OMB# 0925-0753
Expiration Date 07/31/2021

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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RTOG-0834 CTSU DATA TRANSMITTAL FORM
For Post-Enrollment Data Submissions

- Use this form for post-enrollment data submissions; do not use this form to submit site registration/patient enrollment documents
- Record only one patient and protocol per transmittal form
- Ensure Patient ID and Protocol ID are recorded on each page of each item included
- 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
- **Changes to data initiated by the site must be reported on the Data Correction Form**
- Submit updated data with a new CTSU Data Transmittal Form and new date

Date: ____- ____ - _____ *(dd-mm-yyyy)*

Total # Pages Faxed: _____ *(Including Transmittal)*

Patient ID#: _____ *(EORTC Sequential IDENT. No.)*

Site Name: _____ *(Institution)*

NCI CTEP Code: _____ *(Internal ID)*

Site Address: _____

INST. No: _____

Transmittal Completed By: _____

Phone #: _____

Email address: _____

The item(s) listed below should be faxed to CTSU at 1-301-545-0406. Call 1-888-823-5923 if experiencing difficulty faxing. Do not mail forms to CTSU. Do not fax or mail forms to the EORTC Data Center

Item(s) Attached	Number of pages	Visit
☐ Query Form (**Query**)		
☐ Data Correction Form (**DCF**)		
☐ Local Pathology / Genetic Testing (**Form 2**)		☐ Before Randomization
☐ On Study Form (**Form 5**)		☐ Before 1st treatment administration (***Send his wi h o her baseline forms)***
☐ Hematology Form (**Form 6**)		☐ Baseline, All Arms: Within 4 weeks before randomization ☐ During Radiotherapy, Arms 2 & 4: Week 1, 2, 3, 4, and 5 for TMZ administration ☐ End of Radiotherapy, Arms 2 & 4: Week 6 ☐ After the end of Radiotherapy, All Arms: 4 weeks after the end of Radiotherapy ☐ Adjuvant TMZ, Arms 3 & 4: Additional Assessments
☐ Biochemistry Form (**Form 7**)		☐ Baseline, All Arms: Within 4 weeks before randomization ☐ During Radiotherapy, Arms 2 & 4: Week 4 ☐ End of Radiotherapy, Arms 2 & 4: Week 6 ☐ After the end of Radiotherapy, All Arms: 4 weeks after the end of Radiotherapy ☐ Adjuvant TMZ, Arms 3 & 4: Additional Assessments

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Item(s) Attached	Number of pages	Visit
☐ Adverse Event Form (**Form 8**)		Baseline, All Arms: ☐ Within 4 weeks before randomization During Radiotherapy, All Arms: ☐ Week 1, 2, 3, 4 and 5 End of Radiotherapy: ☐ Week 6 After the end of Radiotherapy, All Arms: ☐ 4 weeks after the end of Radiotherapy ☐ AND thereafter for every 3 months until disease progression ☐ At disease progression Adjuvant TMZ, Arms 3 & 4: ☐ Additional Assessments
☐ EORTC QLQ-C30 ☐ EORTC QLQ-BN20		☐ Within 4 weeks before randomization ☐ 4 Weeks after Radiotherapy ☐ Thereafter every 3 months until disease progression or death ☐ At disease progression ☐ Follow up
☐ Neurocognitive Function Forms**:** ***** ☐ Hopkins Verbal Learning Test-Revised (**Hopkins VL**): **Forms 1 - 6** ☐ Trail Making Test Part A (**TM Part A**) ☐ Trail Making Test Part B (**TM Part B**) ☐ Controlled Oral Word Association (**COWA**): **Forms 1 and 2** ☐ TMT Data Summary Form ☐ Form CS ☐ Form QP		***** For patients participating in this component ☐ Baseline ☐ Thereafter for yearly intervals until tumor progression or death
☐ Radiotherapy Form (**Form 9**)		☐ At the end of Radiotherapy
☐ Patient Evaluation During RT Form (**Form 10**)		☐ Week 4 during Radiotherapy ☐ Week 6 during Radiotherapy
☐ Concomitant Temozolomide Form (**Form 11**		☐ Arms 2 & 4 only: at the end of concomitant chemotherapy
☐ Adjuvant Temozolomide Form (**Form 12**)		☐ Arms 3 & 4 only: After each cycle of Adjuvant Chemotherapy Cycle: _____
☐ Disease Assessment Form (**Form 13**)		☐ 4 Weeks after end of Radiotherapy ☐ Thereafter every 3 months until disease progression ☐ At disease progression
☐ End of Treatment Form (**Form 14**)		☐ End of Protocol Treatment (or in case patient is not randomized) Arms 3 & 4 only ☐ At disease progression
☐ Follow Up Form (**Form 15**)		☐ Due every 3 months after disease progression and until patient's death

For CTSU use only: Short Name shown in (brackets)