

REACH II Randomization Form

Instructions: Complete Part I of the Randomization form to request randomization and fax it to the Coordinating Center, Fax (412) 624-3775. The Coordinating Center will complete Part II and fax it to the site to reveal the randomization arm. Upon receipt, complete Part III to confirm receipt of randomization and fax it back to the Coordinating Center. Have the appropriate personnel enter data into PoP

PART I – Request for randomization.

1. Study ID: _____
2. Date of request: ___ / ___ / _____ 3. Local time of request: ___ : ___
(military)
4. Site Personnel Name: _____ 4.1 Certification Number: _____
5. Randomization stratum:

5.1 Site: 1 () Birmingham 2 () Memphis 3 () Miami 4 () Palo Alto 5 () Philadelphia	5.2 CG Relationship to CR: 1 () Non-spouse 2 () Spouse
5.3 CG Identity: 1 () Hispanic 2 () White 3 () Black <i>(If CG described him/herself as Hispanic, choice 1 "Hispanic" must be checked regardless of what was described as their primary racial group)</i>	

PART II – Randomization Response.

1. Date of randomization: ___ / ___ / _____ 2. Local time of randomization: ___ : ___
(military)
3. Randomization Number: ___ - ___ - ___ - _____
4. Treatment arm: _____ 4.1 Treatment code: _____
5. CC Personnel Randomizing: _____ 5.1 Certification Number: _____

PART III – Confirmation of Randomization.

1. Date of receipt: ___ / ___ / _____ 2. Local time of receipt: ___ : ___
(military)
3. Site personnel Name: _____ 4. Certification Number: _____