





DISCHARGE AND READMISSION FORM

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

Date of hospital readmission (dd-mm-yyyy)	Time of hospital readmission (hh:mm, 24 hours format)	Date of hospital discharge (dd-mm-yyyy)	Time of hospital discharge (hh:mm, 24 hours format)	Patient discharged to [info]	Has the patient been enrolled in other interventional trials during this hospital admission	Patient transferred to site Id	
		<input type="text"/> 	<input type="text"/>	<input type="radio"/> Other hospital/ward participating in the COVID STEROID trial <input type="radio"/> Other hospital/ward not participating in the COVID STEROID trial <input type="radio"/> Home <input type="radio"/> Dead	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="button" value="X"/>
<input type="text"/> 	<input type="text"/>					<input type="text"/>	<input type="button" value="X"/>
		<input type="text"/> 	<input type="text"/>	<input type="radio"/> Other hospital/ward participating in the COVID STEROID trial <input type="radio"/> Other hospital/ward not participating in the COVID STEROID trial <input type="radio"/> Home <input type="radio"/> Dead	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="button" value="X"/>
<input type="text"/> 	<input type="text"/>					<input type="text"/>	<input type="button" value="X"/>
<input type="button" value="Add"/>							