

**File Note**

**RECAST-3 - Remote Conditioning After Stroke Trial-3**

**RECAST-3 Trial Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (in the format: C999/9999/Z-Z)

**Details:**

**Actions:**

**Impact on Patient Safety:**

Name (Signature) Date

Name (Print)