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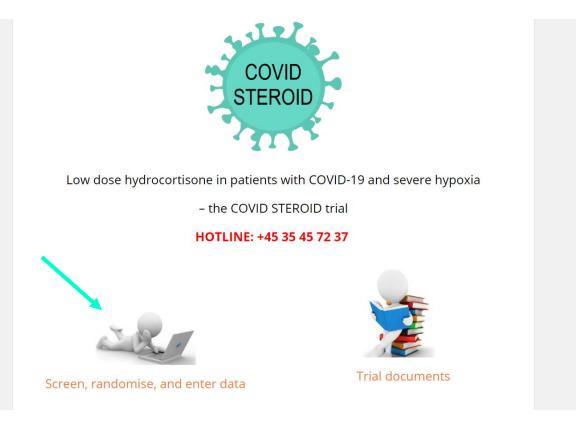


Log on

Go to http://www.cric.nu/covid-steroid-trial/.

Here you will find all trial documents and a link to the electronic case report form (eCRF).

Click the 'Screen, randomise, and enter data'.



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Enter username (e-mail) and password. The first time you log on, please use the password 12345678.

	J.L.	
	COVID	
65	STEROID	
	Login User Name Password	
	Login Forgot Password?	

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User access to the eCRF

Unblinded staff can screen, randomise, view allocation and enter data in the baseline form, administered trial medication form, consent form and withdrawal form. They can view but not edit data entered in dayforms, follow-up forms, and discharge and re-admission form.

Blinded staff can enter data in the baseline form, dayforms, follow up forms, discharge and re-admission form, consent form and withdrawal form. They can view but not edit data entered in the screening form and administered trial medication form. Blinded staff cannot view the allocation.

If you try to access forms you do not have access to, the system will lead you back to the front page automatically.

To view allocation for unblinded staff

Click 'Allocation View'.

ng click here: Go to Patient Screening For Site overview click here: Site Overview											Allenshire View		
Allocation View													
Name	NIN	Enrolment Date 🔻	Screening	Baseline	Consent form	Day form	Administered trial medication	Discharge and readmission	28 days follow-up	90 days follow-up	1 year follow-up	Withdrawal	Actions
		08-06-2020						엨				9	Click here to enter data
		30-05-2020				[x10		(<u>9</u>)				(2)	Click here to enter data

The allocation list will appear in a new window.



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Overview of the eCRF

On the front page, you will see the participant list.

nt page Cha	nge Site Log Out					Participant II	D	Go						
Participant List (for DK01 Test site													
For Scree	ning click here:	Go to Patient Screenin	ng For Site o	verview	click he	Site Ov	erview							
									Randomisation	ns and Transfers Vie	w Remove Form	n Lock Direct T	Fransfer/Readm	nission Site User Handli
	100 V Show More													
Participant ID 👻	Name	NIN	Enrolment Date 🕶	Screening	Baseline	Consent form	Day form	Administered trial medication	Discharge and readmission	28 days follow-up	90 days follow-up	1 year follow-up	Withdrawal	Actions
DV01010		Duan du Facad	27.04.0000				<u></u>							
	Messi	D1234152626	27-04-2020				N x14							Click here to enter data
	Messi Carol Baskin	D1234152626 D1010505555	27-04-2020 27-04-2020		8		🔁 x14	8				0		Click here to enter data Click here to enter data
DK01009						_		8		_		-		
DK01009 DK01008	Carol Baskin	D1010505555	27-04-2020		8		🔁 x14					0		Click here to enter data
DK01009 DK01008 DK01007	Carol Baskin Janus Tester 1	D1010505555 D9878888876	27-04-2020 24-04-2020				🔊 x14		<mark>ଅ</mark> ପ୍ର ସ୍ଥ					Click here to enter data Click here to enter data
DK01010 DK01009 DK01008 DK01007 DK01006 DK01005	Carol Baskin Janus Tester 1 [Name unknown]	D1010505555 D9878888876 D1323134444	27-04-2020 24-04-2020 23-04-2020	C C			x14 x14 x14 x14		<mark>ଅ</mark> ଥ୍ର ଥ୍ର				9 9	Click here to enter data Click here to enter data Click here to enter data
DK01009 DK01008 DK01007 DK01006	Carol Baskin Janus Tester 1 [Name unknown] Sulejma	D1010505555 D9878888876 D1323134444 D7766554433	27-04-2020 24-04-2020 23-04-2020 23-04-2020				x14 x14 x14 x14 x14		<mark>ଅ</mark> ଡୁ ଡୁ ଅ ଅ				[] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Click here to enter data Click here to enter data Click here to enter data Click here to enter data

The screenshot is from a demo version of the eCRF

The participant list contains participant ID, name, national identification number (NIN) and enrolment date. It also contains an overview of all forms for each participant. The colours of the icons indicate the status of the form:

- Data entry not possible
- Form scheduled, data entry possible if necessary (withdrawal, discharge)
- Data entry possible/started but incomplete
- Data entry completed

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New dayforms will be generated daily the first 14 days. The 'Administered Trial Medication' form contains 8 different forms to be filled out every day for the first 7 full days after randomisation.

At the top of the webpage you can:



Change site

Here you can get an overview of all sites that you have access to. Please access the transfer site if a participant has been transferred from one site to another, and all forms have <u>not</u> been completed from the original site. Once all forms are completed, the participant will automatically appear at the new site.

[COVID STEROID
	DK01 Test site [DK01] (Clinical Research Coordinator)
	DK02 Test site [DK02] (Clinical Research Coordinator)
	▶ O Transfer [DK01] to [DK02] [Transfer [DK01] to [DK02]] (Clinical Research Coordinator



From the front page, you can access:

- 1. Patient screening
- 2. Site overview
- 3. Data entry for each participant

	1	L				2								
t page Cha i	nge Site Log Out					'articipant II	D	Go						
	or DK01 Test site												3	
For Screer	ning click here:	Go to Patient Screen	ng For Site o	overview	click he	Site Ov	erview		Randomisation	ns and Transfers Vie	ew Remove Form	Lock Direct T	ransfer/Read	mesion Site User Handlin
	1 100 V Show More	NIN	Enrolment Date 🔻	Screening	Baseline	Consent form	Day form	Administered trial medication	Discharge and readmission	28 days follow-up	90 days follow-up	1 year follow-up	Withdrawal	Actions
articipant ID 👻	Name							trial medication	readmission					
articipant ID v K01010	Name Messi	D1234152626	27-04-2020				N x14	trial medication	readmission					Click here to enter data
articipant ID 🗸 K01010 K01009	Name						×14	trial medication	readmission					Click here to enter data Click here to enter data
articipant ID ▼ K01010 K01009 K01008	Name Messi Carol Baskin	D1234152626 D1010505555	27-04-2020 27-04-2020				×14 ×14 ×14 ×14	trial medication	readmission					Click here to enter data
Varticipant ID ▼ DK01010 DK01009 DK01008 DK01007	Name Messi Carol Baskin Janus Tester 1	D1234152626 D1010505555 D9878888876	27-04-2020 27-04-2020 24-04-2020				x14 x14 x14 x14	trial medication	readmission					Click here to enter data Click here to enter data Click here to enter data
Participant ID	Name Messi Carol Baskin Janus Tester 1 [Name unknown]	D1234152626 D1010505555 D9878888876 D1323134444	27-04-2020 27-04-2020 24-04-2020 23-04-2020				x14 x14 x14 x14 x14 x14 x14	trial medication	readmission ତା ଡା ଡା ଡା					Click here to enter data Click here to enter data Click here to enter data Click here to enter data
Participant ID	Name Messi Carol Baskin Janus Tester 1 [Name unknown] Sulejma	D1234152626 D1010505555 D987888876 D1323134444 D7766554433	27-04-2020 27-04-2020 24-04-2020 23-04-2020 23-04-2020				x14 x14 x14 x14 x14 x14 x14	trial medication	readmission হি গু গু গু গু গু গু গু গু গু গু				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Click here to enter data Click here to enter data Click here to enter data Click here to enter data Click here to enter data

Site overview

Here you can get an overview of all included and excluded patients.

- 1. Scroll to select site
- 2. List of included patients at site
- 3. List of excluded patients at site

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1 Site Overview DK02 •

Click here to get back to Front page Click here to scroll to Exclusions

- Click "Participant ID" or "Name" to highlight row
- · Hover on Form status symbol to see start date and end date
- · Click Form status symbol to enter form data

Participant ID	Name	NIN	Randomisation Date	Screening last updated by	Screening	Baseline	Consent form	DF 1	DF 2	DF 3	DF 4	 DF 6	DF 7	DF 8		DF 12	DF 14	
DK02084	Joseph Maldonado	D2504201234	24-04-2020 21:10	jaschw@rm.dk														
DK02083	John Doe	D1234567894	23-04-2020 10:47	ali.akil.al-alak.03@regionh.dk														
DK02080	POUL TESTMAN	D2907882918	22-04-2020 17:30	chrtoe@rm.dk														
DK02078	Anders Andersen	D111111111	22-04-2020 12:05	jeppe_jensen@msn.com														
DK02075	Yda	D0304401365	22-04-2020 08:52	birte.najbjerg.norby@rsyd.dk							N							
DK02069	Jørgen	D5684215681	21-04-2020 10:57	caroline.loekke.bjerregaard@regionh.dk														
DK02066	Sofie Sofiesen	D1234561234	20-04-2020 14:45	hanne.irene.jensen@rsyd.dk														



2

Screening Failures

Click here to get back to Front page Click here to scroll to top

Participant ID	Birthday (DK sites only)	Screening Failure Date	Screening last updated by
DK02076	D1234567891 [not a CPR value]	22-04-2020 09:15	johanmikkelsen1@gmail.com

Data entry

To enter data, click on 'Click here to enter data' on the participant list.

Participant ID 👻	Name	NIN	Enrolment Date 👻	Screening	Baseline	Consent form	Day form	Administered trial medication	Discharge and readmission	28 days follow-up	90 days follow-up	1 year follow-up	Withdrawal	Actions
DK02084	Joseph Maldonado	D2504201234	24-04-2020				🔁 x14		<u>(11)</u>					Click here to enter data 🗡
DK02083	John Doe	D1234567894	23-04-2020				🔁 x14		<u>(1</u>)				(2)	Click here to enter data
DK02080	POUL TESTMAN	D2907882918	22-04-2020				🔁 x14		(]				()	Click here to enter data
								_		_				

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To enter data for the first time, click 'Click here to enter data'. To edit, click 'Administrative edit'. To view data, click 'Click here to view data'.

Baseline	24-04-2020 21:10			Administrative edit	Click here to view data (read only)	24-04-2020 (jaschw@rm.dk
Consent form	24-04-2020 21:10			Click here to enter data	Click here to view data (read only)	24-04-2020 (jaschw@rm.dk
Administered trial medication	24-04-2020 21:10			Click here to enter data	Click here to view data (read only)	
Discharge and readmission	24-04-2020 21:10			Click here to enter data	Click here to view data (read only)	
Withdrawal	24-04-2020 21:10			Click here to enter data	Click here to view data (read only)	0
Day form (1)	24-04-2020 21:10	25-04-2020 05:59		Click here to enter data	Click here to view data (read only)	0
Screening	24-04-2020 21:08	24-04-2020 21:10	C	Administrative edit	Click here to view data (read only)	24-04-2020 (jaschw@rm.dk

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To get further information about each domain to be filled in the forms, hold the mouse over the [info] box.

BL1	Sex?	 Male [info] Female
BL2	Hospital admission date?	24-04-2020 (dd-mm-yyyy)[info]
BL3	Number of days with symptoms before hospital admission?	5 Unobtainable [info]
BL4	Department at which the participant was included?	 Emergency department or directly from the pre-hospital setting Hospital ward Intermediate care unit Intensive care unit
	Co-morbiditie	s prior to hospital admission
BL5	History of ischemic heart disease or heart failure?	 Yes [info] ● No
BL6	History of chronic hypertension?	 Yes [info] No
BL7	Chronic pulmonary disease?	Yes [info] ● No
BL8	Diabetes mellitus?	 Yes [info] ● No

Place in Site Master File #9a,iv



When the form has been completed, click 'Submit form'. If data have been entered, but the form is not completed, click 'Save'. If you do not want to save the entered data, click 'Exit (no save)'.



Please make sure that the form has been submitted (and not just saved) when you have completed data entry.

Specific forms in the eCRF

Screening form

National identification number:

For Danish sites, please type Danish National identification number:

		SCREENING FORM	
	<u> </u>		Support: mail or +45 3545 7237
		Patient Identification	
S1	National identification number		[info]

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For international sites, please type in date of birth or year of birth according to local regulations.

SCREEN	ING FORM
	Support: mail or +45 3545 7237
Patient Ic	lentification
81 National identification number	230245/N01001 🏴 [info]
Date of birth 230245 W Site (ddmmyy)	ID //// 🍽 Serial 001 🟴

SCREENING FORM					
Support: mail or +45 3545 7237					
Patient Identification					
S1 National identification number 010145IN01001 🏴 [info]					
Year of birth (yyyy) 1945 🕅 Site ID 🛛 //// 🕅 Serial 001 🕅					

This will automictically generate a substitute national identification number in S1. Use this number to identify the patient on a separate list with further details about the patient according to local regulations.

Place in Site Master File #9a,iv



SCREENING FORM					
		Support: mail or +45 3545 7237			
Patient Identification					
<mark>S1</mark>	National identification number	230245/N01001			
	Date of birth (ddmmyy)	Site ID IN01 🍽 Serial 001 🕅			

Oxygen supplementation by open system:

To calculate the oxygen supplementation through an open system, please use the provided converter if a mixture of pure oxygen and atmospheric air is used.



	Inclusion criteria				
S2	Is the patient \geq 18 years old?	💿 Yes 💿 No 🏴			
S3	Does the patient have documented COVID-19?	● Yes ─ No 🏴 [info]			
S4	Oxygen supplementation through an open system with an oxygen flow of at least 10 L/min?	● Yes ○ No 🏴 [info]			
	Note: Round to nearest whole number. If mixture of pure oxygen and atmospheric air is used, use this converter to calculate supplemental oxygen flow.				

Baseline form

This is the most comprehensive form. Please note:

'Hospital admission date': Please enter the date of admission to the first hospital during current admission

'Agents with potential anti-inflammatory action during current hospital admission?': Enter yes, if given before <u>first</u> trial medication administration (also if this is after randomisation). Not including inhalation or topical drugs.

'Use of any drug with potential antiviral activity during current hospital admission?': Enter yes, if given before <u>first</u> trial medication administration (also if this is after randomisation). Not including topical drugs.

Administered trial medication form

Please note: The start and end time of each form corresponds to the start and end time of each day in the electronic medical journals (06.00 am – 05.59 am)

• Day 1 starts at the date and time of randomisation and ends at 05.59 am.



- Day 2-7 start at 06.00 am and end at 05.59 am.
- Day 8 start at 06.00 am and ends at the time of randomisation minus 1 minute.

		Day 1 of in	terven	tion period	
D	ay start date:	30-05-2020	ho.	Day start time:	12:55
D	ay end date:	31-05-2020	P0	Day end time:	05:59
ATM1	Did the patient receive on this day?	trial medication	● Ye ● No	es 🏴 [info]	
ATM1a	How was the trial medi on this day?	cation delivered	Bo	ontinuous infusion ┡ olus injections oth	
ATM1b	Did the patient receive the planned volume on		Ye	es 🏴 [info]	

'Did the patient receive <u>at least 50%</u> of the planned volume on this day?': The data source for the administered volume is preferably the electronic or paper medical journal. If this is not noted in the medical journal, this can also be confirmed by daily visual inspection of trial medication by trial staff.

Discharge and readmission form

Discharge the participant when the participant is transferred to another hospital/ward, home or if the participant dies. If the participant is registered as dead, the generation of dayforms and follow-up forms will stop. Save and exit the form.

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Re-enter and readmit the participant if the participant is transferred to another hospital/ward. This is done by clicking 'Add'. Remember to apply site ID if the patient is transferred to another site participating in the COVID STEROID trial. Discharge and re-admission can be filled out as many times as needed within 90 days of randomisation or until death, but remember you must exit and re-enter the form every time you wish to add a new row.

	Title: Discharge and readmission	1					
I	Instructions:						
				DISCHARGE AND RE	ADMISSION FORM		
						Support: n	ail or +45 3545 7
	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
	भ 📖	uij (25-05-2020	23:38	 Other hospital/ward participating in the COVID STEROID trial Other hospital/ward not participating in the COVID STEROID trial Home Dead 	 Yes No 	DK01
	25-05-2020 P a	23:38	ui ()	[] Po	Other hospital/ward participating in the COVID STEROID trial Other hospital/ward not participating in the COVID STEROID trial Home Dead	YesNo	DK01

Remember to complete all forms when transferring a participant to another trial site. The participant will appear in the transfer site until this is done. Remember to inform the receiving site about the transferal.

Withdrawal

The participant can be withdrawn for the following reasons:

- Clinical decision in conjunction with coordinating investigator
- Withdrawal from active therapy
- SAR/SUSAR

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- Consent not given or withdrawn
- Patient is subject to compulsory hospitalisation

Remember to fill out the withdrawal form if the participant is withdrawn.

Data registration will continue if the participant is withdrawn due to clinical decision in conjunction with coordinating investigator, withdrawal from active therapy, SAR/SUSAR or if the participant is subject to compulsory hospitalisation.

If consent is not given or withdrawn, remember to ask for permission to continue data registration.

Dayforms

Dayforms will be generated automatically the first 14 days after randomisation. Registration of major protocol violations (use of open-label corticosteroids) will be registered during the first 8 days after randomisation (the same period as trial medication is administered).

If the participant dies and is discharged to 'Dead', the generation of dayforms will stop automatically.

Follow-up forms

Follow-up forms will be generated automatically 28 days, 90 days and 1 year after randomisation.

If the participant dies and is discharged to 'Dead', the generation of follow-up forms will stop automatically.

Consent form

Co-enrollment may be noted in the consent form.

Click 'Oral and written trial information given', when the trial guardian/next of kin/participant have been informed orally and have received written information about the trial.

Remember to upload the consent form electronically when this has been signed by the trial guardian/next of kin/participant.



0	Co-enrollment	CLASSIC	
		Upload consent form	m
Cla	Oral and written trial information given to Trial guardian 1	Oral and written trial information given	
L L	Ctat 0 Ien information was first given	9-06-2020	If trial guardian 1 was initially informed orally, please enter the date of oral information and consent
C1b	Trial guardian 1 consent form		Click to upload file
C1c	Optional comment	Informed by MWP	