

Patient Pre-Screening Log

Principal Investigator:

MREC trial Number: 11/SW/0036

Site:

ISRCT No: 15948785

EudraCT No:

2011-000719-19



PLEASE OBSCURE BEFORE FAXING		Eligibility for Screening											Complete post registration		Reason ineligible/consent not given
Patient Hospital Number	Date of Birth (DD/MM/YY)	Date patient entered onto log (DD/MM/YY)	Patient Initials (FML)	Age	Recruiting Clinic (Please delete as appropriate)	Taking Amiodarone or Lithium?	Previous or current thyroid disease history?	Previous or current cardiac disease?	Wish to conceive in next 12 months?	Taking part in another placebo controlled IMP trial?	Allergies to trial drug constituents gelatine, magnesium stearate or lactose	Eligible for Screening for entry into TABLET? Screening (give PIS to patient)	Identifying number **	Consent given for screening (if no, specify reason)	
	__/__/__	__/__/__			Miscarriage/Infertility	Y/N	Y/N	Y/N	Y/N/NK	Y/N	Y/N	Y/N		Y/N	
	__/__/__	__/__/__			Miscarriage/Infertility	Y/N	Y/N	Y/N	Y/N/NK	Y/N	Y/N	Y/N		Y/N	
	__/__/__	__/__/__			Miscarriage/Infertility	Y/N	Y/N	Y/N	Y/N/NK	Y/N	Y/N	Y/N		Y/N	
	__/__/__	__/__/__			Miscarriage/Infertility	Y/N	Y/N	Y/N	Y/N/NK	Y/N	Y/N	Y/N		Y/N	
	__/__/__	__/__/__			Miscarriage/Infertility	Y/N	Y/N	Y/N	Y/N/NK	Y/N	Y/N	Y/N		Y/N	
	__/__/__	__/__/__			Miscarriage/Infertility	Y/N	Y/N	Y/N	Y/N/NK	Y/N	Y/N	Y/N		Y/N	
	__/__/__	__/__/__			Miscarriage/Infertility	Y/N	Y/N	Y/N	Y/N/NK	Y/N	Y/N	Y/N		Y/N	
	__/__/__	__/__/__			Miscarriage/Infertility	Y/N	Y/N	Y/N	Y/N/NK	Y/N	Y/N	Y/N		Y/N	

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