

Date form completed

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dd/mm/yyyy

A STUDY OF DIFFERENT TYPES OF TREATMENT FOR VERRUCAE

Randomisation Form

Patient's trial number -

Trial Centre	Eastbourne Leaf Hospital	<input type="checkbox"/>
(Please cross 1 box only)	Glasgow Caledonian Podiatry School	<input type="checkbox"/>
	Northampton Podiatry School	<input type="checkbox"/>
	Huddersfield Podiatry School	<input type="checkbox"/>
	The Arlington Road Medical Practice Eastbourne	<input type="checkbox"/>
	Springfield Surgery Bingley	<input type="checkbox"/>
	Claughton Medical Centre	<input type="checkbox"/>
	Sheffield PCT	<input type="checkbox"/>
	Galway – National University of Ireland	<input type="checkbox"/>
	Sacriston Surgery	<input type="checkbox"/>
	Peaseway Medical Centre	<input type="checkbox"/>
	The Haven Surgery	<input type="checkbox"/>
	Annfield Plain Surgery	<input type="checkbox"/>
	Harbinson House	<input type="checkbox"/>

Consent criteria

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 1. Is the patient able to provide informed consent? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Has the patient provided informed written consent to entering the trial? i.e. have they read and understood the patient information sheet and signed the patient consent form? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Inclusion criteria

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 1. Is the patient aged 12 or over? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Does the patient have a verruca which can be treated with both salicylic acid and cryotherapy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Exclusion criteria

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Does the patient have impaired healing eg due to diabetes, peripheral vascular disease? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the patient currently participating in another trial for the treatment of their verrucae? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the patient immunosuppressed (eg has agammaglobulinaemia) or currently taking immunosuppressant drugs such as oral corticosteroids? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the patient currently on renal dialysis? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the patient have cold intolerance? (eg Raynaud's syndrome or cold urticaria) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the patient have any of the following conditions: Blood dyscrasias of unknown origin, cryoglobulinaemia, cryofibrinogenaemia, collagen and auto-immune disease? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the patient have neuropathy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If any of the responses fall into the grey boxes then the patient is NOT ELIGIBLE for the trial.

Patient details

Patient's title:

Patient's full name:

Patient's address:

Patient's postcode:

Patient's date of birth / /
day month year

Patient's telephone number:

Name of patient's GP:

GP's address:

Parent/guardian details for patients aged under 16

Parent/Guardian's title:

Parent/Guardian's full name:

Does the parent/guardian live at the same address as the patient? Yes
No

If no, please give details:

Parent/guardian's address:

Parent/guardian's postcode:

Parent/guardian's telephone number:

The participant is due to fill in another questionnaire in one week. It would be useful if you could state how they would prefer to complete this?

Postal

On-line

(This information can be found on the patient's baseline questionnaire)

Once all of these questions are complete please call the telephone randomisation service on 0800 056 6682 between 09:00 and 17:00 Monday to Friday, and then complete the allocation details on the following page according to the details given by the telephonist.

Allocation details

The patient has been assigned to:

(Please place a cross in the appropriate box)

50% salicylic acid

Cryotherapy using liquid nitrogen

Your name

Your signature.....

Digital photograph reminder

You will be prompted to remember to take a photo of the verruca before you treat the patient.

Please file this form with the patient's notes. Thank you.