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| **ITCC UNBLIND REQUEST FORM*****\*\* To be completed by the Central Randomisation Service \*\**** |
| **Request details** |
| Study code or name |  |
| Site code or name |  |
| Requesting person |  |
| Position of requesting person |  |
| Call back number | STD: |
| Date/Time of request | dd/mm/yyyy | <specify time> |
| Unblinding authorized by | <Full Name> | <Position> |
| **Details of participant** |
| Date of Birth |  |
| Participant ID Number |  - - / - - / - - - |
| Randomisation Number | - - - |
| **Result of request** |
| Code |  |
| Intervention |  |
| Signature |  |
| Date |  |
|  |
| **This form is:*** **to be filed in the unblinding folder along with the unblinding envelope, schedule or similar**
* **to be filed by the Central Randomisation Service or other facility with authorised access to the allocation codes, and**
* **to be made available to the IMPACCT Trials Coordination Centre only post study closure.**
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