


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 \_\_\_\_\_