

Version with instructions for site file:

AVURT Trial: 14.0096			
Participant Trial ID	<input type="text"/> <input type="text"/> <input type="text"/>	Site ID	<input type="text"/> <input type="text"/>
Date your participation in the study ends:			
____/____/____			
(Above information to be completed by nurse when card is given to patient)			
A NEW ULCER			
If you get a new ulcer <u>before</u> the date written above your LEFT/RIGHT [NURSE TO DELETE AS APPROPRIATE] leg, please inform your treating clinic as soon as you can:			
Name: [Nurse to insert name of contact at the clinic]			
At: [Nurse to insert name of clinic]			
Contact No: [Nurse to insert phone number for clinic]			
V1.0 12/05/2015			

Version for printing:

AVURT Trial: 14.0096			
Participant Trial ID	<input type="text"/> <input type="text"/> <input type="text"/>	Site ID	<input type="text"/> <input type="text"/>
Date your participation in the study ends:			
____/____/____			
A NEW ULCER			
If you get a new ulcer <u>before</u> the date written above on your LEFT/RIGHT leg, please inform your treating clinic as soon as you can:			
Name: _____			
At: _____			
Contact No: _____			
V1.0 12/05/2015			