


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.

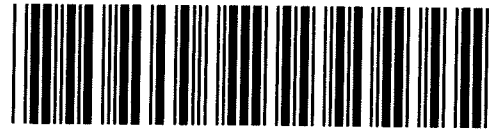
Filling out PDF Forms

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.

**8121****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 (record only 1 item per row)	Number of Pages	Visit
<input type="checkbox"/> : CRF <input type="checkbox"/> : DCF <input type="checkbox"/> : DUF		<input type="checkbox"/> : Screening <input type="checkbox"/> : Pre-Treatment <input type="checkbox"/> : Cycle ____ week ____ <input type="checkbox"/> : Week 3 <input type="checkbox"/> : Week 7 <input type="checkbox"/> : Follow up ____ wks <input type="checkbox"/> : Off Study <input type="checkbox"/> : Unscheduled
<input type="checkbox"/> : CRF <input type="checkbox"/> : DCF <input type="checkbox"/> : DUF		<input type="checkbox"/> : Screening <input type="checkbox"/> : Pre-Treatment <input type="checkbox"/> : Cycle ____ week ____ <input type="checkbox"/> : Week 3 <input type="checkbox"/> : Week 7 <input type="checkbox"/> : Follow up ____ wks <input type="checkbox"/> : Off Study <input type="checkbox"/> : Unscheduled
<input type="checkbox"/> : CRF <input type="checkbox"/> : DCF <input type="checkbox"/> : DUF		<input type="checkbox"/> : Screening <input type="checkbox"/> : Pre-Treatment <input type="checkbox"/> : Cycle ____ week ____ <input type="checkbox"/> : Week 3 <input type="checkbox"/> : Week 7 <input type="checkbox"/> : Follow up ____ wks <input type="checkbox"/> : Off Study <input type="checkbox"/> : Unscheduled
<input type="checkbox"/> : CRF <input type="checkbox"/> : DCF <input type="checkbox"/> : DUF		<input type="checkbox"/> : Screening <input type="checkbox"/> : Pre-Treatment <input type="checkbox"/> : Cycle ____ week ____ <input type="checkbox"/> : Week 3 <input type="checkbox"/> : Week 7 <input type="checkbox"/> : Follow up ____ wks <input type="checkbox"/> : Off Study <input type="checkbox"/> : Unscheduled

***Note:** Patient enrollment documents and reports should be faxed to the CTSU Registrar at 1-888-691-8039. Signed consents should be faxed to MSKC (Attn: Research Project Coordinator) at 646-227-2423.

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

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