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| **ITCC UNBLIND REQUEST FORM**  ***\*\* To be completed by the Central Randomisation Service \*\**** | | |
| **Request details** | | |
| Study code or name |  | |
| Site code or name |  | |
| Requesting person |  | |
| Position of requesting person |  | |
| Call back number | STD: | |
| Date/Time of request | dd/mm/yyyy | <specify time> |
| Unblinding authorized by | <Full Name> | <Position> |
| **Details of participant** | | |
| Date of Birth |  | |
| Participant ID Number | - - / - - / - - - | |
| Randomisation Number | - - - | |
| **Result of request** | | |
| Code |  | |
| Intervention |  | |
| Signature |  | |
| Date |  | |
|  | | |
| **This form is:**   * **to be filed in the unblinding folder along with the unblinding envelope, schedule or similar** * **to be filed by the Central Randomisation Service or other facility with authorised access to the allocation codes, and** * **to be made available to the IMPACCT Trials Coordination Centre only post study closure.** | | |