

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: 30 Dec 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  
**A6.0** How was consent obtained?   
**A6.5** Does this patient have viral pneumonia?  Yes   
See protocol for typical features, if answer is No patient cannot be enrolled in the study  
**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?   
**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  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?   
**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)   
**A13.7.1** Is the patient on dialysis or haemofiltration?   
**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 (e.g. oseltamivir, zanamivir)   
**A13.15** Has the patient received casirinivimab+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.**  
**A14E.1** High-dose corticosteroids   
**A14F.1** Empagliflozin   
Empagliflozin is NOT suitable if patient (i) has type 1 or post-pancreatotomy diabetes mellitus; or (ii) has a history of ketonacidosis; 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.

**Are the following treatments available?**  
**A15E.1** High-dose corticosteroids   
**A15F.1** Empagliflozin

**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: