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

REQUEST FOR CLINICAL BROCHURE

To request a copy of a Clinical Brochure for an IND, please complete the information below and **fax this form the CTSU Data Center at 1-888-691-8039**. Following review and approval of this application, a copy of the brochure will be mailed to the address you provide below. Please allow 7-10 business days for processing and mailing of supply requests**.**

Date: _____

Investigator Name and Investigator #:

_____ _____
Name *NCI investigator #*

Name and phone # of person completing this form:

_____ (_____)_____
Name *phone #*

Brochures requested:

PROTOCOL NUMBER	DRUG NAME	NSC NUMBER

Name and address (express mail) where document(s) should be sent:

Name: _____

Address: _____

_____

City, State, Zip: _____/_____/_____

Phone: (_____) _____

NCI Investigator number verified?	Yes ☐	No ☐	**CTSU use only**
PMB investigator status is active?	Yes ☐	No ☐	
Active on at least one Group Roster?	Yes ☐	No ☐	

Verified by _____ Date _____
Shipment date: _____
Comment: _____
_____