TICH-3 ELIGIBILITY CHECKLIST

(Final Version 1.0: 23/11/2023)

Title of Study: TICH-3   **IRAS Project ID:** 297457   **CTA ref:** 03057/0074/001-0001

Name of Participant:

I confirm that I have been given a copy of the eligibility checklist (version 1.0 dated 23/11/2023) and I have assessed the participant as suitable using the below approved checklist.

	Inclusion Criteria (protocol Final v2.0 07/10/2022) (all criteria must be yes for participant to be enrolled into TICH-3)	**Yes**	**No**
1	Adult (18 years and over).		
2	Clinical diagnosis of acute spontaneous ICH (confirmed on brain imaging).		
3	Within 4.5 hours of symptom onset (When onset of symptoms are unknown patient must be within 4.5 hours of symptom discovery and have no other exclusion criteria).		

	Exclusion Criteria (protocol Final v2.0 07/10/2022) (Patients cannot be enrolled if 'YES' is ticked for any exclusion criteria)	**Yes**	**No**
1	Patient with a known indication for TXA treatment *(e.g. traumatic brain injury)*.		
2	Patient with contraindication for TXA treatment *(e.g. seizures or known active venous thromboembolism)*.		
3	Patient known to be taking therapeutic anticoagulation with warfarin or low molecular weight heparin at time of enrolment. Patients taking direct oral anticoagulants can be included and are not excluded.		
4	Massive ICH for which haemostatic treatment seems futile (This would ordinarily be when haematoma volume is estimated as larger than 60ml). *Any recognised method for estimating haematoma volume is accepted, automated software or ABC/2 calculation. If measurement is not possible in the time available a simple single measurement of the largest haematoma diameter provides an accurate estimate, if the length measurement is greater than 5cm the haematoma volume is likely to be greater than 60mls and the patient should be excluded.*		
5	Severe coma (Glasgow Coma Scale <5).		
6	Decision already taken for palliative (end of life) care with withdrawal of active treatment.		

Eligibility must be confirmed by a Medic

*(The medic does **not** have to be on the TICH-3 delegation log or GCP trained)*

_____   _____

(Name of Doctor confirming eligibility)   *(Date)*

Please document eligibility confirmation in the participant's medical notes (this form can be stored in their medical notes).