CYCLE RCT #142 **Plate #005** **Visit #000**

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

Coded Patient Initials [ ][ ] F L

RANDOMIZATION (Form 2)

FOR RESEARCH COORDINATOR

1. Age of patient

☐ **≥ 65 years**

☐ **≤ 64 years**

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

via web: www.randomize.net

Randomization Instructions

a) Go to www.randomize.net

b) Select "Account Login"

c) Enter "Login ID" and "Password" (see Research Coordinator Binder); **do not change password;** if forgotten, contact Methods Centre

d) Select "ENROLL A PATIENT"

e) Select trial name "CYCLE RCT"

f) Enter three-digit patient number to complete five-digit patient ID

(Note: three-digit patient number is randomization/enrolment #)

3. Study assignment (check one)

☐ **CYCLING + ROUTINE PT/ REHAB**

☐ **ROUTINE PT/ REHAB**

4. Date and local time of randomization [ ][ ] [ ][ ] 2 0 [ ][ ] (dd/mm/yyyy) **Time** [ ][ ] : [ ][ ] (24h - hr:min)

5. Date of consent [ ][ ] [ ][ ] 2 0 [ ][ ] (dd/mm/yyyy)

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