


MATRIX-002 Randomization

01	Date of this visit:  Please review the MATRIX-002 Participant Visit Calendar Tool to ensure date does not exceed Screen visit date by 45 days.	___ / ___ / _____ (dd/mm/yyyy)
02	Randomization envelope number:	_____
03	This participant is randomized to receive the following film:	<input type="checkbox"/> Film A <input type="checkbox"/> Film B
04	Date of participant's randomization:	___ / ___ / _____ (dd/mm/yyyy)
05	Time of participant's randomization:	___ : ___ (24-hour clock)

CRF Completed By: _____ (initials)

CRF Completion Date: ___ / ___ / _____ (dd/mm/yyyy)