

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.



# SITE INITIATED DATA UPDATE FORM (DUF)

## PROTOCOL: NCCTG N0147

Patient Initials: \_\_\_\_\_ Patient Study ID: \_\_\_\_\_ Investigator Name: \_\_\_\_\_

PLEASE PRINT CLEARLY AND LEGIBLY; read these instructions carefully before completing this form.

- **Be sure to complete:** 1) Header information at the top of this form, 2) each column below for all updates and 3) signature and date at the bottom of the form. Investigator signature is optional.
- **DO NOT LIST UPDATES FOR MULTIPLE CRFs ON THIS FORM:** manage only one CRF per Data Update Form. Use a separate Data Update Form for each CRF.
- **DO NOT SUBMIT AMENDED CRFs:** this form is appropriate ONLY for updating previously submitted Case Report Form (CRF) data. *The N0147 study has not accepted amended CRFs since 05/08/2009.*
- **DO NOT use this form to:** 1) update Patient IDs on any CRF/Report, 2) redact patient identifiers, or 3) resubmit data/ documents.
- This form is appropriate ONLY for site initiated data changes: if the CTSU issued a Data Clarification Form (DCF) for a data discrepancy, submit only the DCF with the correct value specified in the resolution box of the DCF.
- **Always submit this form** with a N0147 CTSU Data Transmittal Form.
- For questions, contact the CTSU Help Desk at 888-823-5923 or [ctscontact@westat.com](mailto:ctscontact@westat.com)

Form Name & Visit	Page Number	Field/Question on CRF	Current Value on CRF	Corrected/Updated Value

CRA Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_