

Patient number

Date of visit / /
month day year

FORM NUMBER = (FORM)
FORM VERSION = (VERS)

NIH - BPH TRIAL

PATIENT RELOCATION TRACKING INFORMATION

This form is to be completed any time a patient relocates and will be followed at another clinic. This form should be completed by the clinic from which the patient is moving (Current Clinic). Please fax this form to the BCC for data entry as soon as it is completed.

A. Patient Identification

This section is to be completed by the Current Clinic staff.

- 1. Current clinic number **(CCLINIC)**
- 2. Screening number **(CSCREEN)** S
- 3. Patient number **(PATID)**
- 4. Patient's initials **(INITS)** /
first last
- 5. Patient's date of birth **(DOB)** / /
month day year
- 6. Date of last visit at current clinic **(CLVSTDT)** / /
month day year
- 7. New clinic number **(NCLINIC)**

8. Complete the following checklist

	Notify the coordinator at the New Clinic
	Copy all CRFs and information in the patient binder
	Copy all source documentation
	Send copies to New Clinic
	Send any undispensed medication to the New

Initials of person completing form **(FORMIN)** /
first last

B. Administrative Information

This section is to be completed by the BCC staff.

- 1. New screening number **(NSCREEN)** S

2. Complete the following checklist:

TASK	DONE	DATE	INITIALS
Form entered in computer			
DDE changed			
DxC computer changed			
Mainframe changed			
McKesson, DxC & ACRN notified			
Clinics notified			