**Randomisation Registration Notification**

|  |  |  |  |
| --- | --- | --- | --- |
| **To:**  | IMPACCT Trials Coordination Centre | **From:** | [name] |
| **Cc:**  |  [study coordinator] | **Phone:** | [telephone number] |
| **Phone:** |  [Telephone number] | **Date:** | [dd/mm/yyyy] |
| **Pages:** | [number of pages] |  |  |
| **Email:**  | itcc@uts.edu.au |  |  |

Dear IMPACCT Trials Coordination Centre

The following patient has been randomised for a PaCCSC/CST clinical study.

|  |  |  |
| --- | --- | --- |
| Study ID Number: |  |  |
| Site Name: |  |  |
| Participant screening number: |  | - - / - - / - - -  |
| Strata: |  | [remove if not required] |
| Randomisation number |  | [remove if not required] |
| Randomisation date: |  |  |
| Date of treatment commencement: |  |  |

Yours sincerely

*[Signature]*

**Site Pharmacy:**