

TNO:

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## Randomisation Form

**TO RANDOMISE, COMPLETE THE RANDOMISATION FORM ON THE WEB APPLICATION OR CALL WCTU EMERGENCY RANDOMISATION LINE ON 02476 150 402 (Mon-Fri – 9-5 only)**

## RANDOMISATION (ONLINE QUESTIONS)

Please enter site name:				
Does the patient fulfil all of the eligibility criteria?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Age (years)	<table border="1"><tr><td></td><td></td><td></td></tr></table>			
Best GCS motor score prior to intubation/sedation	1 No motor response <input type="checkbox"/> 2 Abnormal extension <input type="checkbox"/> 3 Abnormal flexion <input type="checkbox"/> 4 Flexion withdrawal <input type="checkbox"/> 5 Localises pain <input type="checkbox"/> 6 Obeys command <input type="checkbox"/> Untestable/missing <input type="checkbox"/>			
Pupillary response prior to intubation	Both reactive <input type="checkbox"/> One reactive <input type="checkbox"/> None reactive <input type="checkbox"/> Untestable/missing <input type="checkbox"/>			

You will be given the participant's ID and treatment allocation. **The patient will be identified by their participant ID (TNO) from now on.** Please ensure that these are clearly recorded below.

<b>TREATMENT ALLOCATION:</b> <input type="checkbox"/> Mannitol <input type="checkbox"/> Hypertonic saline		<b>PARTICIPANT TRIAL NUMBER:</b> <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>										
Date and time of randomisation	<table border="1"> <tr> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> <td></td><td></td> </tr> </table> DD/MMM/YYYY HH:MM											
Randomisation completed by ( <i>print name</i> ):  <i>You must be on the trial delegation log and delegated to perform randomisation</i>	Signature:	Date signed:										