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.

Attach_1p_Z1031_DTF

Expiration Date: xx/xx/xxxx

Patient ID#:

OMB#0925-xxxx

Z1031

Date:

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
- Submit updated data with a new transmittal and new date
- · Ensure updates to forms are initialed and dated

(dd-mmm-yyyy)	(including	transmittal)			
Site Name:	NCI		_ NCI Site Code:	Site Code:	
			(E	xample TX001)	
Site Address:					
Completed By:		Phone #			
Email address:					
Contact Information. Will be used if CTSU has que	estions or if d	ata submission needs to b	e re-submitted with corre	ctive action.	
	Number of			Check if	
Item(s) Attached	Pages	Visit		Changed Data	
O: Mammogram and US on same report		O: Pre-Reg/ Baseline	O: Week 2/4		
O: Mammogram O: Ultrasound O: Pathology O: Operative report		O: Week 16	O: Surgery		
O: U/S Guided Biopsy O: Memo/ Note to File		O: Othor	- ,	poseoseoses	
O: Other		O: Other O: Pre-Reg/ Baseline			
O: Mammogram and US on same report O: Mammogram O: Ultrasound					
O: Pathology O: Operative report O: U/S Guided Biopsy O: Memo/ Note to File		O: Week 16	O: Surgery	L southern and	
O: Other		O: Other			
O: Mammogram and US on same report		O: Pre-Reg/ Baseline	O: Week 2/4		
O: Mammogram O: Ultrasound O: Pathology O: Operative report		O: Week 16	O: Surgery		
O: U/S Guided Biopsy O: Memo/ Note to File		O: Other		- management	
O: Other		O: Pre-Reg/ Baseline			
O: Mammogram and US on same report O: Mammogram O: Ultrasound					
O: Pathology O: Operative report		O: Week 16	O: Surgery	and an area	
O: U/S Guided Biopsy O: Memo/ Note to File O: Other		O: Other			
O: Mammogram and US on same report		O: Pre-Reg/ Baseline	O: Week 2/4		
O: Mammogram O: Ultrasound O: Pathology O: Operative report		O: Week 16	O: Surgery		

O: Other

Total # Pages Faxed:

O: U/S Guided Biopsy O: Memo/ Note to File

O: Other