

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.

**8788****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
- 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
- Submit updated data with a new transmittal and new date
- Ensure updates to documents are initialed and dated

**Date:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 (dd-mm-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*

Item(s) Attached (record only 1 item per row)	Number of Pages	Check only one visit per box	Check if Updated or re- submitted data
<input type="checkbox"/> : Supporting document		<input type="checkbox"/> : Registration/Baseline <input type="checkbox"/> : Cycle ____ <input type="checkbox"/> : Off Treatment <input type="checkbox"/> : Other ____	<input type="checkbox"/>
<input type="checkbox"/> : Memo/Note to File		<input type="checkbox"/> : Registration/Baseline <input type="checkbox"/> : Cycle ____ <input type="checkbox"/> : Off Treatment <input type="checkbox"/> : Other ____	<input type="checkbox"/>
<input type="checkbox"/> : Other _____		<input type="checkbox"/> : Registration/Baseline <input type="checkbox"/> : Cycle ____ <input type="checkbox"/> : Off Treatment <input type="checkbox"/> : Other ____	<input type="checkbox"/>
<input type="checkbox"/> : Other _____		<input type="checkbox"/> : Registration/Baseline <input type="checkbox"/> : Cycle ____ <input type="checkbox"/> : Off Treatment <input type="checkbox"/> : Other ____	<input type="checkbox"/>

**Note:** Regulatory documents should be sent to CTSU Regulatory Office in Philadelphia (Fax: (215) 569-0206 OR CTSURegulatory@ctsu.cocccg.org).