The Research Associate is to complete this form immediately before randomisation.
Phone **02476 150 402 between 9am-5pm Mon-Fri (excl bank hols)**

DRAFFT—Randomisation Form

Hospital ID: ☐☐☐

Name of Consultant who completed the eligibility form:.....

PATIENT DETAILS

Patient Initials ☐☐☐

Gender **Male** ☐ **Female** ☐

DOB (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐

Date of injury (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐
Must be no more than 2 weeks prior to randomisation

Is the patient eligible to enter the trial, as per the eligibility form? Yes ☐ No

Date eligibility form signed (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐

Has the patient signed the trial consent form? Yes ☐ No

Date consent form signed (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐

Age: Under 50 ☐ 50 and over ☐

Intra-articular extension: Yes ☐ No ☐

You will be given the treatment allocation and randomisation number in return which will become the participants ID number. The patient will be identified by their participant ID from now on. Please ensure that these are clearly recorded below. You may then inform the participant and the Principal Investigator of the treatment allocation.

Treatment Allocation (please cross one) Kirschner wires ☐ Volar Locking Plate ☐

Randomisation number ☐☐☐ (please note this will now become the participant ID)

Research Associate signature: .....

Date (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐