

Your name (please print):

If faxing this form, please give your contact number(s):




Fax:

Patient's first name & surname initials:

Date of birth: (dd mon yyyy)

Hospital no.:

Randomising hospital:

Treatment hospital:

(if different from randomising hospital)

Randomising consultant:

## Patient eligibility checklist (all 'Yes' boxes must be ticked for patient to be eligible)

	No	Yes
• Histological diagnosis of invasive breast carcinoma.....	<input type="checkbox"/>	<input type="checkbox"/>
• Clinically early stage disease .....	<input type="checkbox"/>	<input type="checkbox"/>
• Completely resected disease .....	<input type="checkbox"/>	<input type="checkbox"/>
• Definite indication for adjuvant chemotherapy .....	<input type="checkbox"/>	<input type="checkbox"/>
• Patient is fit to receive treatment according to either of the study arms .....	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate bone marrow, hepatic and renal function .....	<input type="checkbox"/>	<input type="checkbox"/>
• Patient has given written informed consent .....	<input type="checkbox"/>	<input type="checkbox"/>
• Patient has not received previous chemotherapy or radiotherapy .....	<input type="checkbox"/>	<input type="checkbox"/>
• Radiotherapy intent is known .....	<input type="checkbox"/>	<input type="checkbox"/>
• No longer than 8 weeks has elapsed since surgery .....	<input type="checkbox"/>	<input type="checkbox"/>
• No previous malignancy except basal cell carcinoma or cervical carcinoma <i>in situ</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
• Non-pregnant, non-lactating, and no risk of pregnancy during chemotherapy.....	<input type="checkbox"/>	<input type="checkbox"/>
• No concomitant medical or social problems likely to impede follow-up.....	<input type="checkbox"/>	<input type="checkbox"/>
• Patient is 18 years or older.....	<input type="checkbox"/>	<input type="checkbox"/>

## Patient's hormone receptor status (complete ONE row only)

ER-negative <input type="checkbox"/>	→ PgR-neg. <input type="checkbox"/>	PgR-weakly pos. <input type="checkbox"/>	PgR- pos. <input type="checkbox"/>	PgR-unknown <input type="checkbox"/>
ER-weakly pos. <input type="checkbox"/>	→ PgR-neg. <input type="checkbox"/>	PgR-weakly pos. <input type="checkbox"/>	PgR- pos. <input type="checkbox"/>	PgR-unknown <input type="checkbox"/>
ER-positive <input type="checkbox"/>	→ PgR-neg. <input type="checkbox"/>	PgR-weakly pos. <input type="checkbox"/>	PgR- pos. <input type="checkbox"/>	PgR-unknown <input type="checkbox"/>

## Essential information required at randomisation

- Nodal status: negative ☐ 1 – 3 nodes positive ☐ ≥ 4 nodes positive ☐
- Radiotherapy to be given? No ☐ Yes ☐
- HER2 status: +++ (3+) ☐ other (0, 1+, 2+) ☐ not measured ☐
- ECOG performance status: ☐ (must be 0, 1, or 2)

## Additional information

1. Chemotherapy start date: (dd mon yyyy)

2. Has the patient indicated on her consent form that she is happy for a sample of her tumour to be retained for the additional laboratory studies?

No ☐ Yes ☐

3. Has the patient agreed to take part in the Quality of Life study?

No ☐

Yes ☐

→ If 'Yes', please ensure the patient has completed her baseline questionnaires **BEFORE** she is informed of her treatment allocation

Treatment allocation: EC + Taxol alone ☐

EC + Taxol + Gemzar ☐

Trial no.:

Signed: \_\_\_\_\_

Randomisation date:

On completion, please return the top copy of this form to your tAnGo randomising office.