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.

INSERT STUDY NAME:_____

CTSU DATA TRANSMITTAL FORM
Please FAX to: INSERT FAX NUMBER: _____
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 <u>each page</u> 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
☐ : Supporting document		☐ : Registration/Baseline ☐ : Cycle _____ ☐ : Off Treatment ☐ : Other _____	☐
☐ : Memo/Note to File		☐ : Registration/Baseline ☐ : Cycle _____ ☐ : Off Treatment ☐ : Other _____	☐
☐ : Other _____		☐ : Registration/Baseline ☐ : Cycle _____ ☐ : Off Treatment ☐ : Other _____	☐
☐ : Other _____		☐ : Registration/Baseline ☐ : Cycle _____ ☐ : Off Treatment ☐ : Other _____	☐

Note: Regulatory documents should be sent to CTSU Regulatory Office in Philadelphia (Fax: (215) 569-0206 OR CTSURegulatory@ctsu.coccg.org).

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