


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.

CANCER TRIALS SUPPORT UNIT

P2C PATIENT ENROLLMENT TRANSMITTAL FORM

CTSU patient registrars process enrollments between 9:00 AM and 5:00 PM ET, Mon. - Fri. Enrollments received after 5pm will be processed the next business day unless the CTSU registrars office is notified via the emergency number of a time of need enrollment. Prior to enrollment, please refer to the enrollment documents on the CTSU members' web site as some protocols have limited enrollment hours.

To enroll a patient:

- 1) Complete this cover sheet
- 2) Call 1-888-462-3009 and notify CTSU Patient Registrar of incoming enrollment.
- 3) Fax cover sheet along with any other protocol-specific forms due at enrollment to the CTSU Patient Registrar at 1-888-691-8039. *For Emergencies call 301-704-2376

1. Date:(MM/DD/YYYY) _____ Enrollment Cover sheet plus () page(s)
2. Patient is to be enrolled on: _____
Lead Consortium and NCI Protocol Number (e.g. Mayo P2C #8233)
3. Enrollment Contact Person: _____ Phone: _____
First name Last name
- Fax: _____ E-mail: _____
4. Treating Institution: _____
Name City State
5. Treating Institution's NCI code (e.g. TX001):
6. Treating MD: _____ CTEP ID:
First name Last name
7. Name of N01 consortium to receive enrollment credit:

<input type="checkbox"/> Mayo P2C (MPC)	<input type="checkbox"/> Ohio State University P2C (OSU-CSM)
<input type="checkbox"/> M.D. Anderson P2C (MDAC)	<input type="checkbox"/> Princess Margaret Hospital P2C (PMHC)
<input type="checkbox"/> Memorial Sloan Kettering P2C (MSKC)	<input type="checkbox"/> U. of California-Davis P2C (UCD-CSM)
<input type="checkbox"/> H.Lee Moffitt P2C (HLMCC-CSM)	<input type="checkbox"/> U. of Chicago P2C (UCC)
<input type="checkbox"/> Montefiore Medical Center P2C (MMC)	
8. Provide any specimen tracking ID or ancillary study ID that has previously been assigned to this subject for this trial or a related ancillary study. _____ ID _____ ID Source
9. Date patient informed consent signed: _____
(MM / DD / YYYY)
10. Date HIPAA authorization signed (if applicable): _____
(MM / DD / YYYY)

To be completed by the CTSU Registrar:

Accrual/Tracking # _____ Patient ID _____