


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.

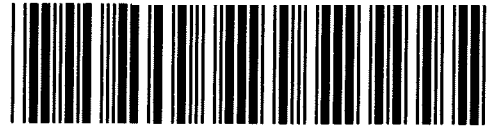
## Filling out PDF Forms

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.

**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:** \_\_\_\_\_ **Total # Pages Faxed:** \_\_\_\_\_ **Patient ID#:** \_\_\_\_\_  
 (dd-mmm-yyyy) (including transmittal)

**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.coccg.org).

**Contact Information:** Westat, CTSU Data Operations Center, 1441 West Montgomery Avenue, Rockville, MD 20850-2062

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