Title: Discharge and readmission

Instructions:

<table>
<tr><td colspan="8" style="background:yellow">**DISCHARGE AND READMISSION FORM**

Support: mail or +45 3545 7237</td></tr>
<tr>
<td>**Date of hospital readmission (dd-mm-yyyy)**</td>
<td>**Time of hospital readmission (hh:mm, 24 hours format)**</td>
<td>**Date of hospital discharge (dd-mm-yyyy)**</td>
<td>**Time of hospital discharge (hh:mm, 24 hours format)**</td>
<td>**Patient discharged to [info]**</td>
<td>**Has the patient been enrolled in other interventional trials during this hospital admission**</td>
<td>**Patient transferred to site Id**</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>○ Other hospital/ward participating in the COVID STEROID 2 trial
○ Other hospital/ward **not** participating in the COVID STEROID 2 trial
○ Home
○ Dead</td>
<td>○ Yes
○ No</td>
<td></td>
<td>X</td>
</tr>
</table>

Add