## Web-Upload Tutorial

- Click on the link

The following link will automatically transfer you

Upload

The data will be sent to the following recipients:

Initial is the installation of a software required

The application is started. If required, confirm the browser notification.

If the application does not start automatically, please click here:



- Download the software and follow the installation assistant



Click on the link to start the application

The following link will automatically transfer you the <u>Upload</u> The data will be sent to the following recipients:

|  | -        |          | × |
|--|----------|----------|---|
| K <sup>med</sup> Send  |          | English  | ~ |
| Your name:   |          |          |   |
| Your institution:  |          |          |   |
| Reply email address:   |          |          |   |
| Sending destination (Receiver): (Abteilung) Gefäßchirurgie, Gefäßchirurgie, Universitätsklinikum Ulm, Ulm, Baden-Württembe   | rg, Deut | tschland |   |
| Data Message   |          |          |   |
| Please select your documents and image data to send:       Insert message and telephone (optional) here.         Drag files/patient CD to this area or click on "Patient CD"/"File(s)". <ul> <li>✓</li> <li>✓</li></ul> | e nui    | mber     | < |
| Add files       Patient CD     File(s)   Remove Please select data to send.  | Se       | end now  |   |
| 0%   |          |          |   |
|  |          | Qu       | t |

- Files can be added by drap & drop.
- An entire CD/DVD can be uploaded by using "Patient CD".
- Several files can be added by "Files". Furthermore is recommendable to copy all files into a folder and choose "Entire directory".
- Additional information can be entered in the "Message" field.

| Open     |                    |     |  |          |                 |
|----------|--------------------|-----|--|----------|-----------------|
| Look in: | 🕌 Windows (        | 2:) |  | <u> </u> | • 🗊 📂 🖽 •       |
|          |                    |     |  |          |                 |
|          | Dicomites          |     |  |          |                 |
|          |                    |     |  |          |                 |
| Computer | 01                 |     |  |          |                 |
|          | File <u>n</u> ame: |     |  |          | Entire director |
|          |                    |     |  |          | Open            |

- Upload can be started after selecting all files.
- Accept the data protection and click on "Start upload".
- Uploads, which consists only of DICOM Files like x-ray or MRT examinations are uploaded directly.



- For uploads without files in the DICOM Format and which consists of pictures, videos, pdf or office documents is it necessary to enter patient stem data like patient name, birthdate and so on.

| Manual assignment of Non-DICOM fi            | les                                      | × |  |  |  |
|--|--|---|--|--|--|
| -<br>Assigning of file                       | e 'e9bce8877a.jpg' ?                     |   |  |  |  |
| Add to a new study with ne                   | w patient information                    |   |  |  |  |
| Enter manually                               |  |   |  |  |  |
| Last name, first name*                       | ,  |   |  |  |  |
| Sex*   | ~  |   |  |  |  |
| Study description*                           |  |   |  |  |  |
| e<br>▲ Collapse optional fields              |  |   |  |  |  |
| Patient ID                                   |  |   |  |  |  |
| DOB  | <b>_</b>                                 |   |  |  |  |
| Referring physician                          |  |   |  |  |  |
| Accession number                             |  |   |  |  |  |
| Institution name                             |  |   |  |  |  |
| Study date                                   | -  |   |  |  |  |
|  | Fill out required fields (marked with *) |   |  |  |  |
| ● Upload as report ○ Upload as image (DICOM) |  |   |  |  |  |
| Subject:                                     |  |   |  |  |  |
| -  | ^  |   |  |  |  |
|  |  |   |  |  |  |
| Description:                                 |  |   |  |  |  |
| -  |  |   |  |  |  |
|  |  |   |  |  |  |
|  |  |   |  |  |  |
| Skip   | Ok Cancel                                |   |  |  |  |
|  |  | _ |  |  |  |

- If your upload contains files in the DICOM format for example x-ray or MRT examinations and pictures, or office documents, or pdf, or videos patient related information like name or birthday are extracted and can be overtaken for all files.

| Manual assignment of No                     | n-DICOM files  | × |  |  |  |
|---|--|---|--|--|--|
| Assigning of file                           | 'csm_buehne_ueber-uns_265a86243d.jpg' 👔  |   |  |  |  |
| Assign to study v                           | vith the following information   |   |  |  |  |
| O Last name, first na<br>Study description: | me: N/A Patient ID: N/A DOB: N/A Sex: N/A<br>N/A Study date: N/A                 |   |  |  |  |
| O Last name, first na<br>Study description: | me: Video_Upload, Test Patient ID: N/A DOB: N/A Sex: O<br>N/A Study date: 8/9/16 |   |  |  |  |
| Add to a new st                             | udy with new patient information   |   |  |  |  |
| <ul> <li>Enter manually</li> </ul>          |  |   |  |  |  |
| Last name, first name                       | *  |   |  |  |  |
| Sev*  |  |   |  |  |  |
| Study description*                          |  |   |  |  |  |
| Collapse optional f                         | elds   |   |  |  |  |
| Patient ID                                  |  |   |  |  |  |
| DOB   |  |   |  |  |  |
| Referring physician                         |  |   |  |  |  |
| Accession number                            |  |   |  |  |  |
| Institution name                            |  |   |  |  |  |
| Study date                                  |  |   |  |  |  |
|   | Fill out required fields (marked with *)   |   |  |  |  |
| Upload as report                            | ● Upload as report ○ Upload as image (DICOM)                                     |   |  |  |  |
| Subject:                                    |  |   |  |  |  |
| Description:                                |  |   |  |  |  |
|   | <b>•</b>   |   |  |  |  |
| Skip  | All ok Ok Cancel   |   |  |  |  |

- Please close the application after successful upload.

|   | Status |   |
|---|--------|---|
| C:\Users\TIMOTH~1.WAG\AppData\Local\Temp\MIME#text#plain#-148490392768671.txt410 ok |        |   |
| C:\Users\TIMOTH~1.WAG\AppData\Local\Temp\MIME#text#plain#1.2.40.0.13.1.6544824629   | ok     |   |
| 8 files uploaded, 0 failed, 0 skipped.  |        | × |
| 100%  |        |   |
|   | Quit   |   |

- Finally you will receive a conformation mail after successful upload of all files.