

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.



## Request for Patient Transfer between CTSU Sites and Investigators

Date of Request: \_\_\_\_\_ Requested Effective Date of Transfer: \_\_\_\_\_  
MM/DD/YY MM/DD/YY

Patient ID#: \_\_\_\_\_ Group/Protocol Number: \_\_\_\_\_

### **Transferring Site/Investigator\* Information:**

Site Name: \_\_\_\_\_ NCI Code: \_\_\_\_\_

Treating Investigator Name: \_\_\_\_\_ CTEP ID#: \_\_\_\_\_

Treating Investigator Signature: \_\_\_\_\_

### **Receiving Site/Investigator\* Information:**

Site Name: \_\_\_\_\_ NCI Code: \_\_\_\_\_

Credited Cooperative Group (For follow-up credit):  
\_\_\_\_\_

Treating Investigator Name: \_\_\_\_\_ CTEP ID#: \_\_\_\_\_

Treating Investigator Signature: \_\_\_\_\_

*\*By signing this form the receiving site takes responsibility for all outstanding data from the originating site. Please review the Transfer checklist.*

*\*Completion of this form is required for transfers between investigators located at the same site.*

Level of responsibility being transferred to receiving site or investigator:

☐ All

☐ Partial: (explain extent of transfer) \_\_\_\_\_

Contact Person from Receiving Site:  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Complete this form and submit to the CTSU Operations Center by e-mail at [ctsuscontact@westat.com](mailto:ctsuscontact@westat.com) or by fax to 1-888-691-8039. For more information, contact the CTSU Help Desk at 1-888-823-5923 or [CTSUSContact@westat.com](mailto:CTSUSContact@westat.com).

Requests will be reviewed within 5 business days of receipt.

#### CTSUSU Use Only:

Receiving site approved for registration:

Date: \_\_\_\_\_ Int. \_\_\_\_\_

Receiving Investigator eligible:

Date: \_\_\_\_\_ Int. \_\_\_\_\_

Lead Protocol Group Contacted:

Date: \_\_\_\_\_ Int. \_\_\_\_\_

CTSUSU Data Operations Contacted:

Date: \_\_\_\_\_ Int. \_\_\_\_\_

PMB Copied: dt \_\_\_\_\_ Int. \_\_\_\_\_

Transfer type: \_\_\_\_\_

## Patient Transfer and Physician Update Checklist

The following information must be provided to CTSU for patient transfers and physician updates:

- ✓ Patient ID
- ✓ Protocol/Study ID
- ✓ Date of Request
- ✓ Transfer Effective Date
- ✓ Level(s) of responsibility being transferred to the receiving site.
  - All
  - Partial, explain (For example, if the receiving site is not assuming all the responsibility for the patient (e.g., follow-up, data management), it should be explained here.)
- ✓ Name of transferring institution and its NCI Code
- ✓ Name of transferring principal investigator and his/her CTEP ID
- ✓ Name of the receiving institution and its NCI Code
- ✓ Name of the receiving principal investigator and his/her CTEP ID
- ✓ Signature of transferring institution treating investigator (if available)
- ✓ Signature of receiving institution treating investigator
- ✓ Name, phone number and email address of individual completing the request

The following regulatory requirements must be verified by the CTSU Patient Transfer Coordinator:

- ✓ The receiving site has an active Institutional Review Board (IRB) approval status for the study
- ✓ The receiving principal investigator (physician of record) has an active CTSU membership

### Transferring Site Responsibilities

- 1) All data clarifications must be resolved prior to the transfer.
- 2) All outstanding CRFs must be submitted prior to the transfer.
- 3) Copies of all CRFs and subject records must be submitted to the received site prior to the transfer.
- 4) A listing of any outstanding queries or forms that cannot be resolved prior to transfer must be submitted to the receiving site.
- 5) Originating sites will be subject to audit for visits up to the point of transfer.

### Receiving Site Responsibilities

- 1) Receiving sites are responsible for all queries upon acceptance of the transfer.
- 2) Receiving sites are responsible for all delinquent forms upon acceptance of the transfer.
- 3) Patients should be reconsented per local institutional and IRB policies.
- 3) Receiving sites may be subject to audit of cases after the time of subject transfer.
- 4) For transfers received from a lead Group site, the site must submit the CTSU Patient Enrollment Form and copies of the enrollment confirmation with the transfer form to CTSU to establish a subject record.
- 5) Sites must select a credited Group for follow-up payments and audit.