


Public reporting burden for this collection of information is estimated to vary from 5 to 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx). Do not return the completed form to this address.

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.



SITE INITIATED DATA UPDATE FORM (DUF)

PROTOCOL: NCCTG N0147

Patient Initials: _____ Patient Study ID: _____ Investigator Name: _____

PLEASE PRINT CLEARLY AND LEGIBLY; read these instructions carefully before completing this form.

- **Be sure to complete:** 1) Header information at the top of this form, 2) each column below for all updates and 3) signature and date at the bottom of the form. Investigator signature is optional.
- **DO NOT LIST UPDATES FOR MULTIPLE CRFs ON THIS FORM:** manage only one CRF per Data Update Form. Use a separate Data Update Form for each CRF.
- **DO NOT SUBMIT AMENDED CRFs:** this form is appropriate ONLY for updating previously submitted Case Report Form (CRF) data. *The N0147 study has not accepted amended CRFs since 05/08/2009.*
- **DO NOT use this form to:** 1) update Patient IDs on any CRF/Report, 2) redact patient identifiers, or 3) resubmit data/ documents.
- This form is appropriate ONLY for site initiated data changes: if the CTSU issued a Data Clarification Form (DCF) for a data discrepancy, submit only the DCF with the correct value specified in the resolution box of the DCF.
- **Always submit this form** with a N0147 CTSU Data Transmittal Form.
- For questions, contact the CTSU Help Desk at 888-823-5923 or ctscontact@westat.com

Form Name & Visit	Page Number	Field/Question on CRF	Current Value on CRF	Corrected/Updated Value

CRA Signature: _____ Date: _____ Investigator Signature: _____ Date: _____