

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 (for users in the UK, Asia and Africa) or recovery@ecraid.eu (for users in the EU.)

Logged in as: **RECOVERY Site**

Section A: Baseline and Eligibility

Date and time of randomisation: 8 Jan 2024 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? / / Age: 24y

A5. What is the patient's sex?

Inclusion criteria
A6. Has consent been taken in line with the protocol? Yes No
If answer is No patient cannot be enrolled in the study
 NB current PIS/ICF version is V26.0 (adults) or V15.0 (children)

A6.0.1 How was consent obtained?

A6.5 Does this patient have pneumonia? Yes No
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 No

A7.0.1 What was SARS-CoV-2 rapid antigen (eg, lateral flow) test result?

A7.0.2 What was SARS-CoV-2 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?

A12.0 Please select one of the following to describe the current level of ventilation support

A12.1 Enter latest oxygen saturation measurement (%)

A12.1.1 Enter latest respiratory rate (breaths/min)

A12.1.2 Enter latest systolic / diastolic blood pressure (mmHg) /

A12.1.3 Is the patient receiving vasopressors?

A12.1.4 Does the patient have new or acutely worsened confusion?

A12.1.5 Does the patient have presumed infective consolidation on chest imaging (plain X-ray, CT or ultrasound)?

A12.2.0 Enter latest CRP measurement since admission to hospital (if tested). Please ensure correct units (mg/dL or mg/L) are selected. mg/dL mg/L Tick if not measured
Enter 0 if below the limit of measurement

A12.2.1 Enter latest procalcitonin measurement since admission to hospital (if tested). (ng/mL or µg/L) (note units are equivalent) Tick if not measured
Enter 0 if below the limit of measurement

A12.3.0 Enter latest creatinine measurement since admission to hospital µmol/L Tick if not measured

A12.3.1 Enter latest urea (or blood urea nitrogen) measurement since admission to hospital mmol/L Tick if not measured

A12.5 Has the patient received a COVID-19 vaccine?

Does the patient have any CURRENT comorbidities or other medical problems or treatments (present before the current illness)?

A13.1 Diabetes

A13.2 Heart disease

A13.3 Chronic lung disease

A13.4 Active 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?

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

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

A13.18 Has the patient received Paxlovid during this illness?

A13.21 Is the patient currently prescribed systemic corticosteroids (glucocorticoids, eg dexamethasone, prednisolone, hydrocortisone, methylprednisolone), or is corticosteroid treatment considered to be definitely indicated by the managing doctor?

Is randomisation to the following treatments UNSUITABLE for the patient (either because the treatment is indicated or contraindicated)? If you answer Yes it means you think this patient should NOT be randomised to potentially receive this treatment.

A14E.1 High-dose corticosteroids

A14I.1 Sotrovimab

Are the following treatments available?

A15E.1 High-dose corticosteroids

A15I.1 Sotrovimab

Current medication
A16.1 Is the patient currently prescribed remdesivir?

A16.6 Is the patient currently prescribed baricitinib (or other JAK inhibitor)?

Please sign off this form once complete
 Surname:
 Forename:
 Professional email: