

FORM TITLE: Data Cover Sheet

**Use *Data Cover Sheet* to send additional documents
Use a separate *Data Cover Sheet* for each patient**

Protocol Case #: _____ **Date:** ____MM/____DD/____YY

Clinical Site: _____

Sender Name: _____ **No. of Pages:** _____
(including *Data Cover Sheet*)

Sender Signature: _____

Explanation: CRF or visit date that these documents correspond to:

Content included in attachment:

- H&P
- Labs
- Imagery
- Pathology
- Procedure/Operative Report
- Radiation therapy summary
- Other:*** _____

Confidentiality Notice

The information contained in this facsimile is confidential and should not be used by anyone who is not the intended recipient. If you have received this facsimile in error, please inform the above-named sender immediately, who will arrange for the destruction or return of this information.