



## RANDOMISATION SERVICE REQUEST FORM

Full name of Trial and acronym	
Contact person(s) (Trial Manager and Chief Investigator)	
Contact address	
Anticipated trial start date	
Start date of randomisation	
Funding body	
MHRA approval required? (Y/N) If yes, please provide copies of Protocol, Ethics and MHRA approvals.	
Quoted cost	
Recruiting period	
Size of trial	
Number of centres (and names)	
Stratification (e.g. by centre)? (Y/N)	
Minimisation? (Y/N)	
Minimisation variables (include bands)	
Other randomisation schedule? (Describe)	
Any other variables to collect?	
Issue study number? (Y/N) If yes, please give details	
Number of treatments (Please describe)	
Unblinding? (Y/N) If yes, please give details	
Web randomisation required? (Y/N)	
Emails required? (Y/N) If yes, give details	
Reports required? (Y/N) If yes, give details	

HSRU is funded by the Chief Scientist Office of the Scottish Government Health

[www.abdn.ac.uk/hsru](http://www.abdn.ac.uk/hsru)

Please return form to Mark Forrest, CHaRT Senior IT Manager [support.chart@abdn.ac.uk](mailto:support.chart@abdn.ac.uk)