


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.

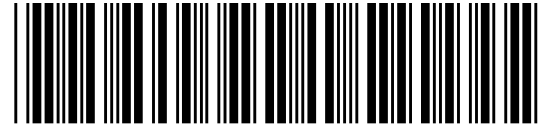
Filling out PDF Forms

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.



Z6051

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

Date: ____ - ____ - ____
(dd-mon-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.

Report #	Check only one report per box	# pgs in report	Check only one visit per box	Check if Changed Data
1	O: Chest CT or CXR O: TRUS/ MRI O: CT abd/pelvis O: Memo/ Note to File O: Colonoscopy O: Pathology O: Operative report O: Other _____		O: Pre-Registration O: Pre-Op O: Mo12 FU O: Other _____ O: Surgery O: Mo24 FU	<input type="checkbox"/>
2	O: Chest CT or CXR O: TRUS/ MRI O: CT abd/pelvis O: Memo/ Note to File O: Colonoscopy O: Pathology O: Operative report O: Other _____		O: Pre-Registration O: Pre-Op O: Mo12 FU O: Other _____ O: Surgery O: Mo24 FU	<input type="checkbox"/>
3	O: Chest CT or CXR O: TRUS/ MRI O: CT abd/pelvis O: Memo/ Note to File O: Colonoscopy O: Pathology O: Operative report O: Other _____		O: Pre-Registration O: Pre-Op O: Mo12 FU O: Other _____ O: Surgery O: Mo24 FU	<input type="checkbox"/>
4	O: Chest CT or CXR O: TRUS/ MRI O: CT abd/pelvis O: Memo/ Note to File O: Colonoscopy O: Pathology O: Operative report O: Other _____		O: Pre-Registration O: Pre-Op O: Mo12 FU O: Other _____ O: Surgery O: Mo24 FU	<input type="checkbox"/>
5	O: Chest CT or CXR O: TRUS/ MRI O: CT abd/pelvis O: Memo/ Note to File O: Colonoscopy O: Pathology O: Operative report O: Other _____		O: Pre-Registration O: Pre-Op O: Mo12 FU O: Other _____ O: Surgery O: Mo24 FU	<input type="checkbox"/>

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