**Checklist EARLY-NEURO and biomarker substudies**

**Hospital name:**

**Country:**

**Contact details:**

Please fill out the form for the substudies you are interested in. Send the completed checklist to

**helena.levin@med.lu.se**and**marion.moseby\_knappe@med.lu.se**

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| **EARLY-NEURO SUBSTUDY** |
| **Will unconscious patients routinely be examined with head CT as early as possible after 24 hours after randomization?****[ ]  No****[ ]  Yes****Please specify who will be responsible for referring patients to examinations (ie which profession):**      |
| **Will unconscious patients routinely be examined with EEG (full-montage or simplified montage) as early as possible after 24 hours after randomization?****[ ]  No****[ ]  Yes****Please specify who will be responsible for referring patients to examinations:**      |
| **Will you be able to export pseudononymized DICOM images for all CT/MRI examinations performed on patients randomized at your site?****[ ]  No****[ ]  Yes****Please specify who will be responsible for exporting images:**      |
| **Will you be able to export pseudononymized EEG examinations (EDT format) performed on patients randomized at your site?****[ ]  No****[ ]  Yes****Please specify who will be responsible for exporting EEG files:**      |

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| **THE BIOMARKER SUBSTUDY** |
| **Will professional laboratory personnel process the samples?****[ ]  No****[ ]  Yes****If no, please specify the profession of those who will process the samples?**       |
| **Will your site be able to collect and process samples at all times, ie. twenty-four hours a day, seven days a week?****[ ]  No****[ ]  Yes****If no, please specify possible times:**       |
| **Will you use a swing-out centrifuge?****[ ]  No****[ ]  Yes****If no, please specify the type of centrifuge:**       |
| **Is the centrifuge calibrated regularily?****[ ]  No****[ ]  Yes****If yes, how often:**       |
| **Do you have a freezer with the temperature -80 degrees C for storage of the samples?****[ ]  No****[ ]  Yes****If no, please specify the temperature:**       |
| **Does the freezer have an alarm if the temperature drops below the recommended?****[ ]  No****[ ]  Yes** |
| **Other comments or questions:**  |