



STICH II APPLICATION FORM
SURGICAL TRIAL IN LOBAR INTRACEREBRAL HAEMORRHAGE

Name of Hospital

Name of Principal Investigator

Contact Email address

Number of cases of Lobar Spontaneous Intracerebral
Haemorrhage admitted per year

What proportion would you expect to randomise?

Current number of operations for Lobar Spontaneous
Intracerebral Haemorrhage per year

Preferred method/s of excavation

Name of person/s to carry out
randomisation

Preferred language for conducting follow up

I agree that the STICH II co-ordinating centre in Newcastle may contact
randomised patients by post or telephone

Signature of Principal Investigator

Date

I agree to comply with the STICH II Protocol

Signature of Principal Investigator

Date