

Bleeding Recruitment Form

PART A – Patient Details

Initials :

Date of screening :

PART B – Eligibility Criteria

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. Has the patient suffered from trauma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the patient aged between 18 and 65 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the patient pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the patient within 2 hours of the time of traumatic injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the patient currently bleeding? | <input type="checkbox"/> | <input type="checkbox"/> |

If any shaded boxes are ticked, the patient is NOT ELIGIBLE to participate in the Bleeding trial.

Is the patient eligible to take part in this trial?

PART C – Demographic Details

Gender: M / F

Date of injury:

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Mechanism of injury:

Date of randomisation:

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Trial arm:

Intervention drug

Placebo

