

Sample Form (v13.00 - 01/02/21)

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 second randomisation: 1 Feb 2021 00:47

Patient details

Study no
 Name
 Date and time of main randomisation

A1. What is the patient's date of birth? / /

Treating clinician

A2. Name of treating clinician

Inclusion criteria

A3. Does the patient require oxygen?

A4. Please select one of the following to describe the current level of ventilation support

A5. Enter latest oxygen saturation measurement (%)

A6. 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

A6.1 Does the patient have significant systemic disease with persistent pyrexia?

A7. Enter latest ferritin 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

A8. Enter latest creatinine measurement since admission to hospital (µmol/L) Tick if not measured

A8.5 Is the patient currently prescribed systemic corticosteroids (dexamethasone, prednisolone, hydrocortisone, methylprednisolone)?
 Please do not include topical or inhaled treatments

A8.6 Has the patient received high-dose (10 mg/kg methylprednisolone or equivalent) corticosteroids on this admission?

A8.7 Has the patient received intravenous immunoglobulin on this admission?

A9. 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 this aspect of the trial?

Are the following treatments unsuitable for the patient?

A10.1 Tocilizumab

A10.2 Anakinra

Are the following treatments available?

A11.1 Tocilizumab

A11.2 Anakinra

Please sign off this form once complete

Surname:

Forename:

Professional email: