Filling out PDF Forms

This PDF form contains "**roll-over** or **double-click "** help functionality.

This form allows you to enter data directly onto the screen. After completing the form, you are able to print the document so that you can fax/mail the document.

To fill out a form:

1. Select the hand tool.

2. Position the pointer inside a field, and click to type text.

3. After entering text or selecting a check box, do one of the following:

   - Press tab to accept the form field change and go to the next form field.

   - Press Shift+Tab to accept the form field change and go to the previous form field.

   - Press Enter (Windows) or Return (Mac OS) to accept the form field change and deselect the current form field.

4. Once completed, print the form.

N0147 CTSU DATA TRANSMITTAL FORM
For Post-Enrollment Data Submissions

- Use this form for post-enrollment data submissions; do not use this form to submit site registration/patient enrollment documentation
- Record only one patient and protocol per transmittal sheet
- Ensure Patient ID and Protocol ID are recorded on each page of each item included
- Ensure pages are in proper sequence (2-sided forms must be copied by site before faxing)
- Do not fax more than 50 pages in one submission
- **Amended forms are no longer accepted on the N0147 study and will not be processed.**
- **For data changes initiated by a site to previously submitted CRFs, use the Site Initiated Data Update Form.**

Date: __ __-__ __ __-__ __ __ __   Total # Pages Faxed: _____   Patient ID#: __ __ __ __ __ __ __
    (dd-mon-yyyy)   *(including transmittal)*

Site Name: _____   NCI Site Code: __ __ __ __ __
                                                         (Example TX001)

Site Address: _____

Completed By: _____   Phone # _____

Email address: _____

Contact Information above will be used if CTSU has questions or if data submission needs to be re-submitted with corrective action.
Please print legibly.

The item(s) listed below should be <u>faxed</u> to CTSU at 1-301-545-0406.
Call 1-888-823-5923 if experiencing difficulty faxing.
Do not mail forms that have been faxed.
(If absolutely needed, mailing address for data is at the bottom of this form)
DO NOT SUBMIT AMENDED FORMS.

Item(s) Attached	Number of Pages	Visit
☐ Colorectal Cancer - Adjuvant On-Study Form ☐ Colorectal Cancer – Specimen Submission Form – Blood ☐ Colonoscopy Report and Colonoscopy Report Cover Sheet ☐ Pathology Report and Pathology Report Cover Sheet ☐ Operative Report and Operative Report Cover Sheet **Note**: *Send the Pathology Submission Form directly to NCCTG.*		☐ Baseline
☐ Colorectal Cancer -Treatment Form - Subset of Patients ☐ Colorectal Cancer -Toxicity Form - Subset of Patients		☐ Cycle(s) _____/_____
☐ Colorectal Cancer - Adjuvant Disease Treatment Summary Form ☐ Colorectal Cancer -Toxicity Form – Summary		☐ End of Treatment
☐ Colorectal Cancer - Follow Up Form		☐ Follow-Up Visit #____
☐ Colorectal Cancer – Secondary Resection Follow Up Form ☐ Pathology Report and Pathology Report Cover Sheet ☐ Operative Report and Operative Report Cover Sheet		☐ Unscheduled
☐ Data Clarification Form(s) ☐ Site Initiated Data Update Form ☐ Memo/Note to File ☐ Other _____		

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Form Version: 24-Mar-2010 (Updated 24-Mar-2010)