


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.

## USMCI 8214/Z6091 CROSSOVER REQUEST/CHECKLIST TRANSMITTAL FORM

**After completing this form, please FAX (along with all items on the checklist below) to:  
Dr. Jesus Esquivel at fax number: 410-951-4007**

**Note:** At the time the transmittal and accompanying documentation are faxed, please alert Dr. Esquivel via email at [jesquive@stagnes.org](mailto:jesquive@stagnes.org), with copies to [Shi.qian2@mayo.edu](mailto:Shi.qian2@mayo.edu) and [fainpribyl.pamela@mayo.edu](mailto:fainpribyl.pamela@mayo.edu). If you are experiencing difficulty faxing, call Ms. Peggie Bieman at (410) 368-2750.

- Record only one patient per transmittal sheet
- Ensure Patient ID and Protocol ID are recorded on each page of each item included
- Remove all patient identifiers or HIPAA protected information
- 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
- Re-submit updated reports or additional requested reports that are for the same patient using a new transmittal
- Ensure updates to re-submitted documents are initialed and dated

**Date:** \_\_\_ / \_\_\_ / \_\_\_  
*(mm/dd/yyyy)*

**Total # Pages Faxed:** \_\_\_\_\_  
*(including transmittal)*

**Patient ID#:** \_\_\_\_\_

**Site Name:** \_\_\_\_\_

**NCI Site Code:** \_\_\_\_\_  
*(Example TX001)*

**Site Address:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Preferred Method of Communication:**  Email  Phone

*Contact Information will be used if PI has questions or if additional data is needed, or if needs to be re-submitted with corrective action.*

**INSTRUCTIONS:** Site must complete all information requested on this transmittal form and send via fax within 14 days of determination of limited peritoneal disease progression, along with all items on the checklist below, to the PI at the number provided at the top of this form. All items must be submitted in one packet. Additional data or re-submission of data should occur only at the request of the PI. The eligibility review will be performed for potential crossover from systemic therapy Group 1 to the multi-modality Group 2.

Type of Submission	Item(s) Attached	Number of Pages
<input type="checkbox"/> Initial packet submission	<input type="checkbox"/> CT Scan in which progression was determined	
	<input type="checkbox"/> Blood work completed within 4 weeks of progression determination (including CBC with differential, coagulation profile, hepatic function tests, BUN and Creatinine)	
<input type="checkbox"/> Additional data or re-submission (only if requested by PI)	<input type="checkbox"/> PDR* of Treatment CRFs entered in RDC	
	<input type="checkbox"/> PDR* of Adverse Event CRFs entered in RDC	
	<input type="checkbox"/> Other : _____	

\*Instructions for running PDR (Patient Data Report) for data submitted via RDC are available in the study specific RDC Instructions posted on the CTSU website.