

CPN MAY03-1-02 Case Report Form (CRF) Fax Cover Sheet



To: **QAS, Mayo Clinic-Rochester**

Fax: **507-284-1902**

Phone: 507-284-4798

From: _____

Fax: _____

Pages attached including cover sheet: _____

Phone: _____

PID # _____

Date: _____

CRFs attached (please check all that apply):

Pre-Registration Visit:

- 1. Pre-registration

Bronchoscopy Visit:

- 22. Sputum Specimen Submission
- 23. Sputum Specimen Shipment – Results
- 24. Bronchoscopy Biopsy Specimen Submission
- 37. Biopsy Specimen Shipment Submission/Results
- 25. Blood Specimen Submission
- 12. Clinical Laboratory Data Form – Hematology
- 13. Clinical Laboratory Data Form – Blood Chemistry
- 34. Pregnancy Testing Results
- 7. Physical Exam
- 8. Pre-Registration Concomitant Medications
- 4. Pre-Registration Symptom Assessment
- 6. Baseline Medical/Surgical History
- 26. Risk Assessment
- 29. Biomarker Results

After Receiving Bronchoscopy Results:

- 3. Screen Failure

Registration/Randomization Visit:

- 2. Registration/Randomization
- 35. Agent Label

Month 1 Telephone Interview:

- 14. Compliance Phone Interview
- 16. Agent Interruption Continuation
- 10. Concomitant Medications
- 17. Adverse Events

Month 3 Visit:

- 15. Compliance
- 16. Agent Interruption Continuation
- 10. Concomitant Medications
- 17. Adverse Events
- 7. Physical Exam
- 12. Clinical Laboratory Data-Hematology
- 13. Clinical Laboratory Data-Blood Chemistry
- 35. Agent Label

Month 6 or Early Termination:

- 15. Compliance
- 16. Agent Interruption Continuation
- 24. Bronchoscopy Biopsy Specimen Submission
- 37. Biopsy Specimen Shipment Submission/Results
- 25. Blood Specimen Submission
- 12. Clinical Laboratory Data-Hematology
- 13. Clinical Laboratory Data-Blood Chemistry
- 7. Physical Exam
- 10. Concomitant Medications
- 17. Adverse Events
- 29. Biomarker Results
- 33. QOL Questionnaire: Was It Worth It (WIWI)

Follow-up Phone Call < 30 days of Month 6, Early Termination or

Continued Follow-up for Adverse Events:

- 36. Follow up Telephone Call
- 17. Adverse Events

Participant Complete and Off-Study with No Adverse Events:

- 19. Off Study
- 21. Verification

As Needed:

- 32. Comments
- 17. Adverse Events
- 20. Death Report
- Other: Specify _____