


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.



Unsolicited Data Modification Form (UDM) Protocol: TAILORx/ PACCT-1

Patient Initials: _____ **Patient Number:** _____ **Investigator Name:** _____

DO NOT SUBMIT THE AMENDED CRF: Please submit the CTSU Unsolicited Data Modification Form, accompanied by a CTSU Data Transmittal Form. Do not amend this form. If further changes are necessary, a new Data Modification Form must be completed.

DO NOT SUBMIT UDM TO: (1) Update Patient ID on submitted CRF/Report (2) Redact patient identifiers (3) Re-submit data
*Contact CTSU Helpdesk for questions (888) 823-5923.

SPECIAL INSTRUCTIONS FOR UPDATES TO VISIT/MONTH ON CRF: Two entries are necessary.

- (1) Specify Form with the incorrect Visit/Month and note "Form to be deleted" in the Corrected/Updated Value column.
- (2) Specify Form with correct Visit/Month and note "Update to correct reporting period" in the Corrected/Updated Value column.

Form Name Visit/ Month	Page Number	Field/ Question On CRF	Current Value On CRF	Corrected/ Updated Value

CRA Signature: _____ Date: _____ Investigator Signature: _____ Date: _____