

EXPRESSION OF INTEREST IN TARDIS

Many thanks for your interest in TARDIS. We are trying to recruit as many sites as possible and it would help if you could provide us with some information about your facilities. This form should be faxed or posted to the TARDIS Trial Co-ordinating Centre in Nottingham.

Contact Name:		Email:
Principal Investigator Contact Details		
Postal Address/ Hospital site:	(As well as the hospital name please give full NHS Trust which covers this hospital if applicable)	
City/Country:		Postcode:
Telephone no:	Work: Mobile:	Fax no:
R&D Contact Name:	R&D Contact Details:	

Approximately how many stroke _____ and/or TIA _____ patients do you see in a year?
How many patients per month do you estimate you could recruit for TARDIS? _____

As you are aware, TARDIS looks at Triple vs Guideline antiplatelet therapy:

What is your guideline treatment for stroke patients?	Clop: Asp+Dip (circle one or both)
What is your guideline treatment for TIA patients?	Clop: Asp+Dip (circle one or both)

Do you have the following? (those marked * are essential to participate in TARDIS):

An acute stroke unit/area? (If yes, how many beds?)

A stroke rehabilitation unit/area? (If yes, how many beds?)

A researcher? * phlebotomy trained? A research doctor (preferably with GCP training or equivalent)?

Internet access? * Access to fax machine and/or scanner? *

Lab facilities for centrifuging and storage of blood samples (and -20 to -80 freezer)? *

Is your centre a Hyper Acute Stroke Unit (HASU)? YES NO N/A

Can you bring patients back for clinic appointments at Days 7 and 35 for blood sample collection? *

Can CT/MRI scan be carried out pre-randomisation? *

Do you have availability of Aspirin YES/NO, Dipyridamole YES/NO and Clopidogrel YES/NO? *

Have you been involved in any academic or commercial stroke trials in the last 10 years If so, which?

Please return to: TARDIS Trial Office, Division of Stroke, Clinical Sciences Building, University of Nottingham, City Hospital, Nottingham, NG5 1PB, UK

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