For Group Participants using Labels

LABEL

For intergroup participants not using RTOG labels:
Group: _____ Inst. Name: _____
RTOG Study # _____ Case # _____
Intergrp Study # _____ Intergrp Case # _____
Patient ID/Initials: _____

ACR/RTOG DATA MANAGEMENT
(Use a separate form for EACH case)

_____ **GENERAL COMMUNICATION MEMO**

OR

_____ **REPLY TO FORMS DUE REPORT**

INSTRUCTIONS:

GENERAL COMMUNICATION MEMO

- To communicate the unavailability of a required assessment/form (to request suppression) listed on your calendar
- To inform us that a patient has died, but awaiting more info to complete form** (F1 or other form used to report death) ****Reporting death via this form does not fulfill protocol reporting requirement for death**
- To document all efforts being used to try to locate a patient (at each assessment point) if patient cannot be located (via telephone, other physician's office, Tumor Registry, SSDI, etc.)

REPLY TO FORMS DUE REPORT

- To communicate when a data form was submitted but it still appears on the Forms Due Report (i.e., to communicate a discrepancy between your records and the Forms Due Report)
  Take into account the "cut off" date for data submission and the date you mailed your form

Form Type Requested	Calendar Due Date	Assessment Date	Comment

DO NOT USE THIS FORM TO COMMUNICATE ABOUT MISSING DOSIMETRY ITEMS OR PATHOLOGY ITEMS OR QUALITY OF LIFE (QOL) FORMS

For **Dosimetry** Items use the DOSIMETRY TRANSMITTAL FORM (in study specific forms packet on RTOG website)
For **Pathology** Items use the SPECIMEN TRANSMITTAL FORM (see FORMS under Protocols on RTOG website)
For each separate **QOL** form use the COVER SHEET for the form (in study specific forms packet on RTOG website)
Check off reason form not filled out – **DO NOT SEND IN BLANK QOL FORMS**

For more information regarding the use of this form, please see the "RA Corner" section of the RTOG web site @ http://www.rtog.org/members/RAcorner.html (From the RTOG Home Page under Member Info/RA Corner)

Research Associate _____ Date _____