

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).*