

Site Number: \_\_\_\_\_

Screening ID: \_\_\_\_\_ - \_\_\_\_

Participant Letters: \_\_\_\_\_

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

**A. RECORD INFORMATION**

*Transfer Identification Number: # # # #*

1. Date of report:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DAY MONTH YEAR

2. Last attended study visit *before transferring? (check one)*

- |                                     |                                      |                                      |                                      |
|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0 Baseline | <input type="checkbox"/> 8 Visit 8   | <input type="checkbox"/> 16 Visit 16 | <input type="checkbox"/> 24 Visit 24 |
| <input type="checkbox"/> 1 Visit 1  | <input type="checkbox"/> 9 Visit 9   | <input type="checkbox"/> 17 Visit 17 | <input type="checkbox"/> 25 Visit 25 |
| <input type="checkbox"/> 2 Visit 2  | <input type="checkbox"/> 10 Visit 10 | <input type="checkbox"/> 18 Visit 18 | <input type="checkbox"/> 26 Visit 26 |
| <input type="checkbox"/> 3 Visit 3  | <input type="checkbox"/> 11 Visit 11 | <input type="checkbox"/> 19 Visit 19 | <input type="checkbox"/> 27 Visit 27 |
| <input type="checkbox"/> 4 Visit 4  | <input type="checkbox"/> 12 Visit 12 | <input type="checkbox"/> 20 Visit 20 | <input type="checkbox"/> 28 Visit 28 |
| <input type="checkbox"/> 5 Visit 5  | <input type="checkbox"/> 13 Visit 13 | <input type="checkbox"/> 21 Visit 21 | <input type="checkbox"/> 29 Visit 29 |
| <input type="checkbox"/> 6 Visit 6  | <input type="checkbox"/> 14 Visit 14 | <input type="checkbox"/> 22 Visit 22 | <input type="checkbox"/> 30 Visit 30 |
| <input type="checkbox"/> 7 Visit 7  | <input type="checkbox"/> 15 Visit 15 | <input type="checkbox"/> 23 Visit 23 | <input type="checkbox"/> 31 Visit 31 |

**B. TRANSFER CHANGE INFORMATION**

1. Effective date for transfer:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DAY MONTH YEAR

2. Primary Site Number (originating site):

\_\_\_\_\_

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

\_\_\_\_\_

4. Reason for transfer:

- 1 Participant moved
- 2 Site closer to participant became active 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

**Signature of Principal Investigator:** \_\_\_\_\_

*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).*