RECOVERY
Randomised Evaluation of COVID-19 Therapy

Sample Form (v18.00 - 30/12/21)

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 randomisation: 30 Dec 2021 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 / 2000 Age: 21y 11m

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
NB current PIS/ICF version is V19.1 (adults) or V13.1 (children)

A6.0 How was consent obtained?

A6.5 Does this patient have viral pneumonia?
See protocol for typical features. If answer is No patient cannot be enrolled in the study (unless they are a child with PIMS-TS)

A7.0 Does the patient have proven SARS-CoV-2 infection? Yes

A7.0.1 What was lateral flow test result?

A7.0.2 What was PCR test result?

A7.1 Does the patient have proven influenza infection?

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. 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?

A12.6 Has the patient received an influenza vaccine in the last 12 months?

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)

A13.9.0 Does their clinician consider the patient to be severely immunocompromised?

A13.12 Has the patient received tocilizumab or sarilumab therapy during this admission?

A13.14 Current or planned treatment with neuraminidase inhibitor
eg, oseltamivir, zanamivir

A13.15 Has the patient received casirivimab+imdevimab (Ronapreve) during this illness?

A13.16 Has the patient received sotrovimab during this illness?

A13.17 Has the patient received molnupiravir during this illness?

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

A14F.1 Empagliflozin
Empagliflozin is NOT suitable if patient (i) has type 1 or post-pancreatectomy diabetes mellitus; or (ii) has a history of ketoacidosis; or (iii) has blood ketones >1.5 mmol/L or urine ketones ≥2+; or (iv) is pregnant or breastfeeding
Empagliflozin cannot be given via an enteral feeding tube.

A14J.1 Sotrovimab

Are the following treatments available?

A15F.1 Empagliflozin

A15J.1 Sotrovimab

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

A16.5 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

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