



PARITY Study #122

Plate #002

Visit #001

Patient Study ID Number

Centre #

Patient #

Patient Initials

F L

RANDOMIZATION FORM (1 of 1) - FORM 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

1. Date of Screening Form 1.1:

2. Patient date of birth:

3. Location of tumor:

* For Use With Randomization System:

*Stratum 1: Femur
*Stratum 2: Tibia

Note: Please give this form to the Pharmacist after completing items 1, 2, and 3.

FOR RESEARCH PHARMACIST ONLY - Randomization

4. Date of randomization:

5. Patient randomized to:

Group 1: Short Term Antibiotics
 Group 2: Long Term Antibiotics

6. Initials of person who randomized patient:

F L

Note: Please randomize the patient using the Internet randomization system at www.randomize.net

Note: Please refer to the PARITY trial protocol for the short- and long-term antibiotic regimens

Please send this form to the PARITY Methods Centre

I, the local Research Pharmacist, have reviewed this Case Report Form for the above participant and certify that the data are accurate and complete.

Site Research Pharmacist Signature