PARITY	RANDOMIZATION FORM Form 2.							orm 2.1										
PARITY Study #122		Plate			Ι	I		I	 Vi	 sit ;	 #00	 1	Ι	Ι	I	Ι		
Patient Study ID Number Centre #	Patient #	ŧ		itient itials	F	- L												
	RAND	OMIZ	ZATI	ON F	OR	M (1	of 1	1) -	FO	RN	1 2.	1						
Please complete the following questions for all included patients prior to randomization. You will need to have this information available when you randomize the patient. FOR RESEARCH COORDINATOR																		
		Day		Month		Ye	ear											
1. Date of Screening Form	1.1:																	
2. Patient date of birth:	Day	Mon	th		Year													
 Location of tumor: * For Use With Randomization System: 	*Stratun *Stratun			Femu Tibia	ır					irma	acis	t aff			to th pleti		tems	

FOR RESEARCH PHARMACIST ONLY - Randomization

Day	Month	Year								
4. Date of randomization:	2	2 0								
5. Patient randomized to:			Please randomize the patient using							
Group 1: short term antibiotic	the Internet randomization system at <u>www.randomize.net</u>									
Group 2: long term antibiotic	S									
6. Initials of person who randomized patient:										
FL										
Short Term Antibiotics:			Long Term Antibiotics:							
2g of Ancef® (cefazolin) preoperatively, hours intraoperatively, and every 8 hours p operatively for 24 hours with 4 days saline	post-		2g of Ancef® (cefazolin) preoperatively, and every 4 hours intraoperatively, and every 8 hours post-operatively for 5 days.							

Please send this form to the PARITY Methods Center