

To randomise, please complete this form and telephone 02476 150402 or fax this form to 02476 151586,
Mon-Fri 09:00-17:00

1. CALLER AND SITE DETAILS

Site Number

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Site Name

Caller Name (please print)Tel:Fax:

Treating Consultant Name (please print)

Title, forename/initials, surname

2. PATIENT DETAILS:

Please use the phonetic alphabet for patient initials

1. Patient initials (first name and surname/last name):

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A Alpha	H Hotel	O Oscar	V Victor
B Bravo	I India	P Papa	W Whiskey
C Charlie	J Juliet	Q Quebec	X X-ray
D Delta	K Kilo	R Romeo	Y Yankee
E Echo	L Lima	S Sierra	Z Zulu
F Foxtrot	M Mike	T Tango	

2. Gender:

Male

☐

Female

☐

3. Patient date of birth (dd/mm/yyyy) :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. PARTICIPANT ELIGIBILITY: (all 'yes' boxes must be ticked for a patient to be eligible)

No

Yes

1. Has the randomising investigator completed and signed an eligibility checklist for this patient?

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2. Does the patient meet all of the eligibility criteria?

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3. Has the patient given written informed consent?

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4. Date consent form signed by patient (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. STRATIFICATION FACTORS

1. Age:

≤ 70 yrs

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> 70 yrs

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2. CKD stage

4

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5

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Form Completed by:
(Print name)

(Please note: your name must be on the trial delegation log)

Signature

Date signed (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TO BE COMPLETED BY SITE AFTER RANDOMISATIONPATIENT TRIAL NUMBER :

<input type="text"/>	<input type="text"/>	<input type="text"/>
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TRIAL ARM ALLOCATION:Date of randomisation:
(dd/mm/yyyy)

Arm A: Bortezomib

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Arm B: Thalidomide

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Completion Guidelines for CRF Randomisation Form 3

Please complete this form before ringing or faxing for randomisation of the patient.

Callers Name:	This will be the person the confirmation fax will be sent to and to whom queries regarding the randomisation will be directed.
Patient Initials:	Write the initials of the patient's first/given name and surname/family name only.
Participants Date of Birth:	Please use the following formats for dates: (dd/mm/yyyy)
Participant eligibility	If any of the grey boxes are ticked the patient is not eligible to participate.
Stratification variable 1	Age: ≤ 70 yrs or > 70 yrs. Please tick which applies.
Stratification variable 2	CKD stage: Patients must be stage 4 or 5. Please tick which applies.
After randomisation	Please complete the form after randomisation with Patient's trial number and trial arm allocation