

**DASH trial**  
**Desmopressin for reversal of**  
**Antiplatelet drugs in Stroke due to**  
**Haemorrhage**

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ISRCTN 67038373

**Data correction request form v1.0**

**Note: Please only enter data for the selected participant/CRF.**  
**Remember to only submit relevant and necessary anonymised data.**

| Section A: Data correction details |                          |  |  |  |  |  |   |
|------------------------------------|--------------------------|--|--|--|--|--|---|
| A1                                 | Affected CRF             | <input type="checkbox"/> Randomisation<br><input type="checkbox"/> Day 1 follow-up<br><input type="checkbox"/> Day 2 follow-up<br><input type="checkbox"/> Discharge or death in hospital<br><input type="checkbox"/> Day 90 follow-up<br><input type="checkbox"/> Serious Adverse Event<br><input type="checkbox"/> SAE adjudication<br><input type="checkbox"/> Protocol violation<br><input type="checkbox"/> Site-to-site transfer |  |  |  |  |   |
| A2                                 | SAE number               |  |  |  |  |  | <input type="checkbox"/> Not applicable |
| A3                                 | Protocol violation       |  |  |  |  |  | <input type="checkbox"/> Not applicable |
| A4                                 | Site-to-site transfer ID |  |  |  |  |  | <input type="checkbox"/> Not applicable |
| A5                                 | Existing data            | Please list each:<br><i>Question ID</i><br><i>Question label</i><br><i>Data shown on report</i>  |  |  |  |  |   |
| A6                                 | New data                 | Please list each:<br><i>Question ID</i><br><i>New value(s)</i>   |  |  |  |  |   |

|                      |         |  |  |               |         |              |    |
|----------------------|---------|--|--|---------------|---------|--------------|----|
| DASH ISRCTN 67038373 |         | Data correction request v1.0 (28 Nov 2018) |  |               |         | Page         | of |
| Hospital number      | C       | Trial number                               |  | Sex           |         | Investigator |    |
| Date of collection   | d /m /y | Initials                                   |  | Date of birth | d /m /y | Signature    |    |

|                            |                   |   |  |
|----------------------------|-------------------|---|--|
| A7                         | Reason for change |   |  |
| <b>FOR OFFICE USE ONLY</b> |                   |   |  |
| A8                         | Amendments        | – |  |
| A9                         | Action taken      | – |  |

Please check your entries thoroughly

|                             |          |   |  |                      |                     |                  |
|-----------------------------|----------|---|--|----------------------|---------------------|------------------|
| <b>DASH ISRCTN 67038373</b> |          | <b>Data correction request v1.0 (28 Nov 2018)</b> |  |                      | <b>Page</b>         | of               |
| <b>Hospital number</b>      | <b>C</b> | <b>Trial number</b>                               |  | <b>Sex</b>           | <b>Investigator</b> |                  |
| <b>Date of collection</b>   | d /m /y  | <b>Initials</b>                                   |  | <b>Date of birth</b> | d /m /y             | <b>Signature</b> |