

## **BMT CTN 1101 CEA Quick Reference Guide and Patient Information Faxes**

### **1. Participant Enrollment**

Present the **CEA enrollment forms** to the patient at time of enrollment into **BMT CTN 1101 Parent Trial** and complete the following forms with the patient if they choose to participate:

- a. **Patient informed consent** (Appendix B Parent Study)
- b. **Confidential Health Insurance and Caregivers Contact Information Form** (Appendix C Companion Study)
- c. **HIPAA Authorization Form** (once approved by local IRB – Appendix B Companion Study)
- d. **Caregiver informed consent** (depends on whether a caregiver is nominated by the patient – Appendix D Companion Study)

Refer to the **FAQ sheet** (included at the end of this document) to answer questions. If the patient or caregiver has unresolved concerns, they may call the CEA Participant Coordinator, Tom Matney, toll-free at 1-855-267-9045.

### **2. Completed Consent Forms**

Send an **Enrollment Fax Cover Sheet** and completed CEA enrollment forms to the confidential CEA study fax line: 1-866-221-3369. **Please send all complete enrollment forms for each patient together as a single fax.** **Note:** Completed enrollment forms should be ***faxed immediately upon consent and no later than two days after patient enrollment.*** This allows the CEA Participant Coordinator to contact patients promptly. Patients are unable to participate in this study until the CEA study staff has received the faxed forms.

### **3. Pre-Transplant**

The CEA Participant Coordinator will contact participants following receipt of enrollment forms. If there is a change to the projected date of transplant, please send a **Notification of Updated Date of Transplant Fax** immediately to 1-866-221-3369 with the new date.

### **4. Post-Transplant**

The CEA Participant Coordinator will follow-up with the patient by phone call to complete either a web-based or hard copy cost survey at 1-month, 4-months and 7-months post-transplant.

-**Participant Withdrawal:** Send a **Notification of Withdrawal Fax** to 1-866-221-3369. Notification must include date of withdrawal and reason for withdrawal.

-**Participant Death:** Send a **Notification of Death Fax** to 1-866-221-3369. Notification must include date of death.



## BMT CTN 1101 CEA Project

### Enrollment Fax Cover Sheet

Date: \_\_\_\_\_

To: Tom Matney

Fax Number: 1-866-221-3369

From: Study Site: \_\_\_\_\_

Transplant Coordinator Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_

Date of Transplant: \_\_\_\_\_ (If unknown, estimated date okay)

Please find attached the enrollment forms for a participant enrolled in the BMT 1101 CEA Study:

- Patient Informed Consent Form
- Confidential Health Insurance and Caregiver Contact Information Form
- HIPAA Authorization Form
- Caregiver Informed Consent Form (when applicable)

**\*\*Please ensure that all forms listed above are attached.\*\***

**\*\*Completed enrollment forms should be faxed immediately upon consent and no later than 2 days after consent.\*\***

- This patient does not want to fill out cost diary surveys

If you have questions, please contact Tom Matney at 1-855-267-9045 or [BMT-1101-CEA@fredhutch.org](mailto:BMT-1101-CEA@fredhutch.org)



## BMT CTN 1101 CEA Project

### Notification of Updated Date of Transplant Fax

Date: \_\_\_\_\_

To: Tom Matney

Fax Number: 1-866-221-3369

From: Study Site: \_\_\_\_\_

Transplant Coordinator Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_

Updated Date of Transplant: \_\_\_\_\_

If you have questions, please contact Tom Matney at 1-855-267-9045 or [BMT-1101-CEA@fredhutch.org](mailto:BMT-1101-CEA@fredhutch.org)



**BMT CTN 1101 CEA Project**  
**Notification of Withdrawal Fax**

Date: \_\_\_\_\_

To: Tom Matney

Fax Number: 1-866-221-3369

From: Study Site: \_\_\_\_\_

Transplant Coordinator Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

Reason Given for Withdrawal:

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If you have questions, please contact Tom Matney at 1-855-267-9045 or [BMT-1101-CEA@fredhutch.org](mailto:BMT-1101-CEA@fredhutch.org)



**BMT CTN 1101 CEA Project**

**Notification of Death Fax**

Date: \_\_\_\_\_

To: Tom Matney

Fax Number: 1-866-221-3369

From: Study Site: \_\_\_\_\_

Transplant Coordinator Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

If you have questions, please contact Tom Matney at 1-855-267-9045 or [BMT-1101-CEA@fredhutch.org](mailto:BMT-1101-CEA@fredhutch.org)