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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.

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	 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.
Topic 2	 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.
Topic 3	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.

Topic 4	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.
Topic 5	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.

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100% Pass Quiz CCDM - Fantastic Certified Clinical Data Manager Valid Braindumps Questions

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SCDM Certified Clinical Data Manager Sample Questions (Q95-Q100):

NEW QUESTION #95

The serious adverse event (SAE) database should be reconciled against the clinical trial database prior to which occasion?

- A. Database closure or locking
- B. Expedited safety reporting
- C. Case report form data entry
- D. Database quality audit

Answer: A

Explanation:

SAE reconciliation must be completed before database lock or closure to ensure all safety data are consistent between the clinical database and the pharmacovigilance (safety) database.

According to the GCDMP (Chapter: Safety Data Handling and Reconciliation), SAE reconciliation involves verifying that all adverse events reported in the clinical trial database are also captured and accurately recorded in the safety system (and vice versa). This is essential to confirm that no SAE is missing, misclassified, or inconsistently dated or coded between the two systems.

Performing this reconciliation before database lock ensures that any discrepancies are corrected, and both databases reflect consistent, verified information for regulatory submission. Conducting this after closure (or only at audit time) would risk data inconsistencies in the final submission datasets.

Reference (CCDM-Verified Sources):

SCDM Good Clinical Data Management Practices (GCDMP), Chapter: SAE Reconciliation, Section 6.1 - Timing and Procedures for Reconciliation ICH E2A/E2F - Clinical Safety Data Management: Definitions and Standards FDA Guidance for Industry: E2A - Clinical Safety Data Management: Processing Standards for Safety Reports

NEW QUESTION #96

What significant difference is there in the DM role when utilizing an EDC application?

- A. Data updates are implemented by the sites
- B. Metrics generation is required
- C. Tracking of eCRFs is a monitor's responsibility
- D. Database validation is not required

Answer: A

Explanation:

The most significant difference in the Data Manager's role when using an Electronic Data Capture (EDC) system is that data updates are implemented directly by site personnel (Option A).

According to the GCDMP (Chapter: Electronic Data Capture Systems), EDC technology shifts responsibility for data entry and correction from the sponsor or CRO to the investigator site, enabling real-time data entry and validation. This eliminates the need for double entry or remote data transcription, allowing Data Managers to focus on system validation, query management, and data quality oversight rather than physical data handling.

However, the EDC system still requires full validation (contrary to Option B). Metrics generation (Option C) and CRF tracking (Option D) are important but not unique to EDC-based workflows.

Thus, the correct answer is Option A - Data updates are implemented by the sites, reflecting the most fundamental operational shift introduced by EDC systems.

Reference (CCDM-Verified Sources):

SCDM Good Clinical Data Management Practices (GCDMP), Chapter: Electronic Data Capture (EDC) Systems, Section 4.1 - Role of the Data Manager in EDC ICH E6 (R2) GCP, Section 5.5.3 - Electronic Data Entry and Responsibilities FDA 21 CFR Part 11 - Electronic Records and Signatures: Data Entry Responsibilities

NEW OUESTION #97

Which is the most important reason for why a data manager would review data before a monitor reviews it?

- A. Data managers write the Data Management Plan that specifies the data cleaning workflow.
- B. Data managers have access to programming tools to identify discrepancies.
- C. The GCDMP recommends that data managers review data prior to a monitor's review.
- D. Data can be viewed and discrepancies highlighted prior to a monitor's review.

Answer: D

Explanation:

The primary reason data managers review data before a monitor's review is to identify and flag discrepancies or inconsistencies so that site monitors can focus their efforts more efficiently during on-site or remote source data verification (SDV).

According to the Good Clinical Data Management Practices (GCDMP, Chapter on Data Validation and Cleaning), proactive data review by data management staff ensures data completeness and accuracy by identifying missing, inconsistent, or out-of-range values. This pre-review helps streamline the monitoring process, reduces the volume of open queries, and enhances data quality. Option A is true but not the main reason for pre-monitor review. Option C highlights a capability rather than a rationale. Option D is partially correct, but the GCDMP emphasizes process purpose, not prescriptive order. Thus, option B correctly captures the practical and process-oriented reason for early data review-to ensure data are ready and accurate for the monitor's review phase. Reference (CCDM-Verified Sources):

 $SCDM\ GCDMP,\ Chapter:\ Data\ Validation\ and\ Cleaning,\ Section\ 5.3\ -\ Data\ Review\ Timing\ and\ Purpose\ ICH\ E6(R2)\ GCP,\ Section\ 5.18\ -\ Monitoring\ and\ Data\ Verification\ Requirements$

NEW QUESTION #98

What is the purpose of providing the central laboratory vendor with a complete listing of subjects' demographic data?

- A. To provide for an independent reconciliation of the patient and remote databases during study conduct
- B. To assure that lab data for screening failure subjects have not been included in the lab data transmission
- C. To assure that all subjects have lab data for valid visits
- D. To provide for an independent reconciliation of the patient and remote databases after database lock

Answer: A

Explanation:

Providing the central laboratory vendor with a complete subject demographic listing allows ongoing reconciliation between the sponsor's EDC system and the vendor's laboratory database during study conduct.

The GCDMP (Chapter: External Data Transfers and Integration) emphasizes that subject reconciliation ensures that all laboratory data correspond to valid enrolled subjects and visits. Regular reconciliation throughout the study prevents data mismatches, missing results, or misassigned lab reports.

This proactive measure supports timely query resolution and data integrity across systems. Waiting until after database lock (as in option A) would delay corrections and risk inconsistencies. Options B and D address secondary benefits but not the primary purpose-ongoing subject-level reconciliation.

Thus, option C is correct.

Reference (CCDM-Verified Sources):

SCDM GCDMP, Chapter: External Data Transfers, Section 4.4 - Reconciliation and Vendor Communication ICH E6(R2) GCP, Section 5.5.3 - Data Management, Reconciliation, and Integration FDA Guidance for Industry: Computerized Systems Used in Clinical Investigations, Section 6.3 - External Data Management

NEW OUESTION #99

In a cross-functional team meeting, a monitor mentions performing source data verification (SDV) on daily diary data entered by patients on mobile devices. Which of the following is the best response?

- A. All diary data should be source data verified
- B. Diary data to be source data verified should be selected using a risk-based approach
- C. The diary data should not be source data verified
- D. Diary data to be source data verified should be randomly selected

Answer: B

Explanation:

The best response is that diary data to be source data verified should be selected using a risk-based approach.

According to the GCDMP (Chapter: Data Quality Assurance and Control) and FDA Guidance on Risk-Based Monitoring (RBM), not all data require full SDV. Electronic patient-reported outcome (ePRO) or mobile diary data are typically direct electronic source data (eSource) captured at the time of entry, which already ensures authenticity and traceability.

A risk-based SDV approach focuses verification efforts on data critical to subject safety and primary efficacy endpoints, as defined in the study's Risk Assessment Plan or Monitoring Plan. Random or full verification of low-risk data (like diary compliance metrics) adds unnecessary effort and cost.

Thus, Option C aligns with current regulatory expectations and data management best practices.

Reference (CCDM-Verified Sources):

SCDM Good Clinical Data Management Practices (GCDMP), Chapter: Data Quality Assurance and Control, Section 7.3 - Risk-Based Monitoring and SDV ICH E6 (R2) Good Clinical Practice, Section 5.18 - Risk-Based Quality Management FDA Guidance for Industry: Oversight of Clinical Investigations - A Risk-Based Approach to Monitoring (2013)

NEW QUESTION # 100

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