Standard Operating Procedure for CADISS Patient Recruitment

Identify cervical artery dissection patients

RANDOMISED Eligible as per protocol inclusion/exclusion criteria	**NON-RANDOMISED** Ineligible as per protocol inclusion/exclusion criteria
Provide patient information sheet	Provide patient information sheet
Obtain written informed consent (3 original copies; 1 for patient, 1 for patient notes and 1 for case report file (CRF)	Obtain written informed consent (3 original copies; 1 for patient, 1 for patient notes and 1 for case report file (CRF)
Fill in entry form	Fill in entry form
Ring randomisation service 0800 387 4444 to obtain randomisation code and treatment group	Fill in ineligibility form to obtain patient identification number
Fax completed consent and entry forms, and forward CD copy of entry imaging to CADISS Central Office (020 8725 2950)	Fax completed consent, ineligibility and entry forms, and forward CD copy of entry imaging to CADISS Central Office (020 8725 2950)
Send GP letter	Send GP Letter
Follow-up with repeat imaging to be arranged in 3 months	Follow-up with repeat imaging to be arranged in 3 months
Fill in 3 month follow-up form	Fill in 3 month follow-up form
Forward CRF with original consent, entry, and follow-up forms and CD copy of follow-up imaging to CADISS Central Office	Forward CRF with original consent, entry, and follow-up forms and CD copy of follow-up imaging to CADISS Central Office