Date Form Completed

/ / 2 0 _ _

day / month / year

Nurse Code

_ _ _ - _ _ - _ _

First three letters of SURNAME - day of birth - month of birth

e.g. S M I - 2 3 - 0 2

VenUS IV: Compression Hosiery Trial
PRE-TRIAL SCREENING FORM

Centre _____ Patient's sex: Male ☐ Female ☐

Patient's DoB _ _ - _ _ - _ _ _ _

day - month - year

The following are exclusion criteria for the VenUS IV trial: *Please cross ALL that apply*

Patient has been in this trial (VenUS IV) previously	☐
Patient is unable or unwilling to tolerate high compression	☐
Patient has an ABPI **less than 0.80** (taken in last 3 months)	☐
If crossed, please give patient's ABPI measurement: _ . _ _	
Patient has an ABPI greater than 1.20 (taken in last 3 months) **AND** in your clinical judgement and/or according to local guidelines, patient should not receive high compression	☐
Patient is currently in another study evaluating leg ulcer therapies	☐
Patient is allergic to any trial product	☐
If the patient is allergic to any trial products please provide brief details:	
Patient is unwilling to give informed consent	☐
Patient is unable to give informed consent	☐
Wound exudate levels too high for the use of compression hosiery (nurse judgement)	☐
Patient has leg ulcer of non-venous aetiology (i.e. arterial)	☐
Patient is under 18 years of age	☐
Patient has gross leg odema	☐
Other clinical judgement which excludes participant from this trial	☐
(Please provide details)	

If you have put an 'X' in any box, this means the patient is **NOT ELIGIBLE** to enter the trial.
If this is the case please **RETURN THIS FORM** to your local research nurse

If the patient is **ELIGIBLE** (there are no crosses on this form) to enter the trial, please give them the **patient information sheet**. Arrange to see them after at least 24 hours (you may wish to see them at your next scheduled appointment rather than arranging a special visit).

Nurse's name _____ Nurse's signature _____