Patient ID [ ][ ][1][ ][ ][ ]
(site #)   (patient #)

Patient Initials [ ][ ]
F   L

Date of Randomization [ ][ ][ ][ ][2][0][1]
(dd/mm/yyyy)

RANDOMIZATION (Form 2)

FOR RESEARCH COORDINATOR

1. Type of patient (check one)   [ ] **MEDICAL**

   [ ] **SURGICAL** (must be direct from OR or PARR (post-anaesthetic recovery room))

2. Age of patient   [ ] **≥ 65 years**

   [ ] **≤ 64 years**

3. Date of birth   [ ][ ] [ ][ ] [ ][ ][ ][ ]
   (dd/mm/yyyy)

via web: www.randomize.net

4. Study assignment (check one)   [ ] **CYCLING + ROUTINE PT**

   [ ] **ROUTINE PT**

5. Time of randomization   [ ][ ]:[ ][ ]
   (24h - hr:min)

6. Initials of person who conducted the randomization   [ ][ ]
   F   L

As of February 22, 2017