

**MAY04-4-01 ASPIRIN/PLACEBO Order Form – Intervention Phase**

Fax to: CPN Randomization Center  
Fax: (507) 284-0885 Phone: (507) 284-4130

Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

To: Fisher BioServices

Attn: Jennifer E. Benkstein, Ph.D., Acting Principal Investigator, Fisher BioServices,  
Division of Cancer Prevention Repository, 20301 Century Blvd., Bldg 6, Suite 800,  
Germantown, MD 20874, Phone: (240)686-4722; Cell: (240)388-4721, Fax:  
(301)515-4297, [jennifer.benkstein@fishersci.com](mailto:jennifer.benkstein@fishersci.com)

From: CPN Randomization Center

Subject: Registration and Bottle Assignment for: **MAY04-4-01, Randomized, Double-Blinded Phase II Trial of Esomeprazole Versus Esomeprazole + Two Doses of Aspirin in Barrett’s Esophagus Patients**

Two bottles of aspirin and/or placebo will be ordered for each participant. *Each participant must also receive a bottle of esomeprazole from the site's shelf supply.*

**We would like to confirm the following subject registration and randomization:**

DCP Participant ID  
(PID): \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Subject Initials: \_\_\_, \_\_\_, \_\_\_ (L,F,M)

Randomization Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

Registering MD: \_\_\_\_\_

This agent should be shipped to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone  Fax  Email  \_\_\_\_\_

**Note: please allow 5 business days for shipment of agent**

**Randomization Center use only**

Bottle Numbers to be dispensed and/or intervention assignment:

\_\_\_\_\_, \_\_\_\_\_

CPN Randomization Specialist: \_\_\_\_\_

QC  initials: