October 2016

Newsletter

Halt-it

Patients Recruited
as of 28 Oct 2016

Country	Patients
Papua New Guinea	7
Egypt	77
Malaysia	145
Romania	146
Nigeria	252
Georgia	398
Pakistan	449
United Kingdom	4121

5595 patients
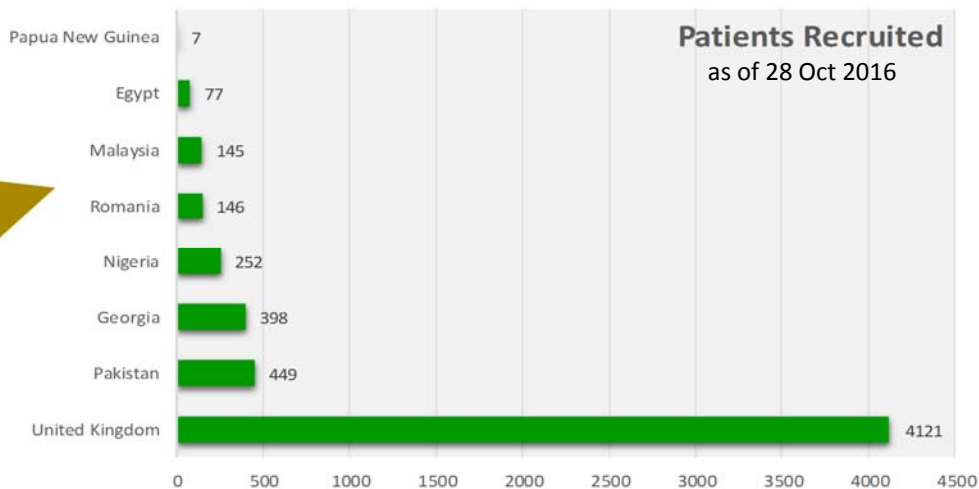
A warm welcome...

to our new recruiting sites

Central University Military Hospital, Romania

Gloucestershire Royal Hospital, UK

Liaquat National Hospital, Pakistan

Federal Medical Centre, Owerri, Nigeria

DHQ Hospital Rawalpindi, Pakistan

Please refer to DAL guidance for instructions on how to complete the form

DRUG ACCOUNTABILITY LOG – A pre-populated form will be sent to you with each drug box

Halt-it

Hospital ID	X	X	X	Hospital name	[HOSPITAL NAME]

❖ Record the usage of all HALT-IT trial treatment packs
❖ Destroy any partly used packs or any packs that are damaged and cannot be used for randomisation
❖ PLEASE STORE THIS FORM IN STUDY FILE FOLDER 2 SECTION 13 TRIAL DRUG

PART 1: BOX RECEIPT

IMP Tranexamic Acid/placebo
Expiry date: [date]
Batch number: [batch no]

BOX NUMBER   xxxx

I CONFIRM THAT ALL PACKS LISTED ON THIS FORM WERE RECEIVED AND THE BOX WAS INTACT

PI signature _____

Date _____

PLEASE SIGN ABOVE AND FAX OR EMAIL A SCANNED COPY OF THIS FORM TO THE COORDINATING CENTRE WHEN YOU HAVE CHECKED THAT ALL THE PACKS HAVE BEEN RECEIVED IN GOOD CONDITION.

PART 2: DRUG ACCOUNTABILITY

BOX	PACK	Date randomised	LD[1] used*?	MD[2] used*?	Damaged and destroyed**?		Lost and remaining ampoules destroyed**?		Destroyed**?	
xxxx	x1				Date:		Date:		Date	
					LD	MD	LD	MD	LD	MD
xxxx	x2								Date	
									LD	MD
xxxx	x3								Date	
									LD	MD
xxxx	x4								Date	
									LD	MD
xxxx	x5								Date	
									LD	MD
xxxx	x6								Date	
									LD	MD
xxxx	x7								Date	
									LD	MD
xxxx	x8								Date	
									LD	MD

1. Loading dose 2. Maintenance dose *'Used' means that the ampoules for the dose were prepared for infusion **Please indicate the date destroyed, and the number of ampoules from each dose that were destroyed

Name of delegated person _____   Signature _____   Date _____

Comments: _____

PLEASE SIGN ABOVE AND FAX OR EMAIL A SCANNED COPY OF THIS FORM TO THE CO-ORDINATING CENTRE WHEN ALL PACKS HAVE BEEN USED / DESTROYED, OR IF REQUESTED.

Have you seen the new DAL?

We have updated the Drug Accountability Log to record the number of vials damaged, lost or destroyed. Keep a look out for the Guidance Documents!

Drug accountability log Version 1.1 dated 04 March 2016   Protocol Number: ISRCTN11225767