



International Breast Cancer Study Group Fax Numbers for Use with the DFExplore System

Data for IBCSG Trials should be entered electronically in the DFExplore remote data entry system. Patient completed questionnaires and non-CRF data, such as Pathology Reports, Lab Reports, etc., should be submitted directly to DFExplore using DFsend.

DFExplore and DFsend can be downloaded from the IBCSG Resource page at <https://www.ibcsghmc.org/ibcsgh/df/home.view>.

If you do not have access to DFExplore please contact the IBCSG trial-specific email address.

If you would like training on DFExplore and DFsend, please contact ibcsgh.training@frontierscience.org.

If you cannot use DFExplore, you can fax data to DFExplore using the following numbers:

Direct IBCSG DFExplore numbers

- +1-716-446-1035

Breast Cancer Trials (BCT) Centers

- Australian Centers - 1300 554 908
- New Zealand Centers - (+61) 1300 554 908

For confirmation your fax was received, please contact our User Support Department at datafax.user.support@fstrf.org. Provide the following details to assist in locating your fax:

- Date/time of fax
- Number of pages faxed
- What was faxed (forms, reports, etc.)
- Fax number you sent data from

Important points to remember when faxing data:

1. All patient identifiers (name, birth date, etc.) must be removed (blacked-out) on all pages
2. The Trial Patient ID Number and your Center Code must be written clearly on ALL pages.
3. Do not use highlighter on any of the pages that are faxed, as they may cover up the text underneath once faxed.

IBCSG Fax Labels for Non-CRF data

Template labels are available for each trial on the IBCSG web site (www.ibcsgh.org). These can be used to clearly identify Pathology and other reports.

Patient ID 67-_____ Center Code _____ Page ____ of ____

Path Report: ☐ Diagnostic Core Biopsy
☐ Hormone Receptor /HER2 /Ki-67
☐ Re-biopsy/Surgery
☐ Other _____

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Patient ID 67-_____ Center Code _____ Page ____ of ____

Investigation Report: ☐ Lab Report
☐ Clinic Notes
☐ Scans/Imaging
☐ Other _____

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