RECOVERY
Randomised Evaluation of COVID-19 Therapy

Sample Form (v19.00 - 28/03/22)

Randomisation Program

Call Freefone **0800 138 5451** to contact the RECOVERY team for **URGENT** problems using the Randomisation Program or for medical advice. All **NON-URGENT queries** should be emailed to **recoverytrial@ndph.ox.ac.uk**

Logged in as: **RECOVERY Site**

Section A: Baseline and Eligibility

Date and time of randomisation: 27 Mar 2022 14:00

Treating clinician

A1. Name of treating clinician

Patient details

A2. Patient surname

Patient forename

A3. NHS number ☐ Tick if not available

A4. What is the patient's date of birth? 01 / January / 2008 Age: 14y 2m

A4.3 What is this child's weight? kg
Use estimated weight if necessary

A5. What is the patient's sex?

Inclusion criteria

A6. Has consent been taken in line with the protocol?
If answer is No patient cannot be enrolled in the study
NB current PIS/ICF version is V22.0 (adults) or V14.0 (children)

A6.0.1 How was consent obtained?

A6.5 Does this patient have viral pneumonia? Yes
See protocol for typical features. If answer is No patient cannot be enrolled in the study

A7.0 Does the patient have proven SARS-CoV-2 infection? Yes

A7.0.1 What was lateral flow test result?

A7.0.2 What was PCR test result?

A7.1 Does the patient have proven influenza infection?

A8. Does the patient have any medical history that might, in the opinion of the attending clinician, put the patient at significant risk if they were to participate in the trial?

A9. Symptom onset date: / /

A10. Date of hospitalisation: / /

A11. Does the patient require oxygen?

A12. Please select one of the following to describe the current level of ventilation support

A12.1 Enter latest oxygen saturation measurement (%)

A12.2 Enter latest CRP measurement since admission to hospital (mg/L) ☐ Tick if not measured
Enter 0 if below the limit of measurement ☐ Tick if greater than limit of measurement

A12.3 Enter latest creatinine measurement since admission to hospital umol/L ☐ Tick if not measured

A12.4 Enter latest D-dimer measurement since admission to hospital ng/mL ☐ Tick if not measured
Enter 0 if below the limit of measurement ☐ Tick if greater than limit of measurement

A12.5 Has the patient received a COVID-19 vaccine?

A12.6 Has the patient received an influenza vaccine in the last 12 months?

Does the patient have any CURRENT comorbidities or other medical problems or treatments?

A13.1 Diabetes

A13.2 Heart disease

A13.3 Chronic lung disease

A13.4 Tuberculosis

A13.5 HIV

A13.6 Severe liver disease

A13.7 Severe kidney impairment (eGFR<30 or on dialysis)

A13.9.0 Does their clinician consider the patient to be severely immunocompromised?

A13.12 Has the patient received tocilizumab or sarilumab therapy during this admission?

A13.14 Current or planned treatment with neuraminidase inhibitor
eg, oseltamivir, zanamivir

A13.15 Has the patient received casirivimab+imdevimab (Ronapreve) during this illness?

A13.16 Has the patient received sotrovimab during this illness?

A13.17 Has the patient received molnupiravir during this illness?

A13.18 Has the patient received Paxlovid during this illness?

Are the following treatments UNSUITABLE for the patient?
If you answer Yes it means you think this patient should NOT receive this drug.

A14J.1 Sotrovimab No

Are the following treatments available?

A15J.1 Sotrovimab Yes

Current medication

A16.1 Is the patient currently prescribed remdesivir?

A16.2 Is the patient currently prescribed systemic corticosteroids (dexamethasone, prednisolone, hydrocortisone, methylprednisolone)?
Please do not include topical or inhaled treatments

A16.5 What venous thromboembolism prophylaxis is the patient receiving?
Standard = usual for hospitalised patients (not increased due to COVID-19); Higher dose = treatment dose or increased prophylaxis due to COVID-19, or oral anticoagulation (eg, warfarin/DOAC).

A16.6 Is the patient currently prescribed baricitinib (or other JAK inhibitor)?

Serum sample collection

A17.0 Please confirm that patient has had a baseline serum sample collected according to the protocol

A17.1 Please confirm that patient has had a baseline nasal swab collected according to the protocol

Please sign off this form once complete

Surname:

Forename:

Professional email:

Continue

Cancel