



Emergency Randomisation Form: EMT1

Date of randomisation	
Trial name	
Verification code	T4M14
Site name	
Caller's name	
Caller's study role	
Caller's contact number	
<i>Reason for randomization (please choose one from below)</i>	
No access to randomisation system	
No internet access	
Forgotten login details	
Other	
<i>Details normally entered into randomisation system at site</i>	
Participant's study ID (from baseline CRF)	
Gender (Male or Female)	
Mean of 2 nd and 3 rd sBP	
Mean of 2 nd and 3 rd dBP	
Range that the mean sBP falls into	
<p>BP Target (choose one from below)</p> <ul style="list-style-type: none"> • Normal (non-diabetic under 80) • Diabetic • Older patient (80 and over) <p><i>Diabetic and 80 years and over, select the 'diabetic' option</i></p>	
Trial arm patient allocated to	

Please fax both pages of this form to the TASMINH4 study team on 01865 289412 as soon as possible.



For completion by TASMINH4 study team

Randomisation

Participant's study ID	
Randomisation performed using Sortition™ (yes/no)	
Envelope randomisation used (yes/no)	
Number of envelope opened if applicable	
Randomisation performed by (print name)	
Signature	
Date	

Trial Manager Review

Follow-up training needed (yes/no)	
Sortition™ update needed (yes/no)	
Sortition™ update completed (yes/no/not applicable)	
Date update completed (if applicable)	
Trial Statistician informed (yes/no)	
Date Trial Statistician informed	
Name of Trial Manager (print name)	
Signature	
Date	

Statistician Review

Name of Trial Statistician (print name)	
Any further action needed (yes/no)	
Details of action or TMF/DMP file note reference where detailed	
Signature of Trial Statistician	
Date	