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.

OMB#0925-xxxx
Expiration Date: xx/xx/xxxx

CTSU Cancer Trials Support Unit
A SERVICE OF THE NATIONAL CANCER INSTITUTE
Linking your patients to the best clinical trials

Request for Patient Transfer between CTSU Sites and Investigators

Date of Request: _____ (MM/DD/YY) Requested Effective Date of Transfer: _____ (MM/DD/YY)

Patient ID#: _____ Group/Protocol Number: _____

Transferring Site/Investigator* Information:

Site Name: _____ NCI Code: _____

Treating Investigator Name: _____ CTEP ID#: _____

Treating Investigator Signature: _____

Receiving Site/Investigator* Information:

Site Name: _____ NCI Code: _____

Credited Cooperative Group (For follow-up credit):
_____

Treating Investigator Name: _____ CTEP ID#: _____

Treating Investigator Signature: _____

**By signing this form the receiving site takes responsibility for all outstanding data from the originating site. Please review the Transfer checklist.*
**Completion of this form is required for transfers between investigators located at the same site.*

Level of responsibility being transferred to receiving site or investigator:

☐ All

☐ Partial: (explain extent of transfer)_____

Contact Person from Receiving Site:
_____

Phone #: _____ Email Address: _____

Complete this form and submit to the CTSU Operations Center by e-mail at ctsucontact@westat.com or by fax to 1-888-691-8039. For more information, contact the CTSU Help Desk at 1-888-823-5923 or CTSUContact@westat.com.

Requests will be reviewed within 5 business days of receipt.

CTSU Use Only:

Receiving site approved for registration: Date: _____ Int. _____	Receiving Investigator eligible: Date: _____ Int._____
Lead Protocol Group Contacted: Date: _____ Int. _____	CTSU Data Operations Contacted: Date: _____ Int. _____
PMB Copied: dt_____ Int._____	Transfer type: _____

Patient Transfer and Physician Update Checklist

The following information must be provided to CTSU for patient transfers and physician updates:

- ✓ Patient ID
- ✓ Protocol/Study ID
- ✓ Date of Request
- ✓ Transfer Effective Date
- ✓ Level(s) of responsibility being transferred to the receiving site.
  - All
  - Partial, explain (For example, if the receiving site is not assuming all the responsibility for the patient (e.g., follow-up, data management), it should be explained here.)
- ✓ Name of transferring institution and its NCI Code
- ✓ Name of transferring principal investigator and his/her CTEP ID
- ✓ Name of the receiving institution and its NCI Code
- ✓ Name of the receiving principal investigator and his/her CTEP ID
- ✓ Signature of transferring institution treating investigator (if available)
- ✓ Signature of receiving institution treating investigator
- ✓ Name, phone number and email address of individual completing the request

The following regulatory requirements must be verified by the CTSU Patient Transfer Coordinator:

- ✓ The receiving site has an active Institutional Review Board (IRB) approval status for the study
- ✓ The receiving principal investigator (physician of record) has an active CTSU membership

Transferring Site Responsibilities

1) All data clarifications must be resolved prior to the transfer.
2) All outstanding CRFs must be submitted prior to the transfer.
3) Copies of all CRFs and subject records must be submitted to the received site prior to the transfer.
4) A listing of any outstanding queries or forms that cannot be resolved prior to transfer must be submitted to the receiving site.
5) Originating sites will be subject to audit for visits up to the point of transfer.

Receiving Site Responsibilities

1) Receiving sites are responsible for all queries upon acceptance of the transfer.
2) Receiving sites are responsible for all delinquent forms upon acceptance of the transfer.
3) Patients should be reconsented per local institutional and IRB policies.
3) Receiving sites may be subject to audit of cases after the time of subject transfer.
4) For transfers received from a lead Group site, the site must submit the CTSU Patient Enrollment Form and copies of the enrollment confirmation with the transfer form to CTSU to establish a subject record.
5) Sites must select a credited Group for follow-up payments and audit.