



Anti-CD20 Study
PERMANENT PARTICIPANT SITE TRANSFER FORM

Form RIT20
07 AUGUST 2006
Version 1.0
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Site Number: _____

Screening ID: _____ - ____

Participant Letters: _____

This form is to be completed by the Study Coordinator at the primary site (originating site).

A. REPORT INFORMATION

Transfer Identification Number: #####

1. Date of report:

____ / ____ / ____
DAY MONTH YEAR

2. Last attended study visit *before* transferring?

- | | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 Screening | <input type="checkbox"/> 5 Week 3 | <input type="checkbox"/> 15 Month 5 | <input type="checkbox"/> 21 Month 13 | <input type="checkbox"/> 29 Month 24 |
| <input type="checkbox"/> 2 Baseline | <input type="checkbox"/> 6 Week 5 | <input type="checkbox"/> 16 Month 6 | <input type="checkbox"/> 26 Month 15 | <input type="checkbox"/> 99 Other |
| <input type="checkbox"/> 3 Week 1 | <input type="checkbox"/> 10 Week 10 | <input type="checkbox"/> 17 Month 9 | <input type="checkbox"/> 27 Month 18 | <input type="checkbox"/> 98 PhiX174 |
| <input type="checkbox"/> 4 Week 2 | <input type="checkbox"/> 11 Month 3 | <input type="checkbox"/> 18 Month 12 | <input type="checkbox"/> 28 Month 21 | Visit ONLY |

a. If OTHER, specify date of visit:

____ / ____ / ____
DAY MONTH YEAR

b. If PhiX174 Visit ONLY (*i.e. Weeks 6, 7, 8, 13, 14, 16, 53, 54, 58, 59, 60, or 62*),

Record week number: _____

B. TRANSFER CHANGE INFORMATION

1. Date transfer became effective:

____ / ____ / ____
DAY MONTH YEAR

2. Primary Site Number (originating site): _____

3. Secondary Site Number (new site to where participant is being transferred): _____

4. Reason for the transfer:

- 1 Participant moved
- 2 A site closer to the participant became certified for protocol implementation
- 99 Other

a. If Other, specify: _____

Initials (first, middle, last) of person completing this form: ____ ____ ____
F M L

Date form completed: ____ / ____ / ____
DAY MONTH YEAR

On all questions write “?” if the desired information is currently unavailable, but is being checked and will be known in future updates. Write “*” if the desired information is permanently unavailable (*i.e. will not be known in any future updates*).