**Unblind Report Notification**

***\*\*To be completed by the Central Randomisation Service to confirm a participant unblinding\*\****

|  |  |  |  |
| --- | --- | --- | --- |
| **To:** | IMPACCT Trials Coordination Centre | **From:** |  |
| **Pages:** |  1 | **Date:** |   |
| **Email:**  | itcc@uts.edu.au  | **Email:**  |  |

Dear IMPACCT Trials Coordination Centre,

The following participant has been unblinded for the clinical study - [protocol /name of study].

|  |  |  |
| --- | --- | --- |
| Participant ID Number: |  | - - / - - / - - -  |
| Site Name: |  |  |
| Randomisation Number: |  |  |
| Reason for unblinding: |  |  |
| Date of unblinding: |  |  |
| Method of confirmation of unblinding notification to site: |  |  |

**NO ALLOCATION OR CODE IS TO BE REVEALED ON THIS NOTICE.**

Yours sincerely

*[Signature]*

Central Randomisation Service