



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: _____ *haltid* Clinical Center: _____ *clinic*

visit: _____

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

TRANSFER FORM

Form # 27

Part One: The PI at the destination clinic must verbally approve a participant's transfer from one clinic to another. Designated personnel at the originating clinic is to complete the top half of this form and fax it to the destination clinic at the beginning of the transfer process. The originating clinic should mail a copy of the participant's research chart to the destination clinic immediately. Note: The transfer is not official until Part Two is completed.

Part Two: The destination clinic is to complete the rest of the form, data-enter the page (a new participant ID code is assigned at this time), and fax a copy of the completed form to the originating clinic for their records.

PART ONE: ORIGINATING CLINIC TO COMPLETE NUMBERS ONE THROUGH FOUR BELOW

1. Originating Clinic: *tfost* 301 302 303 304 305 306 307
301-Emory 302-UKMC 303-Mayo 304-Tufts 305-BIDMC 306-CCF 307-UCHSC

2. Destination Clinic: *tfdst* 301 302 303 304 305 306 307

3. Target Date of Next Visit (in clinic or by phone): / / Next Visit Code: _____
Month *tftm* Day *tftd* Year *tfty* *nextvisit*

4. Comments: *tfcmt* _____

HALT PKD staff member completing Part One: _____ Date: ____ / ____ / ____
cmidanum month *cdam* day *cdad* year *cday*

Primary Entered by: _____ Date: ____ / ____ / ____ Month *deam* Day *dead* Year *deay*

PART TWO: DESTINATION CLINIC TO COMPLETE NUMBERS FIVE AND SIX BELOW:

5. Date Participant Signed a NEW Informed Consent Form at the Destination Clinic: ____ / ____ / ____
month *tfcmm* day *tfcdd* year *tfcyy*

6. Comments: *tfdcmt* _____

HALT PKD staff member completing Part Two: _____ Date: ____ / ____ / ____
cmidbnum Month *cdbm* Day *cdbd* Year *cdby*

Primary Entered by: _____ Date: ____ / ____ / ____ Month *debm* Day *debd* Year *deby*