



PARITY Study #120

Plate #001

Visit #000

Patient Study ID Number

Patient Initials

Date

Centre #

Patient #

F L

DD

MM

YYYY

SCREENING FORM (1 of 1) - FORM 1.1

Please complete this form for all patients with lower extremity tumors of soft-tissue or bone to be treated with excision and endoprosthetic reconstruction.

For included patients you must answer **Yes** to Questions 1-4:

Yes No

1. Male or female who is 12 years of age or older? Yes No
2. Primary bone malignancy or benign aggressive tumor of the lower extremity, or soft-tissue sarcoma which has invaded the bone of the lower extremity? Yes No
3. Treatment by excision and endoprosthetic reconstruction? Yes No
4. Provision of informed consent? Yes No

If you answered No to any of Questions 1-4, the patient should be excluded.

For included patients you must answer **No** or **N/A** to Questions 5-17:

Yes No

5. Documented anaphylaxis or angioedema to penicillin or the study antibiotics [cefazolin, or equivalent gram-positive coverage (i.e. cefuroxime)]? Yes No
6. Prior local infection within the surgical field of the limb? Yes No
7. Prior surgery within the surgical field of the affected limb (excluding a biopsy)? Yes No
8. Likely problems, in the judgment of the investigator, with maintaining follow-up? Yes No
9. Enrolled or previously randomized in a competing study? Yes No
10. Current known immunologically-deficient disease conditions (not including recent chemotherapy)? Yes No
11. Current known Methicillin-Resistant Staphylococcus Aureus (MRSA) colonization? Yes No
12. Current known Vancomycin-Resistant Enterococcus (VRE) skin colonization? Yes No
13. Reconstruction to include allograft? Yes No
14. Known renal insufficiency? Yes No
15. Estimated creatinine clearance (eGFR) of less than 54 mL/min? Yes No
16. Other reason: _____ Yes No

For sites using Cefuroxime:

Yes No N/A

17. Weighs less than or equal to 45 kg? Yes No N/A

If you answered Yes to any of Questions 5-17, the patient should be excluded.

PATIENT STATUS - See previous page for coding Patient ID #

18. Please indicate the patient's status.

- INCLUDED (proceed to the **Randomization Form (2)**)
- EXCLUDED
- MISSED (eligible, but was not randomized due to error)

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

Site PI Signature