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FAVORIT

Folic Acid for Vascular Outcome Reduction in Transplantation

STROKE ADJUDICATION FORM

FORM CODE: SAD **VERSION: B 06/20/2008**

PARTICIPANT ID: **CO:** **SEQ:** **EPID:** Blind_EPID

EVENT TYPE AND NUMBER: SAD0B **EVENT DATE:** SAD0C

__ NO __ YES

1. Focal neurological deficit (resulting from a vascular cause involving the central nervous system) of sudden onset which is not due to a readily identifiable cause (i.e., brain tumor, trauma)? SAD1

__ NO __ YES

2. Were symptoms reversible within 24 hours? SAD2

__ NO __ YES __ UNKNOWN

3. Was an imaging study performed? SAD3

3a. If Yes, Is there documentation of a hemorrhage?
___ Yes
___ No SAD3A

__ 4. FAVORIT Stroke Criteria NOT Met SAD4

SAD0D Date final adjudication received at Data Coordinating Center

5. FAVORIT Stroke Criteria Met: SAD5
___ A. Hemorrhagic Stroke
___ B. Non-Hemorrhagic Stroke
___ C. Unknown*

* when there is no clinical, radiological, or other substantial evidence to document either a hemorrhagic or non-hemorrhagic stroke but a stroke is believed to have occurred

Date of Event:

___ 6a. SITE REPORTED DATE OF EVENT AS ABOVE SAD6A

___ 6b. ADJUDICATED DATE OF EVENT _____/_____/_____ SAD6B
day month year

7. CEC Request for Additional Information: SAD7

_____

___ **8. Additional Information Rec'd** SAD8

9. Comments: SAD9 & SAD9A _____

10. Initial review match final adj.? ___ YES ___ NO, explain : SADB10 _____

11. Physician Reviewer Signature: Blind_MD_ID _____ **12. Date:** _____/_____/_____ SAD11
day month year

13. CEC Administrative Signature: Blind_staff_ID _____ **14. Date:** _____/_____/_____ SAD13
day month year

FAVORIT

Folic Acid for Vascular Outcome Reduction in Transplantation

STROKE ADJUDICATION FORM

FORM CODE: SAD **VERSION: A 07/31/03**

PARTICIPANT ID: «subjid» **CO: 0«co1»** **SEQ: 0«seq1»** **EPID: «EPID»** Blind_EPID

EVENT TYPE AND NUMBER: «event1» SAD0B **EVENT DATE: «date1»** SAD0C

__ NO __ YES

1. Focal neurological deficit (resulting from a vascular cause involving the central nervous system) of sudden onset which is not due to a readily identifiable cause (i.e., brain tumor, trauma)? SAD1

__ NO __ YES

2. Were symptoms reversible within 24 hours? SAD2

__ NO __ YES __ UNKNOWN

3. Was an imaging study performed? SAD3

3a. If Yes, Is there documentation of a hemorrhage? SAD3A
___ Yes
___ No

__ 4. FAVORIT Stroke Criteria NOT Met SAD4

5. FAVORIT Stroke Criteria Met: SAD5
___ A. Hemorrhagic Stroke
___ B. Non-Hemorrhagic Stroke
___ C. Unknown*

* when there is no clinical, radiological, or other substantial evidence to document either a hemorrhagic or non-hemorrhagic stroke but a stroke is believed to have occurred

Date of Event:

___ 6a. SITE REPORTED DATE OF EVENT AS ABOVE SAD6A

___ 6b. ADJUDICATED DATE OF EVENT _____/_____/_____ SAD6B
day month year

SAD0D Date final adjudication received at Data Coordinating Center

7. CEC Request for Additional Information: SAD7

_____

___ **8. Additional Information Rec'd** SAD8

9. Comments: SAD9 & SAD9A _____

10. Physician Reviewer Signature: Blind_MD_ID _____ **11. Date:** _____/_____/_____ SAD11
day month year

12. CEC Administrative Signature: Blind_staff_ID _____ **13. Date:** _____/_____/_____ SAD13
day month year