

Please complete this section of the form PRIOR to randomisation to confirm the patient is eligible

Patient Initials:

Date of Birth:

 - -

Gender:

 Male Female

1. PATIENT ELIGIBILITY CHECKLIST: (both answers must be **'YES'** to enter the trial)

- | | No | Yes |
|---|--------------------------|--------------------------|
| 1. Is the patient 16 or over? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the patient present to hospital within 72 hours of injury? | <input type="checkbox"/> | <input type="checkbox"/> |

2. PATIENT EXCLUSION CHECKLIST: (the answer must be **'NO'** to enter the trial)

- | | No | Yes |
|--|--------------------------|--------------------------|
| 1. Does the patient have any contraindications to anaesthesia such that the patient is unable to have surgery? | <input type="checkbox"/> | <input type="checkbox"/> |

All the unshaded boxes **MUST** be selected from section 1 and 2 above for the patient to be eligible

3. IF THE PATIENT HAS NOT PROVIDED CONSENT PROSPECTIVELY, please enter the name of the person who agreed that the patient may enter the study:

'Personal consultee'/next of kin: _____

Or treating surgeon: _____

****Ensure this form along with the WOLFF vac pump gets taken into theatre with the patient****

Please complete the section below DURING THEATRE

4. What is the Gustilo and Anderson grading of the most severe lower limb wound?:

1 2 3 3+ with vascular injury requiring surgical intervention

Please note that patients who have an amputation or those in whom the wound has been covered/closed primarily are **NOT** eligible and these patients should be added to the screening log.

This was assessed by the operating surgeon (Name) _____

If a Gustilo and Anderson grading of 2 or more is selected this patient is eligible to enter WOLFF, please log on to <http://www.yorkrand.com> and enter the following login details:

Username:

Password:

Then when prompted add the patient Initials, DOB, gender and the Gustilo and Anderson grading.

You will then be given the participants ID number and treatment allocation. Please add the details below and put this form back with the patients medical notes.

Participant ID:

Treatment Allocation:

 NPWT Standard dressing

NB. Remember to apply the treatment allocation to the most severe lower limb wound

Research Associate Signature: _____ Date signed: - -