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.



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

- All CRF's, reports etc should be faxed to <u>301-545-0406</u>.
- All submitted documents <u>must</u> 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 CTSU 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 <u>PACCT-1 Instructions for Case Report Form Completion</u> document for additional guidance <u>[CTSU Website -> Protocols -> PACCT-1 -> Documents -> Case Report Forms].</u>

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





## TAILORx/ PACCT1

CTSU Data Transmittal Form (DTF) Please FAX to: 1-301-545-0406

Contact the CTSU 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 muct be copied by site prior to faxing.
- <u>DO NOT</u> fax more than 50 pages in one submission.
- <u>DO NOT</u> 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: d d y y y y	Total Pages Faxed:(including transmittal)	Patient ID:
Site Name:		NCI Code:
Site Address:		
Completed By *:	Pr	none #*:
Email Address *:		
and the second s	ormation will be used if a data submission needs t	o be re-submitted with corrective action.

PLEASE NOTE: Sites submitting items improperly will be contacted to take corrective action and re-submit data

LEASE 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									
Chemotherapy Form									
Radiation Therapy Form									
Follow Up Form									
Cross Registration Form									
Non-Protocol Therapy Form									
Second Primary Form									
Pre-Registration Form									
TAILORx Material Submission Form									
TAILORx Source Document Tracking Coversheet (SDT)									
Path Report with/ without ERPR/Her2 reports									
ERPR Report <u>or</u> Her2/neu Report									
Physician Note									
Surgical Report									
Radiology Report									
Lab Report									
Mammogram Report									
CTSU Data Clarification Form (DCF)			,			•		<del>-</del>	
CTSU Unsolicited Data Modification Form (UDM)									

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