Please use this form to record details of the infusion and to record blood pressure readings in the 24 hours following treatment.

1. Date of randomisation: _____/_____/______ (dd / mm / yyyy)

2. Hospital Number: ____________
   Centre name if number not available

3. Patients Trial ID: ____________  Patient Initials: ____________
   (you will find this on randomisation form)

4. IST-3 treatment given: Control
   Thrombolysis with rt-PA
   (complete sections 5 & 6)
   If allocated trial treatment not given, please give reason below:

5. INFUSION RECORD (please tick yes or no for each line for patients given thrombolysis)

   Date rt-PA infusion started: _____/_____/______ (dd / mm / yyyy)
   infustime

   Was the 10% bolus given? YES NO
   bolustime
   gotbolus
   Time bolus given ______:______ (24 hr clock local time)
   Time infusion started ______:______ (24 hr clock local time)
   Time infusion started infustime
   infus_start
   Was the infusion interrupted? YES NO
   Reason* for interruption: Reason:
   infus_halt
   Reason:
   Reasons may include:
   Neurological deterioration, bleeding, need to resite
   iv tube, anaphylactic reaction to rt-PA, etc.
   (please say)

   Total dose given (bolus + infusion) |_______| mgs
   totdose

   Time infusion completed or abandoned ______:______ (24 hour clock local time)
   endtime

   Drug Batch Number: ________________ Drug Expiry date: _____/_____/______ (dd/mm/yyyy)

6. BLOOD PRESSURE RECORD 0 – 24 HRS (TO BE COMPLETED FOR ALL PATIENTS)
   Note - For patients allocated control, time 0 is immediately after randomisation. For patients allocated thrombolysis time 0 is at the start of treatment.

<table>
<thead>
<tr>
<th>Time point 0 to 24 hours</th>
<th>Actual time 24 hour clock</th>
<th>Systolic BP mmHg</th>
<th>Diastolic BP mmHg</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 minutes</td>
<td>:</td>
<td>sbpstart</td>
<td>dbpstart</td>
</tr>
<tr>
<td>30 minutes</td>
<td>:</td>
<td>sbp30min</td>
<td>dbp30min</td>
</tr>
<tr>
<td>60 mins</td>
<td>:</td>
<td>sbp60min</td>
<td>dbp60min</td>
</tr>
<tr>
<td>24 hours</td>
<td>:</td>
<td>sbp24h</td>
<td>dbp24h</td>
</tr>
</tbody>
</table>

Frequency of blood pressure measurement should be performed according to your usual practice, but avoid the use of automatic cuff inflation as this predisposes to bruising. The time points above are specified for trial data analysis and are not recommendations for clinical practice.

Now please make a photocopy of this form for your records. Once you have completed the Hospital follow-up form for this patient please send both this form and the Hospital follow-up form, together with a copy of all brain scans to:

IST-3 Trial Co-ordinating Centre, Bramwell Dott Building, Western General Hospital,
Crewe Road, Edinburgh EH4 2XU, UK.

THANK YOU.