

**ACST-2 Site Feasibility Form**

|  |
| --- |
| **Hospital Name:** |
| Name: Clinical Speciality: | Hospital Address:City:Country: |
| Tel no. | E-mail:  |

|  |
| --- |
| **Co-Investigator(s), and other Trial Staff (Surgeons, Interventionalists, Neurologists, Research Staff etc)** |
| Name:  | Clinical Speciality: | E-mail: |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4.  |  |  |

How many CEAs are performed in your hospital per annum?

How many CAS are performed in your hospital per annum?

How many patients per annum would you hope to recruit to ACST-2?

(Patients have to be suitable for both procedures, where the doctor and patient

Are uncertain of what intervention is required)

Is there a Stroke Physician and/or Neurologist who will participate in ACST-2? **Y/N**

(They can be from another Department or Hospital)

Do you have easy access to MRI at your hospital? **Y/N**

***Many thanks for taking the time to complete this form!***

***(We are sponsored by the University of Oxford)***