| OPTIMAL Eligibility Check List Form 2 Page 1 of 2 | | | | |
|--|---|-----------------------|----|--|
| Patient Initials Date of Birth: (ddmmyyyy) Patient (ddmmyyyy) Patient ID Site Number Trial Number Please tick either yes or no to the following questions. If any shaded boxes are ticked, the participant is ineligible. Site Number Trial Number | | | | |
| | | Yes | No | |
| 1. | Has the participant been newly diagnosed with symptomatic multiple myeloma and renal failure defined as GFR<30mls/min or a further decline of ≥15 mls/min GFR for those with pre-existing medical condition resulting in renal damage (e.g. hypertension, diabetes etc.)? | | | |
| 2. | Is the participant aged 18 years or over? | | | |
| | Is the participant a female of childbearing potential? | | | |
| 3. | If yes, have they had a negative pregnancy test within 14 days of randomisation? | | | |
| | If yes, does the participant agree to ongoing pregnancy testing and to practice contraception? | | | |
| | Is the participant male with a female partner of childbearing potential? | | | |
| 4. | If yes, does the participant agree to practice contraception during therapy? | | | |
| 5. | Has the participant been free of prior malignancies for ≥ 2 years with the exception of currently treated basal cell, squamous cell carcinoma of the skin, localised prostate cancer or carcinoma "in-situ" of the cervix or breast? | | | |
| 6. | Is the participant, in the opinion of the investigator, able and willing to comply with all trial requirements? | | | |
| 7. | Is the participant willing to allow their General Practitioner and consultant, if appropriate, to be notified of their participation in the trial? | | | |
| 8. | Has the participant signed the consent form? | | | |
| | | Form con next page | | |

| ΟΡ | TIMAL Eligibility Check List Form 2 Page | 2 of | 2 |
|--------------------|--|-----------|----------|
| Patien Initials | t Date of Birth: Patient | al Number | |
| | ase tick either yes or no to the following questions. If any shaded boxes are tig ticipant is ineligible. | cked, t | he |
| | | Yes | No |
| 9. | Is the participant pregnant, lactating or planning a pregnancy during the course of the trial or the female partner of a male participant planning a pregnancy during the course of the trial? | | |
| 10. | Does the participant have a known allergy to investigational drugs? | | |
| 11. | Does the participant have any other significant disease or disorder which, in the opinion of the Investiga- tor, may either put the participant at risk because of participation in the trial, or may influence the result of the trial, or the participant's ability to participate in the trial? | | |
| | Does the participant have any of the following laboratory abnormalities? | | |
| 12. | Absolute neutrophil count <1.0 X 10 ⁹ /L | | |
| 12. | Platelet count <75 X 10 ⁹ /L | | |
| | Serum SGOT/AST or SGPT/ALT >3 x upper limit of normal | | |
| 13. | Has the participant used any standard/experimental anti myeloma drug therapy excluding dexame- thasone within 14 days of trial entry? | | |
| 14. | Does the participant have CKD stage 1-3? | | |
| 15. | Is there any intention to treat the participant with a physical method of serum free light removal such as plasma exchange or high cut off dialysis? | | |
| 16. | Does the participant have grade 2 or more neuropathy (CTCAE v 4.03)? | | |
| 17. | Has the participant participated in another research trial involving an investigational product in the past 12 weeks? | | |
| 18. | Is the participant contraindicated to receive either one of the study drugs, Thalidomide, Bortezomib, Bendamustine based on the respective summary of product characteristics | | |
| 19. | Is the participant eligible for randomisation? | | |
| CI | inician confirming Date completed (ddmmyyyy): | | |
| el | by the completed (ddmmyyyy): | | |
| | (Frint) | personnel | detailed |

Please fax or, scan and email, a copy of this form to the OPTIMAL Clinical Trial Coordinator

For Office use only Date form received:

Date form entered: _____ Initials: _____