

CPN MAY10-15-02 Case Report Form (CRF) Fax Cover Sheet



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

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

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

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

PID # \_\_\_\_\_

Date: \_\_\_\_\_

CRFs attached (please check all that apply):

Pre-Registration:

- 1. Pre-Registration

Baseline Evaluation:

- 3. Screening
5. PET Information
8. Pre-Intervention Measurement
10. Baseline Medical/Surgical History
11. Baseline Symptoms
12. Physical Exam
13. Tobacco Use Assessment
14. AE and ConMed Evaluation
15. Concomitant Medications
16. Clinical Lab Data - Heme
17. Clinical Lab Data - Blood Chemistry
18. Pregnancy Specimen Data (if applicable)
20. Clinical Lab Data - Other Tests
25. Specimen Acquisition - Blood
26. Specimen Acquisition - Tissue

If Screen Failure and/or Not Eligible:

- 3. Screening (check = Did not meet Elig. Criteria)
30. Verification

Registration/Randomization:

- 2. Registration
4. Intervention Administration
23. Pre-Intervention Adverse Events

Safety Evaluation 1 and/or 2, if applicable:

- 16. Clinical Laboratory Data - Heme
17. Clinical Laboratory Data - Blood Chemistry
14. AE and Concomitant Medications Evaluation
15. Concomitant Medications, if applicable
24. Adverse Events, if applicable

Post Intervention or Early Termination:

- 5. PET Information, if applicable
6. Surgical Report
7. Post Operative Report
9. Post Intervention Measurement
12. Physical Exam
14. AE and ConMed Evaluation
15. Concomitant Medications, if applicable
24. Adverse Events, if applicable
16. Clinical Lab Data - Heme
17. Clinical Lab Data - Blood Chemistry
20. Clinical Lab Data - Other Tests
21. Compliance
22. Agent Interruption Continuation, if applicable
25. Specimen Acquisition - Blood
26. Specimen Acquisition - Tissue
QOL Questionnaire: Was It Worth It?

Participant Complete and Off-Study with No Related Adverse Events:

- 27. Off Study
30. Verification

Any Time/As Needed:

- 29. Comments
3. Screening
24. Adverse Events
26. Agent Interruption/Continuation
25. Blood Specimen Collection
28. Death Report
19. Outcome of Pregnancy
Other: Specify \_\_\_\_\_