6173367081

Randomisation form for proposed EVAR Trial 2 patient unfit 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 unfit 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** ☐ **Contained rupture** ☐

Is the patient > 60 years of age? **Yes** **No**

Has the patient read the MREC approved patient information sheet for EVAR Trial 2? **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

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To be completed by Louise Brown and faxed back

Randomisation outcome **EVAR + best medical** ☐ **Best medical treatment** ☐

Date of randomisation ☐☐ / ☐☐ / ☐☐☐☐

New EVAR Trial ID number ☐ ☐☐☐☐☐ ☐