

Participant letter for the "CASTING" clinical trial

Last Name: _____ First Name: _____

Date of Birth: ___/___/_____ Date of End of Treatment: ___/___/_____

Study Doctor: _____

Telephone: _____

Clinical Research Technician: _____

Telephone: _____



This trial is being carried out by the CHU d'Angers
from 09/27/2019

version 1

Contact us as well as your primary care physician / center 15 in case of the following symptoms:

- Symptoms and signs of phlebitis
 - o Swollen leg and/or leg pain and/or appearance of localized redness and heat
- Symptoms and signs of pulmonary embolism
 - o Difficulty breathing, shortness of breath
 - o Chest pain
 - o Malaise, loss of consciousness
 - o Coughing up blood