

Your name (please print):

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

☎:

Fax:

Has the patient given permission for her full name to be collected? No ☐ Yes ☐

If 'Yes', you will be asked to provide full name over the phone.

Patient's initials:   Date of birth:

FIRST and SURNAME initials only

Hospital no.:           NHS or CHI no.:

Randomising hospital:

Randomising consultant:

Hospital where EC will be administered:

(if different from randomising hospital)

Hospital where T±G will be administered:

(if different from randomising hospital)

Hospital where tumour biopsy stored:

(if different from randomising hospital)

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

No Yes

- Has the randomising consultant completed an eligibility form for this patient? ..... ☐ ☐
- Does the patient meet all of the eligibility criteria? ..... ☐ ☐
- Please confirm that paraffin-embedded tumour tissue is available for the **Neo-tAnGo-SCIENCE** sub-study ..... ☐ ☐

Date of diagnostic biopsy (must be no more than 4 weeks ago):

Chemotherapy start date (must be within 4 weeks of diagnostic biopsy date):

## Essential information required at randomisation

ER status: Negative ☐ Positive ☐

Tumour size: ≤ 50 mm ☐ > 50 mm ☐

Clinical involvement of axillary nodes: No ☐ Yes ☐ If 'Yes' → ≤2xULN ☐ >2xULN ☐ ≤2xULN ☐ >2xULN ☐

Inflammatory/ locally advanced disease: No ☐ Yes ☐ If 'Yes' → ≤2xULN ☐ >2xULN ☐ ≤2xULN ☐ >2xULN ☐

Abnormal full blood count: No ☐ Yes ☐ If 'Yes' → ≤2xULN ☐ >2xULN ☐ ≤2xULN ☐ >2xULN ☐

See Eligibility Form for mandatory screening investigations and timings.

Liver Scan  
results required<sup>1</sup>

Bone Scan  
results required<sup>2</sup>

Abnormal liver biochemistry<sup>1</sup>: No ☐ Yes ☐ If 'Yes' → Liver scan: Normal ☐ Abnormal ☐

Abnormal bone biochemistry<sup>2</sup>: No ☐ Yes ☐ If 'Yes' → Bone scan: Normal ☐ Abnormal ☐

Patient's weight:     kg Patient's height:    m

## OPTIONAL patient consent issues

No Yes

- Does the patient wish to receive a summary of the **Neo-tAnGo** trial results when they are published? ..... ☐ ☐
- Has the patient agreed to collection of **fresh** tumour tissue for **CTCR-BR01** sub-study? ..... ☐ ☐
- Does the patient wish to be informed of any findings from genetic research which may affect family members? ..... ☐ ☐
- Does the patient wish to participate in the Quality of Life sub-study? ..... ☐ ☐
- If, 'Yes' to Quality of Life, has the patient already completed her baseline questionnaire? ..... ☐ ☐

## Treatment allocation

Arm A1: EC → Taxol ☐

Arm B1: EC → Taxol + Gemzar ☐

Arm A2: Taxol → EC ☐

Arm B2: Taxol + Gemzar → EC ☐

## Patient trial number:

  

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

Date:

On completion, please send the top copy of this form to the trials office AS SOON AS POSSIBLE.

Neo-tAnGo Randomisation form version 5, Jan 2006