


Public reporting burden for this collection of information is estimated to average 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 (0925-0624). 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.

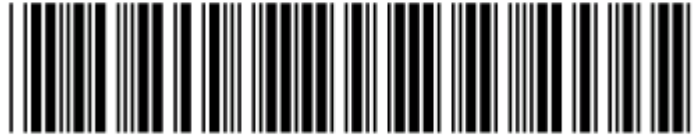
## CTSUS Data Transmittal Form Instructions for TAILORx/ PACCT-1

- 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 CTSUS 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.

Refer to the [PACCT-1 Instructions for Case Report Form Completion](#) document for additional guidance [[CTSUS Website](#) -> [Protocols](#) -> [PACCT-1](#) -> [Documents](#) -> [Case Report Forms](#)].

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



**TAILORx/ PACCT1**

**CTSUSU Data Transmittal Form (DTF)**

**Please FAX to: 1-301-545-0406**

**Contact the CTSUSU Help Desk regarding technical/ faxing issues (888) 823-5923**

- Record only one patient and Protocol ID per Data Transmittal Form (DTF).
- Ensure Patient ID and Protocol ID are recorded on each page of each item submitted.
- Ensure pages are in proper sequence; two-sided forms must be copied by site prior to faxing.
- DO NOT fax more than 50 pages in one submission.
- DO NOT submit amended Case Report Forms (CRFs).
- Complete a TAILORx Unsolicited Data Modification Form to update data on previously submitted forms or RDC-entered data.

**Date:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Total Pages Faxed:** \_\_\_\_ **Patient ID:** \_\_\_\_\_  
m m d d y y y y (including transmittal)

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

**Site Address:** \_\_\_\_\_

**Completed By \*:** \_\_\_\_\_ **Phone # \*:** \_\_\_\_\_

**Email Address \*:** \_\_\_\_\_

\* The above contact information will be used if a 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 (SDT)	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Path Report <i>with/ without ERPR/Her2 reports</i>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
ERPR Report <i>or</i> 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"/>
<b>CTSUSU Data Clarification Form (DCF)</b>	<input type="checkbox"/>									
<b>CTSUSU Unsolicited Data Modification Form (UDM)</b>	<input type="checkbox"/>									

**SUBMIT ONLY THE ABOVE SPECIFIED FORMS TO THE CTSUSU FOR DATA MANAGEMENT PROCESSING. No other forms/ documents can be processed by the CTSUSU Data Management Center. Submit any forms requested by ECOG directly to ECOG for processing.**