



MMF-DZB STUDY  
PARTICIPANT TRANSFER FORM

Form MMF12  
15MAR2007  
Version 1.0  
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Site Number: \_\_\_\_\_ Screening ID: \_\_\_\_\_ - \_\_\_\_ First 3 Letters of First Name: \_\_\_\_\_

The Study Coordinator should complete this form for any transfer of a participant to another TrialNet site. A copy of this form should be provided to the new site and the TrialNet Coordinating Center.

**A. REPORT INFORMATION**

1. Date of report: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

2. Last attended study visit *before* transferring?

- |                                    |                                     |                                      |                                      |                                      |
|------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 2 Week 6  | <input type="checkbox"/> 7 Month 5  | <input type="checkbox"/> 12 Month 10 | <input type="checkbox"/> 17 Month 21 | <input type="checkbox"/> 20 Month 42 |
| <input type="checkbox"/> 3 Week 10 | <input type="checkbox"/> 8 Month 6  | <input type="checkbox"/> 13 Month 11 | <input type="checkbox"/> 18 Month 24 | <input type="checkbox"/> 21 Month 48 |
| <input type="checkbox"/> 4 Month 2 | <input type="checkbox"/> 9 Month 7  | <input type="checkbox"/> 14 Month 12 | <input type="checkbox"/> 19 Month 27 |                                      |
| <input type="checkbox"/> 5 Month 3 | <input type="checkbox"/> 10 Month 8 | <input type="checkbox"/> 15 Month 15 | <input type="checkbox"/> 20 Month 30 |                                      |
| <input type="checkbox"/> 6 Month 4 | <input type="checkbox"/> 11 Month 9 | <input type="checkbox"/> 16 Month 18 | <input type="checkbox"/> 21 Month 36 |                                      |

3. Date of last visit completed above: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

**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

Signature of Study Coordinator \_\_\_\_\_

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).

Retain original at site, and send a copy to the TrialNet Coordinating Center and the new site.