



TARDIS TRIAL FAX COVER SHEET

FAX: 0115 8231771

ANY PROBLEMS PLEASE CONTACT THE TRIAL OFFICE

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Full Trial ID			
C	/	/	
Centre No: (format: C999)		Trial No (format: 9999)	Participant's Initials (format: ZZZ)
Form submitted by:			
Contact Telephone:			
Contact Email:			
Number of pages: (including this header)		Date:	

Please fax over the following trial documents (*the first 3 items within 3 days of randomisation whenever possible – the rest within a week*):

Patient Contact Details

Consent Form/s

Drug Chart

(showing all antiplatelets prescribed and dispensed since onset to include – loading doses Day 0 given and prescribed/given doses Day 1 -28/30 days)

Baseline CT/MR report

(radiology after onset and prior to randomisation)

Other Clinical CT/MR report/s

(all radiology after randomisation up to D90 follow-ups. These also require completion and data entry of an Additional Clinical Brain Imaging CRF)

Additional Clinical Brain Imaging CRF/s

Carotid Doppler report