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: 25 Nov 2020 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 ▾] / [November ▾] / [2020 ▾]

A4.1 Was this child born preterm?
(< 37 weeks of gestation) [▾]

A4.2 What was this child's gestational age at delivery? [▾] weeks + [▾] days

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

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? [▾]

A8B. 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. 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)
Enter 0 if below the limit of measurement [_____] ☐ Tick if not measured
☐ Tick if greater than limit of measurement

A12.3 Enter latest creatinine measurement since admission to hospital (µmol/L) [_____] ☐ Tick if not measured

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

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) [▾]

A13.8 Known long QT syndrome [▾]

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

A13.10 Antiplatelet therapy
Includes aspirin, clopidogrel, ticagrelor, prasugrel, dipyridamole [▾]

A13.11 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 patient should **NOT** receive this drug.

A14.1 Low-dose corticosteroids (hydrocortisone) [▾]

A14B.1 Convalescent plasma [▾]

Are the following treatments available?

A15.1 Low-dose corticosteroids (hydrocortisone) [▾]

A15B.1 Convalescent plasma [▾]

Current medication

A16.1 Is the patient currently prescribed remdesivir? [▾]

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

A16.4 Is the patient currently on warfarin or a direct oral anticoagulant?
Includes apixaban, rivaroxaban [▾]

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 [_____▾]

Please sign off this form once complete

Surname: [_____]

Forename: [_____]

Professional email: [_____]

[Continue]

[Cancel]