

Tel./fax.: +47 22119911/12 E-mail: k.t.larsen@medisin.uio.no

Patient no.:				
I william mon		 	 	

Yes

No

Randomisation

Please fill in this form and then enter data on <u>www.statich.no</u>. If the patient is eligible for the trial, the computer will allocate treatment to the patient ("antiplatelet treatment", or "no antithrombotic treatment").

1. Eligibility checklist for STATICH-Antiplatelets

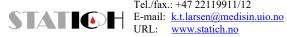
Is the patient eligible for STATICH-Antiplatelets (i.e. patient has				П	
	elet treatment, and fulfi	ils criteria be	low)?		
and no "secondary" or und Patient has indication for a Consent from the patient or CT (or MRI for patients in Exclusion criteria: Clear indication for antipla Clear contraindication for a Patient is pregnant or breas	ntiplatelet drug for prevention of ir r their representative MRI sub-study) is performed beform telet treatment antiplatelet treatment streeding, or is not using contraceptudy: Contraindications for brain M	schaemic events re randomisation tion methods (if of		receding traumat	c brain injury,
2. Please provide th	ne details of the patien	t *	or: Centro	e no	
			or. Centre	5 HO.	_
Investigator's name					
Patient name			•	label with the	•
Date of birth	//	dd/mm/yy		71	
Gender		Female			
Name of GP or medical center			Т	el. no.	
Name of nearest relative			Т	el. no.	
· · · · · · · · · · · · · · · · · · ·	d year of birth will be requested in nd shall be sent to the STATICH C		• • •		mation will be
3. Living arrangem	ent and functional sta	tus before t	he qualifying I(СН	
Living arrangement			Living alone		
			Living with so	meone else	
			Living in an in	stitution	
		П	Other		·

Did the patient require assistance from anyone to undertake activities of

daily living (e.g. walking, showering, toileting, dressing, feeding)?

No

Yes



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4. Ischaemic vascular disease before randomisation

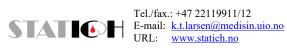
	Yes	No	Unknown
Ischaemic heart disease (e.g. myocardial infarction, bypass surgery, stenting)			
Peripheral arterial disease			
Symptomatic deep vein thrombosis or pulmonary embolus			
Transient ischaemic attack			
Ischaemic stroke			
Other, please specify:			
Did any of these events take place <i>after</i> the qualifying ICH?			
If yes: Please specify:			

5. Other diseases/conditions before randomisation

	Yes	No	Unknown
Atrial fibrillation or atrial flutter (If, yes, please consider the patient for inclusion into STATICH-Anticoagulants!)			
Congestive cardiac failure			
Diabetes mellitus			
Renal failure			
If yes: Renal failure requiring dialysis?			
Previous renal transplantation?			
Prior intracerebral haemorrhage (i.e. before the ICH qualifying for STATICH)			
Prior other intracranial haemorrhage (subarachnoid, subdural, extradural)			
Prior gastrointestinal haemorrhage			
Prior other extracranial haemorrhage			
Hypertension or treatment for hypertension			
If yes: Uncontrolled blood pressure? (systolic BP > 160 mm Hg)			
Alcohol consumption of 8 or more alcoholic drinks per week			
Use of vitamin K antagonist (e.g. warfarin)			
If yes: Labile INR? (time in therapeutic range <60%)			
Liver disease (cirrhosis or bilirubin >2 x, and liver transferases >3 x upper normal limit)			
Anaemia			
Use of NSAIDS			

6. Use of anticoagulant/antiplatelet drugs before the qualifying ICH

	Yes	No	Unknown
Vitamin K antagonist (VKA, e.g. warfarin®)			
Non-VKA oral anticoagulant (NOAC)			
Aspirin			
Other antiplatelet drugs, please specify:			



Patient no.:	1			
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7. Functional status now

7. I unctional status now					Yes	No
Able to lift both arms off the bed?						
Able to walk (with or without walking aid) without the help of another person?						
Able to talk, and is oriented about tir	ne, place and perso	n?				
Modified Rankin Scale score now:	<u> </u>					
 No symptoms at all No significant disability despite symptoms; Slight disability; unable to carry out all usua Moderate disability; requiring some help, but Moderately severe disability; unable to walk Severe disability; bedridden, incontinent and 	nl/daily activities, but able at able to walk without ass t without assistance and /a	to look afte sistance attend to ow	r own a n bodily	needs v		
8. Blood pressure at time of rando	omisation, and mo	st recent	serui	n crea	atinine	
Systolic/diastolic blood pressure:	/	mm Hg		/_		mm Hg
Creatinine level:		level				mg/dL, or umol/L
9. Information about the qualifying	ng ICH		Yes	No	Date	(ddmmyy)
What was the date of the ICH?			Yes	No	Date	(ddmmyy)
	on(s) affected? (who		Yes	No	Date	(ddmmyy)/
What was the date of the ICH? Was only <i>supratentorial lobar*</i> region	on(s) affected? (who and subarachnoid s				Date	(ddmmyy)/
What was the date of the ICH? Was only <i>supratentorial lobar*</i> region not there was extension to ventricles	on(s) affected? (who and subarachnoid s n performed?	pace)			Date/_	(ddmmyy)/ /////
What was the date of the ICH? Was only <i>supratentorial lobar*</i> region not there was extension to ventricles Has computed tomography (CT) been	on(s) affected? (who and subarachnoid s in performed? RI) been performed	pace)			Date/_	(ddmmyy)////
What was the date of the ICH? Was only <i>supratentorial lobar*</i> region not there was extension to ventricles Has computed tomography (CT) been Has magnetic resonance imaging (MI)	on(s) affected? (who and subarachnoid s in performed? RI) been performed emporal or occipital lobes	pace)			/	/
What was the date of the ICH? Was only <i>supratentorial lobar*</i> region not there was extension to ventricles. Has computed tomography (CT) been Has magnetic resonance imaging (Magnetical or subcortical regions of the frontal, parietal, to the suprate of the sup	on(s) affected? (whe and subarachnoid s in performed? RI) been performed remporal or occipital lobes	pace) [? latelet tr			/_	/
What was the date of the ICH? Was only <i>supratentorial lobar*</i> region not there was extension to ventricles. Has computed tomography (CT) been Has magnetic resonance imaging (Mi*Cortical or subcortical regions of the frontal, parietal, to drugs will you prescribe?	on(s) affected? (whe and subarachnoid s in performed? RI) been performed remporal or occipital lobes	pace) [? latelet tr			which of	/
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What was the date of the ICH? Was only supratentorial lobar* region not there was extension to ventricles. Has computed tomography (CT) been Has magnetic resonance imaging (Mi*Cortical or subcortical regions of the frontal, parietal, to drugs will you prescribe? Acetyl salicylic acid (e.g. Albyl-E®, Aspirin Clopidogrel (Plavix®)	on(s) affected? (when and subarachnoid son performed? RI) been performed remporal or occipital lobes o a policy of "antipolicy of the performed or occipital lobes." Resulting the performance of the per	pace) ? latelet tr	eatm	ent", v	which o	/



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ratient no.:			

11. Randomisation

Now enter the data on www.statich.no . The computer will allocate treatment to the patient ("antiplatelet treatment", or "no antithrombotic treatment").
Treatment allocation:

12. For patients randomised to "antiplatelet treatment": When do you plan to start?

		Yes	No	Date (ddmmyy)	
Immediately/within 24 h of randomis	sation (preferred option)			//	
Later, - when the patient returns for a routine visit				//	
Later, - without the patient returning	for a routine visit			//	
Please add the following information on the prescription (translated from Norwegian into your language):	• Studiekode: EudraCT-nummer 2014-002636-13 • Studiekode: EudraCT-nummer 2014-002636-13 • Til klinisk utprøvning • Sponsor: Oslo universitetssykehus HF				