

DAY FORM

Support: [mail](#) or +45 3545 7237

Site ID

Day start date:

Day start time:

Day end date:

Day end time:

Major protocol violations on this day

- MPV1 Treatment with open-label systemic corticosteroids on this day? Yes [\[info\]](#)
 No

Life-supportive interventions

- D1 Did the patient receive invasive mechanical ventilation on this day? Yes [\[info\]](#)
 No

- D2 Did the patient receive infusion of vasopressors or inotropes for at least one hour on this day? Yes [\[info\]](#)
 No

- D3 Did the patient receive renal replacement therapy on this day? Including days between intermittent renal replacement therapy. Yes [\[info\]](#)
 No

Serious Adverse Reactions

- SAR1 Clinically important gastrointestinal bleeding on this day? Yes [\[info\]](#)
 No

- SAR2 New onset septic shock on this day? Yes [\[info\]](#)
 No

- SAR3 Invasive fungal infection on this day? Yes [\[info\]](#)
 No

- SAR4 Anaphylactic reaction to trial medication? Yes [\[info\]](#)
 No