

A DNA Resource for Lacunar (small vessel disease) Stroke

BASELINE ENTRY FORM

Hospital Site:	
Local Principal Investigator	
Name of person completing this form	

Patient Information - PLEASE COMPLETE IN BLOCK CAPITALS

First Name	
Last Name	
Date of Birth	
Home Address	
PostCode	
Home Tel No	

2nd Contact Name	
Relationship to patient	
Address	
PostCode	
Tel No.	

GP Name	
Address	
PostCode	
Tel No.	

Patient Identification Number U K _ _ - _ _ _
(patient ID =UK / your site number / consecutive patient number)

A DNA Resource for Lacunar (small vessel disease) Stroke

BASELINE ENTRY FORM

Eligibility Criteria

Inclusion:	YES	NO
1. Patient is ≤70 years of age		
2. Caucasian Ethnicity		
3. Lacunar Infarction on MRI scan (subcortical infarct ≤ 1.5cm diameter)		
4. Clinical lacunar syndrome present as (please tick applicable syndrome)	Left	Right
Hemiparesis		
Or Hemisensory Deficit		
Or Sensorimotor Deficit		
Or Ataxic Hemiparesis		
Or Clumsy Hand Dysarthria		
Or Partial Lacunar Syndrome - Pure motor stroke affecting	Face & Arm	
	Arm & Leg	
Or TIA (<i>please tick which syndrome above</i>) AND appropriate Lacunar infarct on MRI scan		
Exclusion	YES	NO
1. Stenosis/Occlusion >50% in extracranial cerebral vessels Or known intracerebral stenosis Or Previous carotid endarterectomy		
2. High/Moderate risk of cardioembolic source of stroke according to TOAST criteria		
3. Cortical infarct on MRI / Previously diagnosed cortical stroke		
4. Subcortical infarct on MRI >1.5cm diameter		
5. Any other specific cause of stroke e.g. Lupus anticoagulant / cerebral vasculitis / dissection / CADASIL		

Patient Consent

Patient has given informed consent

YES NO

Date of informed consent (dd/mm/yy)

Investigations

MRI done and diagnosis confirmed by consultant/SpR?

YES NO

Imaging of extracerebral carotid arteries
(ultrasound, MRA or CT angiography)

YES NO

If all inclusion criteria are Yes, all exclusion criteria are No and patient has given informed consent and required investigations have been completed, **Please fax on day of enrolment to the study to 020 8725 2950 to confirm recruitment.**

Patient Identification Number UK . . - . . .