



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](http://www.randomize.net)**

**Randomization Instructions**

- a) Go to [www.randomize.net](http://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] [ ] [ ] Time [ ] [ ] : [ ] [ ]  
(dd/mm/yyyy) (24h - hr:min)

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

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

- 7. Who initially provided consent? (check one)  **PATIENT LEGAL**  
 **SDM/LAR**

- 8. Was consent provided for future data linkage? (check one)  **Yes**  
 **No**