## 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.

**CTSU Data Transmittal Form Instructions for PACCT1**

- All CRF's, reports etc should be faxed to **301-545-0406**.

- All submitted documents <u>must</u> include the new bar-coded transmittal form. Forms will not be processed properly if the transmittal is not included.

- Transmittal forms are now study specific for certain studies on the CTSU menu. It is **crucial** to select the appropriate form for your study when submitting documents.

- Complete 1 transmittal form for each patient and protocol. Be sure to include your contact information in case of questions.

- Be sure patient ID and protocol number are present on the top of each submitted page. If this is not done, you will be asked to resubmit.

- Please remove all patient identifiers or HIPAA protected information.

- Do not fax more than 50 pages in a single transmission. This may cause the system to malfunction, potentially losing pages.

- Be sure to complete the transmittal form in its entirety. If the transmittal form is not complete and correct for each submitted form(s), the documents may be returned.

- Please check your fax machine to be sure faxes were successfully sent.

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Please contact CTSU Help Desk at 1-888-823-5923 if you have any questions or have problems faxing
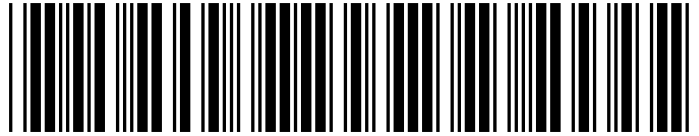
# TAILORx/ PACCT1
CTSU DATA TRANSMITTAL FORM
Please FAX to: 1-301-545-0406
Call 1-888-823-5923 if you are experiencing difficulty faxing

- 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.
- Do not submit amended forms.
- Complete a TAILORx Unsolicited Data Modification Form to update data on previously submitted forms.

Date: __ __-__ __ __-__ __ __ __
(dd-mmm-yyyy)

Total # Pages Faxed: _____
(including transmittal)

Patient ID#: __ __ __ __ __

Site Name: _____

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

Site Address: _____

Completed By: _____  Phone # _____

Email address: _____

*Contact Information. Will be used if CTSU has questions or if data submission needs to be re-submitted with corrective action.*

PLEASE NOTE:  Sites submitting items improperly will be contacted to take corrective action and re-submit data.

| CRFs/ Reports/ Documents | Submitted | # of pages | Baseline | End TX | FUP | Sec Primary | Non Prot TX | Recurrence | Death |
|---|---|---|---|---|---|---|---|---|---|
| On Study Form | ☐ | | ☐ | | | | | | |
| Chemotherapy Form | ☐ | | | ☐ | | | | | |
| Radiation Therapy Form | ☐ | | | | ☐ | | | | |
| Follow Up Form | ☐ | | | | ☐ | | | | |
| Cross Registration Form | ☐ | | | | ☐ | | | | |
| Non-Protocol Therapy Form | ☐ | | | | | | ☐ | | |
| Second Primary Form | ☐ | | | | | ☐ | | | |
| Pre-Registration Form | ☐ | | ☐ | | | | | | |
| TAILORx Material Submission Form | ☐ | | ☐ | | | | | | |
| TAILORx Source Document Tracking Coversheet | ☐ | | ☐ | | | ☐ | | ☐ | ☐ |
| Path Report [with/without ERPR/Her2 reports included] | ☐ | | ☐ | | | ☐ | | ☐ | ☐ |
| ERPR Report *or* Her2/neu Report | ☐ | | ☐ | | | ☐ | | ☐ | ☐ |
| Physician Note | ☐ | | ☐ | | | ☐ | | ☐ | ☐ |
| Surgical Report | ☐ | | ☐ | | | ☐ | | ☐ | ☐ |
| Radiology Report | ☐ | | ☐ | | | ☐ | | ☐ | ☐ |
| Lab Report | ☐ | | ☐ | | | ☐ | | ☐ | ☐ |
| Mammogram Report | ☐ | | ☐ | | | ☐ | | ☐ | ☐ |
| CTSU Data Re-Submission Form | ☐ | | | | | | | | |
| CTSU Data Clarification Form | ☐ | | | | | | | | |
| CTSU Unsolicited Data Modification Form | ☐ | | | | | | | | |

**CTSU Help Desk Contact Information:  1-888-823-5923**

*Please submit documents as specified on this form; DO NOT add additional documents that are not present.*

**Provide the following forms directly to ECOG for the "Baseline", "3 Months", "6 Months", "12 Months", "24 Months", and "36 Months" reporting periods:  Form 3112**: TAILORx Assessment Compliance Form, **Form 3113**: TAILORx FACT-Cognitive Function Form, **Form 3114**: TAILORx FACT-Endocrine Systems Form, **Form 3115**: TAILORx FACT-Fatigue Scale Form, **Form 3116**: TAILORx FACT-General Form, **Form 3117**: TAILORx PROMS Fatigue Short Form, **Form 3118**: TAILORx Assessment of Survivor Concerns Form.
**Provide the following form directly to ECOG as appropriate: Form 3018**: ECOG Withdrawal of Consent.