

ANIMATE

A phase II study of nivolumab monotherapy in patients with relapsed/refractory Hodgkin lymphoma, fit for autologous stem cell transplant, who fail to reach complete metabolic remission after first or second line salvage therapy

TRANSFER OF CARE FAX

Number of pages (including cover):
Date:
Name of sender:
Site Name:
Contact telephone number:
Contact email address:

This form should only be used when the patient is moving from one trial site to another at any point during the trial

Please fax to **020 7679 9861** or email to **ctc.animate@ucl.ac.uk**

General enquires: 020 7679 9860

E-mail: ctc.animate@ucl.ac.uk

ANIMATE

Trial Number **A** **N** **M** -

Patient Initials

Transfer of Care Form (1/1)

A transfer of care form must be completed each time a patient's care is transferred **from one trial site to another** at any point during the trial.

Please note that a patient's care transfers to a hospital that is not taking part in the ANIMATE trial, this form should **not** be submitted. Their original trial site or the last trial site where the patient was seen for the trial will remain responsible for providing data.

Name of current site:

ANIMATE treatment pathway completed under care of current centre (tick all that apply):

- Trial registration
- Post-registration investigations / confirmation of treatment eligibility
- Trial treatment
- PET-CT Scans
- Follow Up
- Further treatment
- Transplant

Date last seen at current site (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please submit all data up to the date of transfer to UCL CTC promptly and send a copy to the new site

Transferring to (name of hospital)

Consultant name

Completed by:

CRFs should only be completed by appropriately qualified personnel detailed on the site delegation log

Signature:

Date completed:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Additional instructions for completing forms

Transfer of Care Form

Completing the form

- This form should be submitted when a patient's care is transferred from one trial site to another at any point during the trial within two weeks of the transfer of care to another site.
- If the patient is transferring to a hospital that is not open for the trial, the responsibility for data will remain with the last trial site where the patient was seen, and this form should not be used.
- UCL CTC can be contacted for a current list of active sites (email ctc.animate@ucl.ac.uk or call 0207 679 9860).
- Copies of the patient CRFs up to the date of transfer should be provided to the new trial site taking on their care.

If you have any questions about how to complete this form please contact the **ANIMATE Trial Coordinator on:
020 7679 9860**