



**CPN MAY03-1-03 Colon/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. Screen Failure Form
- 3. Registration/Randomization
- 4. Endoscopy Exam – Registration/Randomization
- 5. ACF Results – Registration/Randomization
- 10. ACF Results – Post Intervention
- 15. Newly Identified ACF – Post Intervention
- 18. Biopsy Specimen Submission Form
- 19. Blood Specimen Submission Form
- 20. Registration/Randomization Symptom Assessment Form
- 22. Concomitant Medications
- 24. Adverse Events and Concomitant Medications Evaluation Form
- 25. Baseline Medical/Surgical History
- 26. Physical Exam
- 27. Clinical Lab Data – Hematology
- 28. Clinical Lab Data – Blood Chemistry
- 29. Adverse Events
- 32. Compliance
- 33. Compliance Phone Interview
- 34. Agent Interruption Continuation Form
- 35. Off Study Form
- 36. Death Report Form
- 37. Verification Form
- 38. Risk Assessment Form
- 41. Comments Form
- 42. Pregnancy Testing Results Form
- 43. Biomarker Results Form
- 44. Biopsy Results Form
- 45. Agent Label Form
- 46. Follow up Telephone Call Form
- Other: \_\_\_\_\_ (specify)