INCLUSION CRITERIA

- Neurologic deficit (based on history or exam) attributed to focal brain ischemia and EITHER:
    - **High risk TIA**: Complete resolution of the deficit at the time of randomization AND $ABCD^2$ score ≥4

Or

- **Minor ischemic stroke**: residual deficit with
    - NIHSS ≤3 at the time of randomization
    - Ability to randomize within 12 hours of time last known free of new ischemic symptoms.
    - Head CT or MRI ruling out hemorrhage or other pathology, such as vascular malformation, tumor, or abscess, that could explain symptoms or contraindicate therapy.
    - Ability to tolerate aspirin at a dose of 50-325 mg/day.

EXCLUSION CRITERIA

- Age <18 years
- TIA symptoms limited to isolated numbness, isolated visual changes, or isolated dizziness/vertigo.
- In the judgment of the treating physician, a candidate for thrombolysis, endarterectomy or endovascular intervention.
- Receipt of any intravenous or intra-arterial thrombolysis within 1 week prior to index event.
- Gastrointestinal bleed or major surgery within 3 months prior to index event.
- History of nontraumatic intracranial hemorrhage.
- Clear indication for anticoagulation (e.g., warfarin, heparin) anticipated during the study period (atrial fibrillation, mechanical heart valve, deep venous thrombosis, pulmonary embolism, antiphospholipid antibody syndrome, hypercoagulable state).
- Qualifying ischemic event induced by angiography or surgery.
- Severe non-cardiovascular comorbidity with life expectancy <3 months.
- Contraindication to clopidogrel or aspirin:
- Known allergy
- Severe renal (serum creatinine >2 mg/dL) or hepatic insufficiency (prior or concurrent diagnosis, with INR>1.5, or any resultant complication, such as variceal bleeding, encephalopathy, or icterus)
- Hemostatic disorder or systemic bleeding in the past 3 months
- Current thrombocytopenia (platelet count <100 $x10^9$/l) or neutropenia/granulocytopenia (<1 $x10^9$/l)
- History of drug-induced hematologic or hepatic abnormalities
- Anticipated requirement for long-term (>7 day) non-study antiplatelet drugs (e.g., dipyridamole, clopidogrel, ticlopidine), or NSAIDs affecting platelet function (such as prior vascular stent or arthritis).
- Not willing or able to discontinue prohibited concomitant medications.
- Inability to swallow medications.
- At risk for pregnancy: premenopausal or post menopausal woman within 12 months of last menses without a negative pregnancy test or not committing to adequate birth control (e.g., oral contraceptive, two methods of barrier birth control, or abstinence).
- Unavailability for follow-up.
- Inability to provide informed consent.
- Other neurological conditions that would complicate assessment of outcomes during follow-up.
- Ongoing treatment in another study of an investigational therapy, or treatment in such a study within the last 7 days.