

## **Transmittal Form**

**Purpose:** Record contents of packages of forms sent to the CC and serve as a record of mailings for clinics.

When: Whenever data forms are sent to the CC.

By Whom: Clinic coordinator, data assistant, or secretary.

**Instructions:** Send the original of this form along with all data forms that are sent to the CC in one package. Record a sequential shipment number in item 2 for each shipment sent. Person mailing the package should put initials after "Mailed by". A copy of this form should be filed at the clinic.

A. Shipment information				
1. Clinic ID code:	3. Date n	mailed: _	 month	year
2. Shipment #:	4. Maileo	d by:	 	
B. Form sets a. Patient ID #: b. Visit	t ID code:	c. Date o		d. Number of forms in set:
5			 · <del></del>	
6			 	
7			 · <del></del>	<del></del>
8			 · —	
9			 · <del></del>	
0			 · <del></del>	
1			 · <del></del>	
2			 · <del></del>	
3	<u> </u>		 <del></del>	
4			 · <del></del>	
5	<u> </u>		 <del></del>	
6			 · <del></del>	
			 · <del></del>	
8			 	
C. Administrative information (CC use	?)			
19. Date received:	20. Verif	fied by:		
day month year				