



## MAPS-2 Patient Transfer Form

**CI: Prof Christine Roffe**

**MAPS-2 Trial Office: 0115 823 1665 / 0115 823 1664**

**Email: [maps-2@nottingham.ac.uk](mailto:maps-2@nottingham.ac.uk)**

**Website: <https://stroke.nottingham.ac.uk/maps-2/docs/public.php>**

Participant trial ID:	
Current centre name:	
Date & time of transfer:	
Reason for transfer:	
Name of researcher:	
Trial role:	
Date:	
Signature:	
<b>Receiving centre:</b>	
Name of staff receiving:	
Role:	
Date & time of arrival:	
Date:	
Signature:	
<b>CHECKLIST of documents needed during the trial</b>	
Prescription	
Drug chart- treatment compliance	
Daily clinical logs (CRFs on website)	
Day 14/Discharge assessment form	
SAE reporting form	



**Guidance for MAPS-2 trial for transferring sites:**

This patient is currently enrolled in a stroke clinical trial (MAPS-2).  
Please read the below information carefully:

1. The patient being transferred is currently receiving the “MAPS-2 Trial Drug” (Placebo or Metoclopramide).
2. As per the discharge letter, please prescribe the trial drug:
  - a. IV preparation to be given through NG if patient has one, *or*
  - b. IV via cannula
3. The MAPS-2 Trial drug should be given for 14 days **or** up until discharge (if before day-14)
4. Please complete daily logs for each day the patient is taking the medication up until day-14 / the day the patient is discharged from hospital if before day-14.
5. Please complete the day-14 follow up assessments on day-14 of the patient’s treatment regimen, or on the day of discharge if this is before day-14.
6. Collect all information on the respective data forms. Once complete, scan and email these forms to the research team at the site where the patient was recruited. All data will be entered into the electronic database on your behalf.