



MTN 015 (143)

PT-1 (465)

Participant ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	
Site Number				Participant Number						Chk	

Participant Transfer

Form Completion Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>dd</i>		<i>MMM</i>			<i>yy</i>

1. Name of transferring study site: _____

2. Name of receiving study site: _____

3. Visit Code of last completed contact with participant: .

4. Date participant records were sent to receiving study site:
dd MMM yy

Comments: _____

29-FEB-08

Language

Staff Initials / Date

Participant Transfer (PT-1)

Purpose: Complete this form when a participant is transferring to another study clinic/site.

General Information/Instructions: The Participant Transfer form is completed by the transferring site (the site that the participant is leaving).

For more information on Participant Transfer and Receipt, refer to the protocol, Study Specific Procedures (SSPs), and/or Manual of Operations (MOP).

Item-specific instructions:

- **Item 4:** Complete date required.