

HDC TRANSFER OF PATIENT FORM 1

Instructions: Please send to: hdc@erasmusmc.nl or HOVON Data Center, Ee2155, Erasmus MC Cancer Institute, P.O.Box 2040, 3000 CA ROTTERDAM, The Netherlands

Please complete this form if you wish to transfer the trial related responsibilities for a specific patient from one site to another.

This form is intended to indicate to the HOVON Data Center that the patient is transferred to another site and for the HOVON Data Center to confirm all data from patient visits at the original hospital have been completed in the CRFs and all questions are answered. After approval of the data of the original hospital by the HDC, a second Transfer of patient form will be sent to the original hospital to confirm the actual transfer of the patient.

HOVON study name:		
Patient study number	_____	Patient year of birth:	_____ (yyyy)
<u>Original (registration) hospital</u>			
Hospital:		
City:		
<u>New hospital</u>			
Hospital:		
City:		
Patient will start in new hospital in protocol phase:		
<u>HOVON Data Center</u>			
Approval by the central data manager for completeness of the data provided by the original (registration) hospital.			
Central data manager:		
	Date	____ ____ ____	Signature:
	(dd/mm/yyyy)		