



Section A: General Study Information for Office Use Only:

A1. Study ID#:

Label

A2. Visit # Randomization ..... TRND

A3. Date Form Completed:

Month / Day / Year

SECTION B: SOURCE DOCUMENT REVIEW ATTESTATION

B1. Initials of Interviewer/Data Collector who completed a thorough review of all source documents (i.e. inpatient medical records, clinic charts, etc.) to ensure eligibility:

\_\_\_\_\_

B2. Date Review Completed:

Month / Day / Year

B3. Signature of Data Collector Completing B1:

\_\_\_\_\_

SECTION C: PRE-SURGICAL ELIGIBILITY REQUIREMENTS

C1. Does the patient meet all pre-surgical eligibility requirements?

YES ..... 1

NO ..... 2 → INELIGIBLE

C2. Randomization authorization number:

\_\_\_\_\_

C2a. Expiration date:

Month / Day / Year

C3. Initials of Data Collector completing Section C:

\_\_\_\_\_

C3a. Signature of Data Collector completing Section C:

\_\_\_\_\_

SECTION D: FINAL ELIGIBILITY DETERMINATION AND RANDOMIZATION

D1. Is the patient ASA Class I, II or III per anesthesiologist?

YES ..... 1

NO ..... 2 → INELIGIBLE

RANDOMIZATION TOLL-FREE TELEPHONE NUMBER: 1- 888- 216-1672

ACCESS CODE NUMBER FOR TOMUS TRIAL: 32551

D2. What is the date of randomization?

Month / Day / Year

