Complications of Age-related Macular Degeneration Prevention Trial
COORDINATING CENTER - DATA FORM TRANSMITTAL LOG

CAPT LG FORM (**601.1**)
04/15/99, Page 1 of 1

Instructions: The Clinic Coordinator must complete and attach this transmittal log to each set of CAPT data forms for each patient sent to the Coordinating Center. **Use a separate form for each patient**. Each data form enclosed with this transmittal log must be listed on a separate line. The codes for Visit and Form should be copied from the bottom right corner of each form enclosed. Place a copy of this log in both the patient's CAPT file and in the CAPT Transmittal Log notebook. **_An asterisk (*) denotes REQUIRED INFORMATION!_**

*ID: __ __ - __ __ __ - C   ***Name Code:** __ __ __ __ __

	CLINIC USE ONLY				COORDINATING CENTER USE ONLY		
	CAPT Visit Codes						
	*Visit	***Form**	**Comments**		**Enclosed**	**Rec #**	**Notes**
1.	__ __	__ __	_____		☐	_____	_____
2.	__ __	__ __	_____		☐	_____	_____
3.	__ __	__ __	_____		☐	_____	_____
4.	__ __	__ __	_____		☐	_____	_____
5.	__ __	__ __	_____		☐	_____	_____
6.	__ __	__ __	_____		☐	_____	_____

*Clinic #: __ __   ***Site #:** __   ***Name & Certification # of Sender:** _____ / __ __ __ __   ***Date Sent:** __ __ - __ __ - __ __

Coordinating Center Use Only:	Initials: __ __ __
Date Received : __ __ - __ __ - __ __	Date Entered : __ __ - __ __ - __ __