**Appendix 2 – Randomisation form** (3-page fold-out; open once to see randomisation form and envelopes; open again to see 1-month follow-up form)

|  |
| --- |
| **ACST-2 RANDOMISATION FORM:** complete top half (PART 1), then phone randomisation service **+44 (0)1865 61 79 79**& provide the information in Part 1 |

Which country are you in?

ACST-2 code for your hospital (If unknown, give hospital name, city & country and your code will be provided

Name of randomising doctor (**PRINT**)

Family name(s) of patient (**PRINT**)

Main given name(s) of patient (**PRINT**)

d d / m m / y y Date of birth (day/month/year)

Sex (M=male, F=female)

Consent signed? (ie, consent form **already** signed, **with** contact details on it)

Y = YES, N = NO: **MUST** be YES

Angiogram OK? (ie, anatomically suitable by CTA, MRA or other angiogram **both** for CEA **and** for CAS)

Y = YES, N = NO: **MUST** be YES

Side? (Laterality of artery for randomisation, L = Left, R = Right)

Doppler % stenosis? (% stenosis on this side, by duplex doppler)

Echolucent? (Plaque >25% echolucent, Y/N or X = not known)

0

Contra-lateral stenosis? (%, by duplex doppler)

AF? (Known atrial fibrillation, Y/N)

0

0

Diabetic? (On drug or insulin therapy for diabetes, Y/N)

Systolic? (Systolic blood pressure, mmHg)

Diastolic? (Diastolic blood pressure, mmHg)

|  |
| --- |
| At the end of the phone call write down - - 6-digit patient ID number  (from phone service) and procedure allocated by randomisation (CEA or CAS)    **Plan for the allocated procedure (CEA/CAS) to be done soon**  Please also enter 6-digit patient ID and allocated procedure onto the foot of the consent form |
| **PART 2: Clinical data (not asked by telephone; can be completed a little later)** |

**Left Right Data on both left and right carotid territories**

Infarct on CT scan in the carotid territory? Y/N/X

X = not done

0

0

0

0

0

0

Infarct on MRI scan in the carotid territory? Y/N/X

Ever symptomatic in the carotid territory? 0 = never, 1 = A.fugax only, 2 = TIA, 3 = stroke

**Other clinical data**

CAD? (Definite history of coronary artery disease, Y/N)

0

Renal impairment? (Y/N)

0

On anti-platelet therapy? (Y/N)

0

On anti-coagulant therapy? (Y/N)

0

On anti-hypertensive therapy? (Y/N)

0

0

 On lipid-lowering therapy? (Y/N)

Total cholesterol

(mmol/L to one decimal place [eg, 5.0] or mg/dL [eg,200]: X = not available)

0

HDL cholesterol

0

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**When completed, please keep copy in hospital notes and post original(s) to ACST-2 Richard Doll Building, University of Oxford, Old Road, Headington, Oxford, UK OX3 7ZF** (March 2020)