

ICCTG PROTOCOL #1

Data Processing Cover Sheet (Administrative)

Clinical Center: ____
RC ID: ____ ____ ____ ____

(Research Coordinator completed prior to data entry and verification.
The purpose is to document review of CRFs for data entry and track first entry and verification.)

Patient I.D.: 1 ____ ____ ____ ____

Patient Initials: ____ ____ ____

Clinical Center: ____

Contact Week: ____ ____

- CONTACT:**
- ☐ **Randomization:** Randomization of a new participant
 - ☐ **Contact 0:** Screening period (B1 and B2 visits)
 - ☐ **Contact 1:** Telephone (Run-in period week 1)
 - ☐ **Contact 2:** Telephone (Run-in period week 2)
 - ☐ **Contact 3:** Telephone Contact 3 (Run-in period week 3)
and Clinic Visit Contact 3 (Week 3)
 - ☐ **Contact 6, 14 or 20:** Telephone Contact
(Contacts at weeks 6, 14, 20)
 - ☐ **Contact 10, 17 or 24:** Clinic Visit Contact
(Contacts at weeks 10, 17, 24)
 - ☐ **Contact 36, 48, etc:** Post Treatment Follow-up Contact
(Contacts at week/s 36, 48, etc.)

	DATE	INITIALS	COMMENTS
Review Completed Forms:			
First Entry:			
Verification:			