and Recovery SOPs  
FDA 21 CFR Part 11 - Subpart B, Controls for Closed Systems  
ICH E6(R2) GCP, Section 5.5.3 - System Security, Data Backup, and Recovery Requirements

#### **NEW QUESTION # 150**

The result set from the query below would be which of the following?

```
SELECT * FROM patient WHERE medical_record_number > 9000
```

- **A. Shorter or of equal length than the patient table**
- B. Longer than the patient table
- C. Narrower than the patient table
- D. Wider than the patient table

**Answer: A**

Explanation:

In Structured Query Language (SQL), the WHERE clause is used to filter records based on specified criteria. The query retrieves all columns from the patient table (SELECT \*) but only those rows where the medical\_record\_number value is greater than 9000.

This means:

The number of columns (fields) remains the same as the original table.

The number of rows (records) will be equal to or less than the number of rows in the patient table, depending on how many patients meet the filter condition.

Hence, the result set can only be shorter or equal in length compared to the original table. It cannot be longer, wider, or narrower, since no new rows or columns are created.

Therefore, option B - "Shorter or of equal length than the patient table" - is correct.

Reference (CCDM-Verified Sources):

SCDM GCDMP, Chapter: Database Design and Build, Section 5.2 - Relational Database Queries and Filtering Logic ICH E6(R2)

GCP, Section 5.5.3 - Data Retrieval, Filtering, and Storage Principles FDA Guidance for Industry: Computerized Systems Used in Clinical Investigations, Section 6.4 - Query Logic and Record Subsetting

### NEW QUESTION # 151

An organization has completed a study and wants to submit the data to the FDA using CDISC SDTM. Which of the following must be done?

- A. Provide a letter of intent to use SDTM to the FDA
- B. SDTM cannot be used in this situation
- **C. Map and transform the study data to SDTM**
- D. Re-enter the data into an SDTM compliant system

**Answer: C**

Explanation:

To submit study data to the FDA in CDISC SDTM format, the sponsor must map and transform the collected data from the study's operational database (e.g., EDC) into SDTM-compliant domains.

According to GCDMP (Chapter: Standards and Data Integration) and CDISC SDTM Implementation Guide, this process includes:

Mapping raw data elements from the clinical database to SDTM domains (e.g., DM, AE, VS).

Transforming data to comply with SDTM structural and naming conventions.

Validating the output using CDISC compliance tools (e.g., Pinnacle 21).

Re-entering data (B) is unnecessary, and a letter of intent (C) is not required. SDTM is explicitly accepted by FDA for both retrospective and prospective submissions, so (D) is incorrect.

Thus, option A is correct - map and transform existing data to SDTM format for regulatory submission.

Reference (CCDM-Verified Sources):

SCDM GCDMP, Chapter: Standards and Data Integration, Section 5.3 - Data Transformation and CDISC Mapping CDISC SDTM Implementation Guide, Version 3.4 - Data Conversion and Submission Requirements FDA Study Data Technical Conformance Guide, Section 2.2 - SDTM Mapping and Validation

### NEW QUESTION # 152

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