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