RECOVERY

Randomised Evaluation of COVID-19 Therapy Sample Form (v14.03 - 05/03/21)

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 Elig	jibili
	Date and time of randomisation: 5 Mar 202	1 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?		
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- 		
 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? 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	Tick if not measured	
hospital (mg/L) Enter 0 if below the limit of measurement A12.3 Enter latest creatinine measurement since	Tick if greater than limit of measurement Tick if not measured	
admission to hospital (µmol/L) A12.4 Enter latest D-dimer measurement since admission		
to hospital (ng/mL) 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	r other medical problems or treatments?	
A13.1 Diabetes		
A13.2 Heart disease	v	
A13.3 Chronic lung disease	v	
A13.4 Tuberculosis	v	
A13.5 HIV	v	
A13.6 Severe liver disease	v	
A13.7 Severe kidney impairment (eGFR<30 or on dialysis)	``	
A13.8 Known long QT syndrome	v	
A13.9 Current treatment with macrolide antibiotics which are to continue Macrolide antibiotics include clarithromycin, azithromycin and erythromycin	4	
A13.10 Antiplatelet therapy Includes aspirin, clopidogrel, ticagrelor, prasugrel, dipyridamole		
A13.12 Has received tocilizumab therapy during this admission		
Are the following treatments UNSUITABLE for the p If you answer Yes it means you think this patient sho A14B.1 Synthetic monoclonal antibodies	patient? ould NOT receive this drug.	
(REGN10933+REGN10987)		
A14C.1 Aspirin A14D.1 Baricitinib NB Baricitinib is NOT suitable if patient (i) is pregnant; (ii) has	 ₅	
eGFR <15 ml/min or is on dialysis/haemofiltration; (iii) has active TB; or (iv) has neutrophil count <0.5 $$		
Are the following treatments available? A15B.1 Synthetic monoclonal antibodies (REGN10933+REGN10987)	Yes V	
(REGN10933+REGN10987) A15C.1 Aspirin		
A15C.1 Aspirin A15D.1 Baricitinib		
ALSD.1 Barrounio Current medication A16.1 Is the patient currently prescribed remdesivir?		
A16.2 Is the patient currently prescribed systemic corticosteroids (dexamethasone, prednisolone, hydrocortisone, methylprednisolone)? Piesse do noi indude 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); Righer dose = treatment dose or increased prophylaxis due to COVID-19		
Serum sample collection A17.1 Have you sent a serum sample for coronavirus antibody measurement to your transfusion laboratory? Please sign off this form once complete Surname:		
Surname: Forename:		
Professional email:		
	Continue	