For intergroup participants not using labels:

Group: _______________ Inst. Name: ______________
Study # ___________ Case # ______________
Intergrp Study # ___________ Intergrp Case # _______________
Patient ID/Initials: __________

NRG ONCOLOGY 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

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<tr>
<th>Form Type Requested</th>
<th>Calendar Due Date</th>
<th>Assessment Date</th>
<th>Comment</th>
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DO NOT USE THIS FORM TO COMMUNICATE ABOUT MISSING DOSIMETRY ITEMS OR PATHOLOGY ITEMS OR QUALITY OF LIFE (QOL) FORMS

Mail to NRG Oncology, 50 South 16th Street, Suite 2800 Philadelphia, PA 19102-2506

Research Associate _______________________________ Date ________________