

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) 18 65 76 56 15 & 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**)

/ / 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)

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

AF? (Known atrial fibrillation, Y/N)

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**

PART 2: Clinical data (not asked by telephone; can be completed a little later)

Left Right Data on both left and right carotid territories

<input type="checkbox"/>	<input type="checkbox"/>	Infarct on CT scan in the carotid territory?	Y/N/X	} X = not done
<input type="checkbox"/>	<input type="checkbox"/>	Infarct on MRI scan in the carotid territory?	Y/N/X	
<input type="checkbox"/>	<input type="checkbox"/>	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)

Renal impairment? (Y/N)

On anti-platelet therapy? (Y/N)

On anti-coagulant therapy? (Y/N)

On anti-hypertensive therapy? (Y/N)

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)

HDL cholesterol }

When completed, please keep copy in hospital notes and fax/post original to ACST Office, Dept CV Science, St George's University of London, SW17 0RE, GB (fax +44 (0) 20 87 25 37 82)

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