



Please complete in full

<b>CENTRE NO:</b>	<b>C</b>
<b>CENTRE NAME:</b>	
<b>PI NAME:</b>	

Please complete the above boxes in full, then obtain PIs initials, signature and date against one randomisation choice for Stroke and one choice for TIAs – for your hospital.

Please fax back to us on **0115 8231771** when completed

<b>PI INITS</b>	<b>PI SIGNATURE</b>	<b>DATE</b>

**Ischaemic stroke:**

<b>1</b>	Asp+Clop+Dip : Clop: Asp+Dip (randomisation all three ways)			
<b>2</b>	Asp+Clop+Dip : Clop			
<b>3</b>	Asp+Clop+Dip : Asp+Dip			

**Transient Ischaemic Attacks**

<b>1</b>	Asp+Clop+Dip : Clop: Asp+Dip (randomisation all three ways)			
<b>2</b>	Asp+Clop+Dip : Clop			
<b>3</b>	Asp+Clop+Dip : Asp+Dip			