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| **Source Data Verification – Consent and Eligibility** |
| **Patient Information** |
| Trial Number: |  |  | Correct PIS/consent versions signed? |  |
| Initials: |  |  | Pt initialled all boxes? |  |
| Date of Birth: |  |  | Pt signed and personally dated? |  |
| Sex: |  |  | Person taking consent signed and dated? |  |
| Date Randomised: |  |  | Name of person taking consent: |  |
| PIS version: |  |  | Person taking consent on delegation log? |  |
| Consent version: |  |  | Date consent signed by both parties: |  |
|  |  |  |  |  |
| **Eligibility – Inclusion Criteria check** |  | **Eligibility – Exclusion Criteria check** |
| 50 years or over |  |  | Inability or refusal to provide informed consent |  |
| Elective Major Intra-peritoneal Surgery using an open technique |  |  | Anticipated requirement for invasive or non-invasive mechanical ventilation for at least four hours after surgery as part of routine care |  |
|  |  |  | Pregnancy or obstetric surgery |  |
|  |  |  | Previous enrollment in PRISM trial |  |
|  |  |  | Participation in a clinical trial of a treatment with a similar biological mechanism or related primary outcome measure |  |
|  |  |  | Clinician refusal |  |
|  | Confirm patient eligible: |
| Yes / No |
| Comments: |

Monitor name Signature