



ARCTIC-I Appendix 9A – Confidential Patient Identification Coversheet

This coversheet can be used as a title page to the data collection form (App. 9B).

In addition to the patient log sheet (App. 8), it links the patient name to the study specific subject ID.

Moreover, this coversheet will facilitate follow-up on day 90.

After completing follow-up, this coversheet should be saved apart from the data collection form and filed separately in a locked cabinet or office.

The information on this coversheet will NOT be transcribed to the eCRF and is for local use only.

Patient Family Name	
First Name	
Date of birth	
	(handwritten or sticker)
Subject ID	- - - Country code - hospital code - individual patient number
Date of endovascular thrombe	ectomy: d d - m m m - 2 0 y y
Date of follow-up (ET + 90 day	s):
First telephone number:	_ _ _ _ _
Second telephone number:	_ _ _ _ _
Third telephone number:	_ _ _ _ _
Follow-up telephone call successfully completed: ☐ yes	