RECOVERY
Randomised Evaluation of COVID-19 Therapy

Sample Form (v12.00 - 17/12/20)

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: 17 Dec 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 / January / 2020

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

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

A7.5 Does the patient have probable PIMS-TS syndrome? Yes

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) ☐ 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 (µmol/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?

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 High-dose corticosteroids (methylprednisolone)

A14.2 Intravenous immunoglobulin

A14B.1 Convalescent plasma

Are the following treatments available?

A15.1 High-dose corticosteroids (methylprednisolone)

A15.2 Intravenous immunoglobulin

A15B.1 Convalescent plasma

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

A16.25 Has the patient received high-dose (10 mg/kg methylprednisolone or equivalent) corticosteroids on this admission?

A16.3 Has the patient received intravenous immunoglobulin on this admission?

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