OMB#0925-0624
Expiration Date: 12/31/2013

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.

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CTSU Cancer Trials Support Unit
A SERVICE OF THE NATIONAL CANCER INSTITUTE
Linking your patients to the best clinical trials

Request for Patient Transfer *(For studies in OPEN and on the CTSU menu; SWOG sites must use the SWOG online system for SWOG studies; all sites must use the GOG system for GOG studies.)*

Date of Request: _____ MM/DD/YY

Requested Effective Date of Transfer: _____ MM/DD/YY

Patient ID#: _____

Group/Protocol Number: _____

Case Status: ☐ Active Trt ☐ F/up

Is the transfer occurring between registration steps? Yes/No

Transferring Site/Investigator* Information: *(Please submit the form to receiving site (if applicable) after completion of this section.)*

Site Name: _____ CTEP Code: _____

Treating Investigator Name: _____CTEP IID#: _____

Treating Investigator Signature: _____

Receiving Site/Investigator* Information:

Site Name: _____ CTEP Code: _____

Credited Cooperative Group (For follow-up credit):
_____

Treating Investigator Name: _____CTEP IID#: _____

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:

□ Full: (*All responsibility for the patient is transferred to receiving institution*)

□ Partial: (*Temporary transfer of subject to another site; please indicate the level of responsibility at the receiving site*)
_____

□ Data Share: (*For transfers for studies in Rave, if supported by the LPO; sites may elect to share data. Indicate length of time required for data sharing.*) _____

Contact Person: _____

Phone #: _____ Email Address: _____

Complete this form and submit to the CTSU Operations Center by e-mail at ctsucontact@westat.com or by fax to 1-888-691-8039. For more information, contact the CTSU Help Desk at 1-888-823-5923 or CTSUContact@westat.com.

Requests will be reviewed within 3 business days of receipt.

Office Use Only:

Receiving site approved for registration:
Date: _____ Int. _____

Receiving Investigator eligible:
Date: _____Int._____

LPO Authorization: _____

PMB Copied: dt___Int.____