

## ACST-2 TRACK RECORD FORM

Which procedure(s) do you carry out **YOURSELF**?    CEA     CAS     Both

	<b>CEA</b> You must have done a minimum of 25 procedures <u>in the last few years</u>	<b>CAS</b> You must have done a minimum of 25 procedures <u>in the last few years</u>
Total number of procedures		
Between (mm/yyyy):	and	and
Proctored Procedures	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	
<b>Number of Symptomatic patients</b>		
<b>Results within 30 days AFTER procedure:</b>		
How many suffered stroke?		
Number of fatal strokes?		
Number of procedure related deaths (non-stroke)		

<b>Number of Asymptomatic patients</b>		
<b>Results within 30 days AFTER procedure:</b>		
How many suffered stroke?		
Number of fatal strokes?		
Number of procedure related deaths (non-stroke)		

Number of procedures in the last <b>two years</b> (eg. 09/2006 – 09/2008)		
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Please provide any additional information which you consider relevant		
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Name of Centre: \_\_\_\_\_

This track record is for **NAME:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

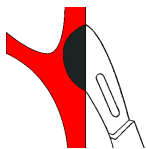
Other Collaborator(s) in your centre:

1. \_\_\_\_\_ Specialty: \_\_\_\_\_
2. \_\_\_\_\_ Specialty: \_\_\_\_\_
3. \_\_\_\_\_ Specialty: \_\_\_\_\_

**VERIFICATION STATEMENT: I CONFIRM THE OUTCOME OF THESE PROCEDURES AS STATED ABOVE:-  
(to be signed by a Consultant Neurologist or Stroke Physician)**

Neurologists / Stroke Physician (Print Name): \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yyyy)

**Once verified please fax to +44(0)01865221027 or post to: ACST-2 Trials Office, Nuffield Department of Surgical Sciences, Level 6 John Radcliffe Hospital, Headington, Oxford OX3 9DU e-mail: [acst@nds.ox.ac.uk](mailto:acst@nds.ox.ac.uk)**



NIHR HTA/BUPA Foundation/University of Oxford  
**ASYMPTOMATIC CAROTID SURGERY TRIAL - 2**



## Contact Details

We are currently updating our database.

To ensure we have your most up to date information we would be very grateful if you could complete your details below.

Title	
Given name	
Family name	
Position/Job	
Department	
Hospital	
Address 1	
Address 2	
Address 3	
City	
Country	
Email address	
Telephone number	
Fax number	

**Thank you for taking the time to complete this.**

**We can now ensure that you are kept up to date with  
the ACST**

please fax to +44(0)01865221027 or post to: ACST-2 Trials Office, Nuffield Department of Surgical Sciences, Level 6 John Radcliffe Hospital, Headington, Oxford OX3 9DU e-mail: [acst@nds.ox.ac.uk](mailto:acst@nds.ox.ac.uk)