

Randomisation Program

Call Freephone **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: **Barts Health NHS Trust**

Section A: Baseline and Eligibility

Date and time of randomisation: 1 Jul 2020 12:38

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? / /

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

A7. Does the patient have proven or suspected SARS-CoV-2 infection?
If answer is No patient cannot be enrolled in the study

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?

ABB. Is the patient willing to receive convalescent plasma?

A9. COVID-19 symptom onset date: / /

A10. Date of hospitalisation: / /

A11. Does the patient require oxygen?

A12. Does the patient **CURRENTLY** require ventilation or ECMO?
Invasive mechanical ventilation or extra-corporeal membrane oxygenation

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

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)

A13.8 Known long QT syndrome

A13.9 Current treatment with macrolide antibiotics which are to continue
Macrolide antibiotics include clarithromycin, azithromycin and erythromycin

A13.10 Previous adverse reaction to blood or blood product transfusion

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

A14.1 Azithromycin

A14B.1 Convalescent plasma

Are the following treatments available?

A15.1 Azithromycin

A15B.1 Convalescent plasma

Current medication

A16.1 Is the patient currently prescribed remdesivir?

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

Please sign off this form once complete

Surname:

Forename:

Professional email: