

# TCGA Clinical Data Closure Form

V1.00 04082014

**Instructions:** The TCGA Clinical Data Closure Form should be completed when no additional follow-up information for a patient can be provided to the BCR. If this form is not completed, the TSS will continue to receive inquiries regarding follow-up data.

Questions regarding this form should be directed to the Tissue Source Site's Clinical Outreach Representative at the BCR.

Tissue Source Site (TSS): \_\_\_\_\_ TSS Identifier: \_\_\_\_\_ TSS Unique Patient Identifier: \_\_\_\_\_

Completed By (Interviewer Name on OpenClinica): \_\_\_\_\_ Completed Date: \_\_\_\_\_

## Diagnosis Information

#	Data Element	Entry Alternatives	Working Instructions
1	Vital Status at Date of Last Contact	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	Indicate whether the patient was living or deceased at the date of last contact <a href="#">5</a> If deceased is selected, this form is considered complete.
2	Is the patient lost to follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate whether the patient is lost to follow-up. This only includes cases where updated follow-up information has not been collected within the past 15 months and all efforts to contact the patient have been exhausted (this includes reviewing the Social Security death index). <a href="#">61333</a>
<b>For BCR Office Use Only:</b>			
3	Why is the patient exempt from submitting follow-up data?	<input type="checkbox"/> Patient withdrew from study <input type="checkbox"/> No contact with submitting institution	Please provide the reason why the patient is exempt from submitting follow-up data. <a href="#">4038151</a>

*I acknowledge that the above information provided by my institution is true and correct and has been quality controlled.*

\_\_\_\_\_  
TSS CRC or BCR COR Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Investigator or CO Manager Signature

\_\_\_\_\_  
Date