CLINICAL TRIAL REQUEST & RELEASE FORM

Sponsor:	University of Dundee and NHS Tayside						
IRAS	1010124		CTP No.				
Chief Investigator: Prof Jame		Prof James	s Chalmers	Те	Tel No: 01382 386131		
Principal Investigator:				Те	Tel No:		
Participant ID:							
Participan	t 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:
Clinical Trial Pharmacy: Please supply the following: Disulfiram 200mg x 60 tablets Dipyridamole 200mg x60 capsules. Doxycycline 100mg x 30 capsules PIL issued with trial medication							
Dispensed By:					Date:		
Checked By:					Date:		
Collected by:					Date:		