## Randomisation form for proposed EVAR Trial 1 patient fit for open repair To be completed by the trial co-ordinator and faxed to Louise Brown

Patient ID number			
Patient name			
Regional centre for NHS Executive funding of EVAR procedure			
Patient NHS number			
Is the patient fit for open repair?		Yes	No
Does the patient have an abdominal aortic aneurysm (AAA) > 5.5cm according to CT scan	?	Yes	No
What is the AAA status?	Non-tender □  Tender □		
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Is the patient > 60 years of age?		Yes	No
Has the patient read the MREC approved patient information sheet for EVAR Trial 1?	t	Yes	No
Has the patient been counselled fully?		Yes	No
Has the patient signed the trial consent form?		Yes	No
You must have the patient NHS number and answered Yes to all the above questions before faxing this sheet to Louise Brown on 020-8846-7318 for randomisation.  It will be faxed back with the randomisation outcome and new EVAR Trial number			
To be completed by Louise Brown and faxed	back		
Randomisation outcome	EVAR□ Op	en re	pair 🗌
Date of randomisation	/	/	
New EVAR Trial ID number			