


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.



N0147 CTSU DATA TRANSMITTAL FORM
For Post-Enrollment Data Submissions

- Use this form for post-enrollment data submissions; do not use this form to submit site registration/patient enrollment documentation
- 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
- **Amended forms are no longer accepted on the N0147 study and will not be processed.**
- **For data changes initiated by a site to previously submitted CRFs, use the Site Initiated Data Update Form.**

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 above will be used if CTSU has questions or if data submission needs to be re-submitted with corrective action.
Please print legibly.

The item(s) listed below should be faxed to CTSU at 1-301-545-0406.
Call 1-888-823-5923 if experiencing difficulty faxing.
Do not mail forms that have been faxed.
(If absolutely needed, mailing address for data is at the bottom of this form)
DO NOT SUBMIT AMENDED FORMS.

Item(s) Attached	Number of Pages	Visit
<input type="checkbox"/> Colorectal Cancer - Adjuvant On-Study Form <input type="checkbox"/> Colorectal Cancer – Specimen Submission Form – Blood <input type="checkbox"/> Colonoscopy Report and Colonoscopy Report Cover Sheet <input type="checkbox"/> Pathology Report and Pathology Report Cover Sheet <input type="checkbox"/> Operative Report and Operative Report Cover Sheet Note: Send the Pathology Submission Form directly to NCCTG.		<input type="checkbox"/> Baseline
<input type="checkbox"/> Colorectal Cancer -Treatment Form - Subset of Patients <input type="checkbox"/> Colorectal Cancer -Toxicity Form - Subset of Patients		<input type="checkbox"/> Cycle(s) ____/____
<input type="checkbox"/> Colorectal Cancer - Adjuvant Disease Treatment Summary Form <input type="checkbox"/> Colorectal Cancer -Toxicity Form – Summary		<input type="checkbox"/> End of Treatment
<input type="checkbox"/> Colorectal Cancer - Follow Up Form		<input type="checkbox"/> Follow-Up Visit #____
<input type="checkbox"/> Colorectal Cancer – Secondary Resection Follow Up Form <input type="checkbox"/> Pathology Report and Pathology Report Cover Sheet <input type="checkbox"/> Operative Report and Operative Report Cover Sheet		<input type="checkbox"/> Unscheduled
<input type="checkbox"/> Data Clarification Form(s) <input type="checkbox"/> Site Initiated Data Update Form <input type="checkbox"/> Memo/Note to File <input type="checkbox"/> Other _____		