

FORM TO COMPLETE WHEN UNABLE TO RANDOMISE VIA INTERNET

PLEASE COMPLETE THE FOLLOWING DETAILS:

Site Investigator _____

Site No. _____

Subject No. _____

Initials _____

Select highest available Kit Number _____

Date _____

Time _____
(24 hour clock)

Investigator's Signature _____

WHEN DOCUMENT IS COMPLETE, PLEASE FAX BACK MARGARET SHAVE OR ANNA TORRE AT PRINCESS MARGARET HOSPITAL ON +618 9340 8710