

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.

**Z6051****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
- Submit updated data with a new transmittal and new date
- Ensure updates to forms are initialed and dated

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. Will be used if CTSU has questions or if data submission needs to be re-submitted with corrective action.

Report #	Check only one report per box	# pgs in report	Check only one visit per box	Check if Changed Data
1	O: Chest CT or CXR O: TRUS/ MRI O: CT abd/pelvis O: Memo/ Note to File O: Colonoscopy O: Pathology O: Operative report O: Other _____		O: Pre-Registration O: Pre-Op O: Mo12 FU O: Other _____ O: Surgery O: Mo24 FU	<input type="checkbox"/>
2	O: Chest CT or CXR O: TRUS/ MRI O: CT abd/pelvis O: Memo/ Note to File O: Colonoscopy O: Pathology O: Operative report O: Other _____		O: Pre-Registration O: Pre-Op O: Mo12 FU O: Other _____ O: Surgery O: Mo24 FU	<input type="checkbox"/>
3	O: Chest CT or CXR O: TRUS/ MRI O: CT abd/pelvis O: Memo/ Note to File O: Colonoscopy O: Pathology O: Operative report O: Other _____		O: Pre-Registration O: Pre-Op O: Mo12 FU O: Other _____ O: Surgery O: Mo24 FU	<input type="checkbox"/>
4	O: Chest CT or CXR O: TRUS/ MRI O: CT abd/pelvis O: Memo/ Note to File O: Colonoscopy O: Pathology O: Operative report O: Other _____		O: Pre-Registration O: Pre-Op O: Mo12 FU O: Other _____ O: Surgery O: Mo24 FU	<input type="checkbox"/>
5	O: Chest CT or CXR O: TRUS/ MRI O: CT abd/pelvis O: Memo/ Note to File O: Colonoscopy O: Pathology O: Operative report O: Other _____		O: Pre-Registration O: Pre-Op O: Mo12 FU O: Other _____ O: Surgery O: Mo24 FU	<input type="checkbox"/>

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