



PARITY Study #120

Plate #001

Visit #000

Patient Study
ID Number

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Patient
Initials

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Date

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20

YY

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:

1. Male or female who is 12 years of age or older?
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?
3. Treatment by excision and endoprosthetic reconstruction?
4. Provision of informed consent?

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:

5. Documented anaphylaxis or angioedema to penicillin or the study antibiotics [cefazolin, or equivalent gram-positive coverage (i.e. cefuroxime)]?
6. Prior local infection within the surgical field of the limb?
7. Prior surgery within the surgical field of the affected limb (excluding a biopsy)?
8. Likely problems, in the judgment of the investigator, with maintaining follow-up?
9. Enrolled or previously randomized in a competing study?
10. Current known immunologically-deficient disease conditions (not including recent chemotherapy)?
11. Current known Methicillin-Resistant Staphylococcus Aureus (MRSA) colonization?
12. Current known Vancomycin-Resistant Enterococcus (VRE) skin colonization?
13. Reconstruction to include allograft?
14. Known renal insufficiency?
15. Estimated creatinine clearance (eGFR) of less than 54 mL/min?
16. Other reason: _____

For sites using Cefuroxime:

17. Weighs less than or equal to 45 kg?

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

25 November 2014