HOVON TRANSFER OF PATIENT FORM 2

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

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This form has to be completed when all data of the original (registration) hospital is complete and has been checked by the HOVON Data Center.

1. The original site principal investigator (site PI) and local data manager (LDM) sign this form and enter the name of the new hospital and site PI.
2. The original (registration) site sends the form to the new site AND sends a copy to HOVON.
3. The new site PI and LDM sign this form (to confirm the transfer).
4. The new site will sent the form to HOVON and a copy to the original site. They will keep a copy for themselves.
5. Upon receipt of the signed form, HOVON will complete the transfer of the patient.

Please note that a copy of trial related records should also be transferred to the new site, such as a copy of the signed ICF, a copy or summary of source documents and copies of SAE reports. In case of paper CRFs, also copies of completed CRFs need to be provided. The original documents need to be retained by the original site that included the patient.

Please note that after transfer of responsibilities, all queries and data requests for this patient will be sent to the site PI / local data manager of the new hospital.

This transfer only applies to data collection and trial management by HOVON. Any issues regarding financial matters, such as reimbursements and KWF grants, need to be resolved between the sites.

HOVON study name:	....
Patient study number	_|_|_|_|_|_| **Patient year of birth:** |_|_|_|_| (yyyy)

Original (registration) hospital

Signature of site PI for approval of transfer of patient and approval for accuracy, completeness and readability of all data of the original (registration) hospital.
Signature of local data manager for completing data of the original (registration) hospital and transferring of relevant data to the new hospital.

Hospital:	....
City:	....
Site PI:	....
	Date |___||___||_____| Signature: .... (dd/mm/yyyy)
Local data manager:	....
	Date |___||___||_____| Signature: .... (dd/mm/yyyy)

New hospital

Signature of site PI for approval of transfer of patient and responsibility for further data collection.
Signature of local data manager for receiving relevant data from the original (registration) hospital and continuation of data management in the new hospital.

Hospital:	....
City:	....
Site PI	....
	Date |___||___||_____| Signature: .... (dd/mm/yyyy)
Local data manager:	....
	Date |___||___||_____| Signature: .... (dd/mm/yyyy)