

Value of inhaled treatment with aztreonam lysine in bronchiectasis

# **TRuST: Unblinding**



- TRuST can be accessed directly: <a href="https://hicservices.dundee.ac.uk/TRuST">https://hicservices.dundee.ac.uk/TRuST</a>
- Login details for unblinding will be different from TRuST access for researchers/pharmacy
- The password can be changed on the TRuST login screen, top right.
- Please refer to VitalBE Trust Unblinding User Guide



- Emergency unblinding will be carried out by the PI or delegate.
- Any clinician requiring emergency unblinding of a participant should, where possible, discuss this with the Principal Investigator, however, this should not stall or delay in any way the unblinding of trial participant treatment in an emergency situations.
- If unblinding is required, the clinician should contact the local PI or delegate.
- TRuST access will be provided to the local PI for individual participant unblinding in the event of a medical emergency.
- Responsibility of the local PI to ensure that adequate training and instructions are given for anyone delegated this role to enable them to access and perform the emergency unblinding procedure.
- The CI is also able to unblind all participants across all sites if required.
- Unblinding result should be disclosed only to individuals involved in the participant's care.
- Where possible, the participant should remain blinded and continue with the trial visits.







 Login to TRuST using emergency unblinding login details (this can be found in section 9 of ISF)

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LOG IN

Please enter your username and password.

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sername:	
assword:	
assworu.	1

• Click "Emergency Unblinding"



- EMERGEI	NCY UNBLIND	ING	
Emerger	cy Unblinding	Print Unblinding Form	



Complete: Requester Details

Participant Details if known

Participant's ID\* if known (drop down menu)

Pack ID\* if known

\*If not known click "no"

Select "yes" for "Are you sure you want to unblind?" "Unblind Participant" button will display – click to complete unblinding

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#### **EMERGENCY UNBLINDING**

Requester Details	
Person Requesting the Unblinding(Name	2):
Role:	Select a role
Contact Number:	
Email:	
Reason for code break?:	
Gender: O Male O Female Date of Birth:	ial should be entered
Participant ID Known:  Yes  No	

Are you sure you want to unblind?  $\bigcirc$  Yes  $\bigcirc$  No

VitalBE TRuST Unblinding V2 30-06-2023







- Click "Print Unblinding Form"
- Download & print the record of the unblinding



#### EMERGENCY UNBLINDING

Unblinding Result	
Participant: 09007	
Allocation: Aztreona	m Lysine (Cayston) for inhalation 75mg three times per day
Return to Main Menu	Print Unblinding Form



The emergency unblinding results will be visible

- Sign & date the emergency unblinding form
- Inform treating clinician of unblinding result
- Document unblinding date and reason for unblinding in the participant's medical records
- The result should not be documented so not to unblind research team
- File emergency unblinding form in a sealed envelope in the ISF
- Sponsor, CI and PI will be notified of emergency unblinding occurring, but not of the result, by automatic email from TRuST

Valu	e of inhaled treatm	ent with A	Aztreonam ly	sine in bronchie	ctasis- VITAL- BE		
	FI	MERGEN					
Unblinding she	ould only occur w		ent safety is perform un		I. Ensure there is	a genuine	
Sponsor	University of Dundee and NHS Tayside						
Protocol No.	2016RC27			EudraCT	2018-00159	0-24	
Chief Investigator	Prof James Cl	Prof James Chalmers		IRAS	252929	252929	
	These survey	na seren	NAMES OF BRIDE	data anno 1911			
	Performing the Ur				eil		
Person	Requesting the Ur						
£	Contact		Trial Mana 013833838				
	Contact	Email:		eil@dundee.ac	uk		
Reason for Linh	linding Request:	Linen.	test	engeundeenae	un		
Date of Request			01/02/2023				
Pulle Print g							
Study Participar	nt ID:	0900	7	Site:	Tayside		
Pack ID:	Not Provided			-00	207	100	
Date of birth:	11/11/1980 Initials		S:	GH	Gender:	Female	
Unblinding Res	uit ne (Cayston) for in	halation 7	Ema three	Artreenam	veine (Caveton) f	for inhalation 75m	
	latched placebo th			three times p		or innalation rolli	
RuST Unblind	ing Performed by	:		CONTRACTOR ST			
Name:				Designation:			
real floor.	Signature:			Date:			





