

STASH SCREENING FORM (SSF4)

CENTRE NAME

PATIENT INITIALS.....

STUDY TREATMENT NUMBER.....

Please complete in block capitals and in black ink

IMPORTANT: Please allocate next treatment (drug bottle) number in sequence

1. Name of person allocating treatment number: _____

2. Date first study drug administered: dd mm yy

3. Time first study drug administered: : (24 hour clock)

4. Consultant of patient: _____

5. Study (drug bottle) treatment number: _____

As soon as treatment has been allocated, please fax all screening forms (SSF1-4) to the Study Coordinating Centre +44 (0)1223 414396