

Clinical

Visit date

Screening number S P - -

Gender Male Female Age years

Inclusion criteria

	Yes	No
1 Is there a clinical suspicion of a new diagnosis of GCA, e.g. candidate has a new onset of headache, scalp tenderness, with or without elevated CRP or ESR, tongue or jaw claudication with or without visual loss?	<input type="checkbox"/>	<input type="checkbox"/>
2 Has there been a clinical decision that the candidate requires an urgent temporal artery biopsy to determine whether or not the diagnosis is GCA?	<input type="checkbox"/>	<input type="checkbox"/>
3 Has the candidate agreed and given NHS consent to undergo a temporal artery biopsy as part of standard care?	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the candidate willing to attend for an ultrasound scan of their temporal and axillary arteries?	<input type="checkbox"/>	<input type="checkbox"/>
5 Has the informed consent been obtained? Participants must be willing to give informed written consent or if they are unable, because of physical disabilities (e.g. sudden onset of blindness/ vision loss which can be caused by GCA), they must be willing to give permission for a nominated friend or relative to provide written informed assent.	<input type="checkbox"/>	<input type="checkbox"/>
6 Is the candidate age 18 years or over?	<input type="checkbox"/>	<input type="checkbox"/>

Exclusion criteria

	Yes	No
1 Has there been a previous diagnosis of GCA?	<input type="checkbox"/>	<input type="checkbox"/>
2 Has the candidate been on a course of high-dose glucocorticoids (>20mg prednisolone per day) for more than seven days prior to the dates of ultrasound and biopsy?	<input type="checkbox"/>	<input type="checkbox"/>
3 Has the candidate been on a long term course (>1 month) of high-dose steroids (>20mg per day at any time) for conditions other than PMR within 3 months prior to study?	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the candidate unable to give informed written or verbal consent or no witness is available?	<input type="checkbox"/>	<input type="checkbox"/>
5 Is the candidate unable to undergo an ultrasound scan of the temporal and axillary arteries?	<input type="checkbox"/>	<input type="checkbox"/>
6 Does the candidate have any condition which could preclude a temporal artery biopsy?	<input type="checkbox"/>	<input type="checkbox"/>
7 Is the candidate unable to undergo an ultrasound scan and a temporal artery biopsy within 7 days of starting high dose glucocorticoids for suspected GCA?	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the data contained on this page are complete and accurate.
(To be signed and dated by the investigator or authorised member of the investigator's staff)

Signature

Date

Print name