

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).*