Proton Collaborative Group

Research. Innovation. Results.

Patient Transfer Form

This form must be completed in order to authorize the transfer of a patient from one PCG member institution to another. IRB approval for the protocol(s) at the recipient institution must be on file. Transfers between cooperative groups are not permitted. This form must be signed by the institutional PI at the institution where the patient was originally registered and by the PI at the recipient institution. The completed form is submitted by the original PI to PCG Headquarters (hq@pcgresearch.org). Upon receipt of the form, the PCG record and Electronic Data Capture system are changed to reflect that the recipient institution is responsible for the case. Upon completion of the transfer, the appropriate PCG staff signs a confirmation of the change. A copy of the fully executed form will then be sent to each investigator.

PCG Protocol # **Patient Study ID #**

If multiple cases are being transferred from one institution to the same institution, a list of cases may be appended to this form.

TRANSFER INFORMATION

PCG Site # **Transferring PI**

Signature of PI _____ **Date** _____

RECIPIENT INFORMATION

PCG Site # **Recipient PI**

Signature of PI _____ **Date** _____

EMAIL SCANNED FORM TO hq@pcgresearch.org

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PCG HEADQUARTERS

PCG Staff Name

Signature _____ **Date** _____

[Copies: PCG Regulatory File, Transferring PI, Recipient PI, Data Management, CRA]