

Randomisation Form

Randomisation site/hospital:

Caller's first name (please print):

Caller's surname (please print):

Caller's role in trial:

Tel: Email:

PARTICIPANT DETAILS:

Participant Initials:

Gender: Female: Male:

DOB (dd/mmm/yyyy): - -

TO RANDOMISE, CALL THE IVR SYSTEM on 02476 932036 (24 hour / 7 day a week service)*
RANDOMISATION (IVR system questions):

1. Please enter site number:

2. Does the patient fulfil all of the eligibility criteria? Yes No

3. Has an approved investigator signed the eligibility form? Yes No

4. Has written informed consent been gained? Yes No

5. What is the current noradrenaline dose? ≤ 0.1 — 0.3 mcg/kg/min
 >0.3 mcg/kg/min

You will be given the participant's ID and treatment allocation. **The patient will be identified by their participant ID from now on.** Please

TRIAL ARM ALLOCATION:

Landiolol Plus Standard Treatment

Standard Treatment **Only**

PARTICIPANT TRIAL NUMBER:

ensure that these are clearly recorded below.

(Please note: you must be signed off on the trial delegation log)

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* If the IVR system is inaccessible, dial 02476 150402 during standard business hours to perform a randomisation.