ENTRY FORM

CRASH-19

PLEASE COMPLETE 1-30 BEFORE RANDOMISING THE PATIENT

ABOUT YOUR HOSPITAL *(please ensure all information below is contained in the medical records)*

1. Country		**2.** Hospital name, ID	

ABOUT THE PATIENT (circle one answer where options are given)

3. Date of admission to hospital	*day*	*month*	*year*	**4.** Sex	MALE	FEMALE
5. Age *(approximate if unknown)*	*years*			**6.** Current smoker?	YES	NO

7. COVID-19 status	SUSPECTED		CONFIRMED		NOT SUSPECTED *(do not randomise)*			
8. Difficulty breathing	YES	NO	**9.** Signs of hypoxia?			YES	NO	
10. Breathing assisted by	NONE	OXYGEN ONLY	CPAP	BIPAP	MECHANICAL VENTILATION *(do not randomise)*			
11. Chronic respiratory disease	YES	NO	**17.** Liver disease			YES	NO	
12. Cardiovascular disease	YES	NO	**18.** Cancer			YES	NO	
13. Immunocompromised	YES	NO	**19.** Neurological disease			YES	NO	
14. Body mass index >40 *(estimated)*	YES	NO	**20.** Current active infection			YES	NO	
15. Diabetes mellitus	YES	NO	**21.** Other major disease			YES	NO	
16. Renal failure	YES	NO	a. If Yes, describe					
22. Terminally ill / approaching end of life		YES	NO	*If YES, do not randomise*				
23. Any clinical indication for or contraindication to aspirin, losartan or statins				YES	NO	*If YES, do not randomise*		
24. Consent type	PATIENT	PERSONAL REPRESENTATIVE			PROFESSIONAL REPRESENTATIVE			
25. Blood Pressure (mmHg)	a. Systolic	b. Diastolic	**26.** Temperature (^{0}C)					
27. Heart Rate (beats per minute)		**28.** Respiratory Rate (breaths per minute)						
29. Chest X ray / Chest CT results	NOT AVAILABLE	NORMAL	PNEUMONIA	OTHER				

30. Eligible? *(age ≥ 40, confirmed/suspected acute COVID-19, not pregnant, no contraindication to trial drugs, not on mechanical ventilation and not terminally ill / approaching end of life)*	YES	NO	*If YES, go online and upload baseline data to randomise*
31. Insert RANDOMISATION number			*Record from randomisation screen. Write number in medical records. Prescribe and give intervention(s) immediately after randomisation.*

32. Intervention(s) to be given *(for site use only)*	ASPIRIN	LOSARTAN	SIMVASTATIN	ASPIRIN + LOSARTAN	ASPIRIN + SIMVASTATIN	LOSARTAN + SIMVASTATIN	ASPIRIN + LOSARTAN + SIMVASTATIN	STANDARD CARE ONLY

33. Date of randomisation	*day*	*month*	*year*	**34.** Time of randomisation (24-hour clock)	*hours*	*minutes*
35. Name of person randomising	*first/last name*			**36.** Signature		

SITE ADMIN – NON-TRIAL DATA - USED ONLY FOR IDENTIFYING PATIENT FOR HOSPITAL FOLLOW UP ONLY

37. PATIENT DETAILS	a) Patient name	*first/last name*		c) Hospital ID number	
	b) Date of birth	*day*	*month*	*year*	d) Ward admitted to

ENTRY FORM

CRASH-19

ENTRY FORM COMPLETION GUIDANCE

To minimise infection transmission from the use of paper, entry data can be entered **directly** into the trial database. Live randomisation is also carried out on the trial database, at **https://ctu-redcap.lshtm.ac.uk/.**

Please ensure that **all** entry data is contained in the patient's medical records.

Q no.	
SCREENING	
11 - 19	• The diseases in these questions should be present at the time of screening and diagnosed prior to randomisation.
20	• This does not include COVID-19, please only report any other current active infections.
24	• Please report the consent type used to enter this patient into the trial.
25 - 28	• Please use the measurements available closest prior to the time of randomisation.
29	• The chest X-ray / chest CT results should only be reported if they were conducted prior to randomisation.
RANDOMISATION	
31	• Once Q1 – 30 are complete on the online entry form, save the form and move onto the online randomisation form. • You will be given the patient's **randomisation number:** This patient has been confirmed eligible for the CRASH-19 study and will be randomised to: Randomisation number 1 Please record this randomisation number in the medical records (and on Q31 on the paper CRF, if applicable) This is the only identifier used in the trial that can be used to trace the patient. **RECORD THIS NUMBER IN THE PATIENTS MEDICAL RECORDS.**
32	**Press** Randomize **to allocate the trial treatment.** • The treatment allocated will be displayed with drug name(s) and dosage(s), in a pop-up window. • An email will also be sent to the person randomising and the Principal Investigator with the treatment allocation and dosage confirmed. • The date and time of randomisation is automatically populated by the database on the randomisation form.
35	• Please use the first and last name that is used on the trial team members log when completing the name of person randomising.

IF a paper form is used, please ensure you:

- Use permanent black or blue ink pen – do not use pencil or any non-permanent ink.
- Where multiple choices are given, circle the correct answer.
- Insert dates using the format **DD/MM/YYYY** e.g. if 23 February 2018, record as 23/02/2018.
- Indicate all times using 24-hour clock in format of **hours:minutes** e.g. if 2:45 pm, record as 14:45.
- If the time is midnight, record this as 00:00 the following day e.g. if it is midnight on 23/02/2018 then it is recorded as 24/02/2018 at 00:00.
- Write clearly and legibly throughout, using CAPITAL LETTERS.

Upload the data to the database within 24 hours of completion.