


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.

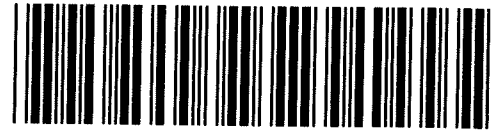
## Filling out PDF Forms

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.



**7868**

**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

**Date:** \_\_\_\_\_ **Total # Pages Faxed:** \_\_\_\_\_ **Patient ID#:** \_\_\_\_\_  
(dd-mmm-yyyy) (including transmittal)

**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.*

**Submit Only Case Report Form (CRF), Data Clarification Form (DCF) or Data Update Form (DUF).**

Item(s) Attached <small>(record only 1 item per row)</small>	Number of Pages	Visit
<input type="checkbox"/> : CRF <input type="checkbox"/> : DCF <input type="checkbox"/> : DUF		<input type="checkbox"/> : Baseline <input type="checkbox"/> : Cycles _____ <input type="checkbox"/> : Follow up <input type="checkbox"/> : Off treatment <input type="checkbox"/> : Death <input type="checkbox"/> : Off study <input type="checkbox"/> : Comments <input type="checkbox"/> : Late AE <input type="checkbox"/> : Other: _____
<input type="checkbox"/> : CRF <input type="checkbox"/> : DCF <input type="checkbox"/> : DUF		<input type="checkbox"/> : Baseline <input type="checkbox"/> : Cycles _____ <input type="checkbox"/> : Follow up <input type="checkbox"/> : Off treatment <input type="checkbox"/> : Death <input type="checkbox"/> : Off study <input type="checkbox"/> : Comments <input type="checkbox"/> : Late AE <input type="checkbox"/> : Other: _____
<input type="checkbox"/> : CRF <input type="checkbox"/> : DCF <input type="checkbox"/> : DUF		<input type="checkbox"/> : Baseline <input type="checkbox"/> : Cycles _____ <input type="checkbox"/> : Follow up <input type="checkbox"/> : Off treatment <input type="checkbox"/> : Death <input type="checkbox"/> : Off study <input type="checkbox"/> : Comments <input type="checkbox"/> : Late AE <input type="checkbox"/> : Other: _____
<input type="checkbox"/> : CRF <input type="checkbox"/> : DCF <input type="checkbox"/> : DUF		<input type="checkbox"/> : Baseline <input type="checkbox"/> : Cycles _____ <input type="checkbox"/> : Follow up <input type="checkbox"/> : Off treatment <input type="checkbox"/> : Death <input type="checkbox"/> : Off study <input type="checkbox"/> : Comments <input type="checkbox"/> : Late AE <input type="checkbox"/> : Other: _____

**\*Note:** Patient enrollment documents, signed consents, specimen transmittals (appendices A, B, and C), and reports should be faxed to the NYCC Coordinating Center (718) 822-0335. Regulatory documents should be sent to CTSU Central Regulatory Office in Philadelphia (Fax: 215-569-0206).

**Contact Information:** Westat, CTSU Data Operations Center, 1441 West Montgomery Avenue, Rockville, MD 20850-2062