OMB# 0925-xxxx
Expiration Date xx/xx/xxxx

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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CTSU Cancer Trials Support Unit
A SERVICE OF THE NATIONAL CANCER INSTITUTE
Linking practice to progress

Data Clarification Form

To:
Date:
Site:
Investigator:
Patient #:
Reviewer:
DCF ID #:
DCF Print Status:
Document #:

Form Name	Visit Name	Comments	Resolution

CRA Signature:_____

Date:_____

Investigator Signature (required only if requested in the Comments above):_____

Date:_____

CTSU USE ONLY:

DRA CLOSED: _____ DATE: _____

*"**Instructions**: Please return this DCF to the CTSU, signed, dated and accompanied by a completed CTSU Data Transmittal Form. Resolutions/ responses to Comments should be clearly specified in the above Resolution section. Values and units should be specified precisely in the same format as required on the case report form. Any changes made to this DCF should be initialed and dated. Please retain a copy of the signed and dated DCF for the patient's record."*

Final_October_2016
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