



**CPN MAY03-1-02 Lung/Sulindac Study**

**Case Report Form (CRF)**

**Fax Cover Sheet**

To: **QCS Specialist, Mayo Clinic-Rochester**

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From: \_\_\_\_\_

Fax: \_\_\_\_\_

# Pages attached including cover sheet: \_\_\_\_\_

Phone: \_\_\_\_\_

**CRFs attached (please check all that apply):**

- 1. Pre-registration
- 2. Registration/Randomization
- 3. Screen Failure Form
- 4. Pre-Registration Symptom Assessment
- 6. Baseline Medical/Surgical History
- 7. Physical Exam
- 8. Pre-Registration Concomitant Medications
- 10. Concomitant Medications
- 12. Clinical Laboratory Data-Hematology
- 13. Clinical Laboratory Data-Blood Chemistry
- 14. Compliance Phone Interview
- 15. Compliance
- 16. Agent Interruption Continuation Form
- 17. Adverse Events
- 19. Off Study Form
- 20. Death Report Form
- 21. Verification Form
- 22. Sputum Specimen Submission Form
- 23. Sputum Specimen Shipment/Results Form
- 24. Bronchoscopy Biopsy Specimen Submission Form
- 25. Blood Specimen Submission Form
- 26. Risk Assessment Form
- 29. Biomarker Results Form
- 32. Comments Form
- 33. Quality of Life Questionnaire—Was It Worth It?
- 34. Pregnancy Testing Results Form
- 35. Agent Label Form
- 36. Follow up Telephone Call Form
- 37. Biopsy Specimen Shipment Submission/Results Form
- 33. Other (such as path report, bronch report)\_\_\_\_\_ (specify)