

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.

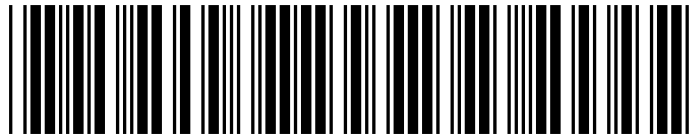


## CTSU Data Transmittal Form Instructions for PACCT1

- All CRF's, reports etc should be faxed to **301-545-0406**.
- All submitted documents must include the new bar-coded transmittal form. Forms will not be processed properly if the transmittal is not included.
- Transmittal forms are now study specific for certain studies on the CTSU menu. It is **crucial** to select the appropriate form for your study when submitting documents.
- Complete 1 transmittal form for each patient and protocol. Be sure to include your contact information in case of questions.
- Be sure patient ID and protocol number are present on the top of each submitted page. If this is not done, you will be asked to resubmit.
- Please remove all patient identifiers or HIPAA protected information.
- Do not fax more than 50 pages in a single transmission. This may cause the system to malfunction, potentially losing pages.
- Be sure to complete the transmittal form in its entirety. If the transmittal form is not complete and correct for each submitted form(s), the documents may be returned.
- Please check your fax machine to be sure faxes were successfully sent.

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Please contact CTSU Help Desk at 1-888-823-5923 if you have any questions or have problems faxing

**TAILORx/ PACCT1****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.
- Do not submit amended forms.
- Complete a TAILORx Unsolicited Data Modification Form to update data on previously submitted forms.

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(dd-mmm-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.**PLEASE NOTE:** Sites submitting items improperly will be contacted to take corrective action and re-submit data.

CRFs/ Reports/ Documents	Submitted	# of pages	Visit						
			Baseline	End TX	FUP	Sec Primary	Non Prot TX	Recurrence	Death
On Study Form	<input type="checkbox"/>		<input type="checkbox"/>						
Chemotherapy Form	<input type="checkbox"/>			<input type="checkbox"/>					
Radiation Therapy Form	<input type="checkbox"/>				<input type="checkbox"/>				
Follow Up Form	<input type="checkbox"/>				<input type="checkbox"/>				
Cross Registration Form	<input type="checkbox"/>				<input type="checkbox"/>				
Non-Protocol Therapy Form	<input type="checkbox"/>						<input type="checkbox"/>		
Second Primary Form	<input type="checkbox"/>					<input type="checkbox"/>			
Pre-Registration Form	<input type="checkbox"/>		<input type="checkbox"/>						
TAILORx Material Submission Form	<input type="checkbox"/>		<input type="checkbox"/>						
TAILORx Source Document Tracking Coversheet	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Path Report [with/without ERPR/Her2 reports included]	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
ERPR Report or Her2/neu Report	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Physician Note	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Surgical Report	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Radiology Report	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Lab Report	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Mammogram Report	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
CTSU Data Re-Submission Form	<input type="checkbox"/>		<b>CTSU Help Desk Contact Information: 1-888-823-5923</b> <b>Please submit documents as specified on this form; DO NOT add additional documents that are not present.</b>						
CTSU Data Clarification Form	<input type="checkbox"/>								
CTSU Unsolicited Data Modification Form	<input type="checkbox"/>								

**Provide the following forms directly to ECOG for the "Baseline", "3 Months", "6 Months", "12 Months", "24 Months", and "36 Months" reporting periods: Form 3112: TAILORx Assessment Compliance Form, Form 3113: TAILORx FACT-Cognitive Function Form, Form 3114: TAILORx FACT-Endocrine Systems Form, Form 3115: TAILORx FACT-Fatigue Scale Form, Form 3116: TAILORx FACT-General Form, Form 3117: TAILORx PROMS Fatigue Short Form, Form 3118: TAILORx Assessment of Survivor Concerns Form.**

**Provide the following form directly to ECOG as appropriate: Form 3018: ECOG Withdrawal of Consent.**