

Folic Acid for Vascular Outcome Reduction in Transplantation

PARTICIPANT ID:

EVENT TYPE AND NUMBER: SADOB

STROKE ADJUDICATION FORM

EPID: Blind_EPID

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

CO: SEQ:

EVENT DATE: SADOC

ce	Focal neurological deficit (resulting from a vascular cause involving the entral nervous system) of sudden onset which is not due to a readily lentifiable cause (i.e., brain tumor, trauma)?	e
NOYES2.	. Were symptoms reversible within 24 hours?	
NO	. Was an imaging study performed?	
3a	a. If Yes, Is there documentation of a hemorrhage? Yes No	
4. FAVORIT Stroke Criteria NOT Met	SAD0D Date final adjudication received at Data Coordination Center	ved
5. FAVORIT Stroke Criteria Met: A. Hemorrhagic Stroke B. Non-Hemorrhagic Stroke C. Unknown* * when there is no clinical, radiological, or other substantia document either a hemorrhagic or non-hemorrhagic stroke is believed to have occurred	Date of Event: 6a. SITE REPORTED DATE OF EVENT AS ABOVE 6b. ADJUDICATED DATE OF EVENT / / day month yea tial evidence to be but a stroke	SAD6A SAD6B
7. CEC Request for Additional Information: SAD7		
9. Comments: SAD9 & SAD9A	8. Additional Information Rec'd	AD8
10. Initial review match final adj.? YES NO, ex	explain : SADB10	_
11. Physician Reviewer Signature: Blind_MD_ID Blind_staff_I 13. CEC Administrative Signature:	12. Date: / / day month year	SAD11 SAD13



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: «event1SAD0B EVENT DATE: «date1» SAD0C

NOYES	1. Focal neurological deficit (resu	lting from a vascular cause i	nvolving the	
	central nervous system) of sudder identifiable cause (i.e., brain tumo	onset which is not due to a	readily	
NOYES	2. Were symptoms reversible with	nin 24 hours?]	
NOYESUNKNOWN	3. Was an imaging study perform	ed? SAD3		
	3a. If Yes, Is there documentation Yes No	of a hemorrhage?	SAD3A	
4. FAVORIT Stroke Criteria NOT Met	SAD4			
5. FAVORIT Stroke Criteria Met:				
A. Hemorrhagic Stroke B. Non-Hemorrhagic Stroke	SAD5 Date of Eve	nt: E REPORTED DATE OF EVENT A	AS ABOVE SAD6A	
C. Unknown*		UDICATED DATE OF EVENT _	//SAD6	В
* when there is no clinical, radiological, or other sub document either a hemorrhagic or non-hemorrhagic s	stantial evidence to stroke but a stroke	day	month year	
is believed to have occurred		SAD0D Date fina		
		adjudication rece at Data Coordina		
		Center		
7. CEC Request for Additional Information: SAI	7			
<u> </u>				
9. Comments: SAD9 & SAD9A		8. Additional Informatio	n Rec'd SAD8	
10. Physician Reviewer Signature:	O_ID	_ 11. Date:/	, SAD11	
12. CEC Administrative Signature:	ff_ID	day month	year SAD13	
12. OLO Administrative Signature.		day month	year	