

CLINICAL TRIAL REQUEST & RELEASE FORM

Sponsor:	University of Dundee and NHS Tayside		
IRAS	1010124	CTP No.	
Chief Investigator:	Prof James Chalmers	Tel No: 01382 386131	
Principal Investigator:		Tel No:	
Participant ID:			
Participant Name:			
Date of Birth:		Hospital Number/CHI Number	
Visit Number:		Visit Date:	

Participant has been randomised to the following:

- ☐ **Disulfiram 200mg tablets 2 tablets 1 daily for 28 days**
- ☐ **Dipyridamole 200mg capsules 1 capsule twice daily for 28 days**
- ☐ **Doxycycline 100mg capsules 1 capsule once daily for 28 days**

Investigator or delegate Signature:		Date:
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Clinical Trial Pharmacy: Please supply the following:

- ☐ **Disulfiram 200mg x 60 tablets**
- ☐ **Dipyridamole 200mg x 60 MR capsules.**
- ☐ **Doxycycline 100mg x 30 capsules**
- ☐ **PIL issued with trial medication**

Dispensed By:		Date:
Checked By:		Date:
Collected by:		Date: