Center: __   Patient Initials: __ __ __, __ __   Form completed by: __ __ __
Rand Number: __ __ __

A copy of this form should be faxed to the SCC at (301) 881-5928 by the next working day.

A. VERIFICATION OF INCLUSION CRITERIA *(all answers must be YES)*

1. Postmenopausal? deleted — Y 1 N 3

2. Qualifying angiogram within previous 4 months? deleted — Y 1 N 3

3. Signed informed consent? deleted — Y 1 N 3

B. VERIFICATION OF EXCLUSION CRITERIA *(all answers must be NO)*

1. Creatinine >2.0 mg/dL (>177 µmol/L)? deleted — Y 1 N 3

2. Unwilling to stop concurrent hormone replacement therapy? deleted — Y 1 N 3

3. Unwilling to stop vitamin C (>60 mg/day) and/or E (>30 IU/day) supplements?

   deleted — Y 1 N 3

4. Planned or prior coronary artery bypass grafting? deleted — Y 1 N 3

5. NYHA class IV heart failure or known ejection fraction <25%? deleted — Y 1 N 3

6. MI less than 4 weeks prior to randomization? deleted — Y 1 N 3

7. Concurrent participation in another blinded clinical trial? deleted — Y 1 N 3

8. Symptomatic gallstones? deleted — Y 1 N 3

9. History of PE or idiopathic DVT? deleted — Y 1 N 3

10. History of hemorrhagic stroke or bleeding diathesis? deleted — Y 1 N 3

11. Breast cancer or mammogram suggestive of cancer? deleted — Y 1 N 3

12. Known endometrial hyperplasia or abnormal uterine bleeding? deleted — Y 1 N 3

13. History of endometrial carcinoma without hysterectomy? deleted — Y 1 N 3

14. Abnormal Pap smear with dysplasia of grade CIN-I or greater? deleted — Y 1 N 3

15. Documented fasting triglycerides >500mg/dL (>5.65 mmol/L)? deleted — Y 1 N 3

16. Uncontrolled diabetes mellitus? deleted — Y 1 N 3

17. Uncontrolled hypertension? deleted — Y 1 N 3

18. Anticipated survival <3 years? deleted — Y 1 N 3

19. Unlikely to adhere to protocol in the opinion of the investigator? deleted — Y 1 N 3

20. Angiogram not meeting protocol criteria? deleted — Y 1 N 3

21. History of osteoporosis, either untreated or currently treated with HRT? deleted — Y 1 N 3
    ELIG = eligibility criteria satisfied (1=yes; 0=no)

Center: __   Patient Initials: __ __ __ , __ __   Form completed by: __ __ __

Rand Number: __ __ __

C. PHYSICAL MEASURES AT RANDOMIZATION

1. Blood pressure (mmHg): C_SBP = systolic / C_DBP = diastolic

 __ __ __ / __ __ __
 Systolic   Diastolic

2. Height: C_HCCM   __ __ __ . __ cm   OR   __ ft __ __ . __ __ in

3. Weight: C_WTKG   __ __ __ . __ kg   OR   __ __ __ lb __ __ . __ oz

4. Waist circumference: C_WCCM   __ __ __ . __ cm   OR   __ __ __ . __ __ in

5. Hip circumference: C_HCCM   __ __ __ . __ cm   OR   __ __ __ . __ __ in

D. RANDOMIZATION PROCEDURE CHECKLIST

1. Fasting study bloods drawn? C_FBL   Y 1   N 3

 a. If Yes, date of samples: deleted

 __ __ / __ __ / __ __
 Month   Day   Year

 Replaced with C_FBLDY = # of days between randomization and blood draw

2. Study angiogram done? C_SANG   Y 1   N 3

 a. If Yes, date of angiogram: deleted

 __ __ / __ __ / __ __
 Month   Day   Year

 Replaced by C_SANGDY = # of days between randomization and entry angiogram

3. ECG done? C_ECG   Y 1   N 3

 a. If Yes, date of ECG: deleted

 __ __ / __ __ / __ __
 Month   Day   Year

 Replaced by C_ECGDY = # of days between randomization and entry ECG

E. RANDOMIZATION

1. Patient's screening ID number: deleted

    — — — — —

2. Did the patient have a hysterectomy? C_HYST

    Y 1   N 3

3. Bottle code of HRT study medication dispensed: deleted

Replaced by C_HRTDP =HRT dispensed (0=no; 1=yes)

    __ - __ __

4. Bottle code of Vitamin C study medication dispensed deleted

Replaced by C_VITCDP =Vitamin C dispensed (0=no; 1=yes)

    C - __ __

5. Bottle code of Vitamin E study medication dispensed: : deleted

Replaced by C_VITEDP =Vitamin E dispensed (0=no; 1=yes)

    E - __ __

6. Open label multi-vitamin dispensed? C_MULTI

    Y 1   N 3

7. Date of randomization: deleted

    __ __ / __ __ / __ __
    Month Day   Year