

ARCTIC-I Appendix 7 – Screening List

Protocol number:	ARCTIC-I - Clinicaltrials.gov ID: NCT04522856	This document is to be stored locally and it is to be completed every time a new eligible patient is screened. At the end of the recruitment period, this list will be needed to complete total number of eligible / included patient in Appendix 11 (End of Study Reporting Form).
Centre number (xxx-xxx):		
Site Principal Investigator's name:		

Please enter in this form ALL ELIGIBLE patients (meeting all inclusion-exclusion criteria) irrespective whether or not they were enrolled.

Date of thrombectomy DD MMM YYYY	Time of thrombectomy Hrs (0-24) : min	If patient included: Subject ID (last 3 digits)	If eligible and not included, please provide reason why:		
			Patient refused to sign IC	Logistic reason (lack of time/ manpower etc.)	Other: please note other reason
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