

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](mailto:recoverytrial@ndph.ox.ac.uk)

Logged in as: **RECOVERY Site**

**Section A: Baseline and Eligibility**

Date and time of randomisation: 11 May 2021 14:00

**Treating clinician**

**A1.** Name of treating clinician

**Patient details**

**A2.** Patient surname

Patient forename

**A3.** National ID   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?

**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  mg/dL  Tick if not measured  
Please select correct units for the measurement (mg/dL or µmol/L).

**A12.4** Enter latest D-dimer measurement since admission to hospital  mg/L  Tick if not measured  
Please select correct units for the measurement (mg/L or ng/mL).  Tick if greater than limit of measurement  
Enter 0 if below the 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

**A13.12** Has received tocilizumab therapy during this admission

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

**A14D.1** Infliximab   
NB Infliximab is NOT suitable if (i) patient has suspected active TB at any site; (ii) previously incompletely treated TB; (iii) previous multidrug resistant TB

**A14E.1** High-dose corticosteroids

**Are the following treatments available?**

**A15D.1** Infliximab

**A15E.1** High-dose corticosteroids

**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

**A16.4** 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: