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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Unsolicited Data Modification Form (UDM)*
Protocol: TAILORx/ PACCT-1

INSTRUCTIONS

*The Unsolicited Data Modification Form template is attached to these instructions (2nd page of this document).

Submit a CTSU Unsolicited Data Modification Form [UDM], accompanied by a CTSU TAILORx Data transmittal Form to _update data provided on the original CRF_ OR to _update data previously entered into RDC_.

- **DO NOT SUBMIT AMENDED CRFs or COPIES OF CRFs.** Said documents will not be processed.

- **DO NOT SUBMIT A TAILORx UDM TO: (1)** Update the Patient ID, **(2)** Update the Follow-Up Report Period, **(3)** Update Reporting Period Start and End dates, **(4)** Redact patient identifiers on a previously submitted CRF/Report or **(5)** Respond to a Data Clarification Form (DCF).

- **SPECIAL INSTRUCTIONS TO REQUEST DELETION OF A FOLLOW-UP FORM:** _only_ submit a deletion request for the following 2 reasons, using the standard text as specified, **(1)** "_the wrong Patient ID was specified_" **OR (2)** "_the wrong FUP Report Period was specified_."

  1. Complete the UDM form requesting the Follow-Up form to be deleted (see example below).
  2. Submit a NEW Follow-Up form with the correct Patient ID or Follow-Up Report Period specified.

Form Name Visit / Month	Page Number	Field / Question on CRF	Current Value on CRF	Corrected / Updated Value To
FOLLOW-UP FORM MONTH 12	*ALL*	*ALL*	*ALL*	*DELETE FOLLOW-UP FORM, the wrong PID was specified **OR** the wrong FUP Report Period was specified*

Contact the CTSU Helpdesk for questions (888) 823-5923.

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Unsolicited Data Modification Form (UDM)
Protocol: TAILORx/ PACCT-1

Patient Number: _____   **NCI Site Code:** _____

Patient Initials: _____   **Investigator Name:** _____

Submit a CTSU Unsolicited Data Modification Form [UDM], accompanied by a CTSU TAILORx Data Transmittal Form to update data provided on the original Case Report Form OR to update data previously entered into RDC.

- *DO NOT SUBMIT AN AMENDED CRF or COPIES OF CRFs. Said documents will not be processed.*

- *DO NOT SUBMIT A TAILORx UDM TO: (1) Update the Patient ID, (2) Update the Follow-Up Report Period, (3) Update the Reporting Period Start and End dates, (4) Redact patient identifiers on a previously submitted CRF/Report, or (5) Respond to a DCF.*

To be Completed by the Site:

Form Name Visit / Month	Page #	Field / Question on CRF	Current Value on CRF	Corrected / Updated Value

CRA/ Investigator Signature: _____   **Date:** _____

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