# Appendix 2: Entry form

## ENTRY FORM

**CRASH-19 Protocol**  
Clinicaltrials.gov ID: NCT04343001

**PLEASE COMPLETE 1-30 BEFORE RANDOMISING THE PATIENT**

### ABOUT YOUR HOSPITAL

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

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

<table>
<thead>
<tr>
<th>3. Date of admission to hospital</th>
<th>4. Sex</th>
<th>5. Age (approximate if unknown)</th>
<th>6. Current smoker?</th>
</tr>
</thead>
<tbody>
<tr>
<td>day</td>
<td>month</td>
<td>year</td>
<td>MALE</td>
</tr>
<tr>
<td>7. COVID-19 status</td>
<td>SUSPECTED</td>
<td>CONFIRMED</td>
<td>NOT SUSPECTED (do not randomise)</td>
</tr>
<tr>
<td>8. Difficulty breathing</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>9. Signs of hypoxia?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>10. Breathing assisted by</td>
<td>NONE</td>
<td>OXYGEN ONLY</td>
<td>CPAP</td>
</tr>
<tr>
<td>11. Chronic respiratory disease</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>12. Cardiovascular disease</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>13. Immunocompromised</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>14. Body mass index &gt;40 (estimated)</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>15. Diabetes mellitus</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>16. Renal failure</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>a. If Yes, describe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Terminally ill / approaching end of life</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

**If YES, do not randomise**

<table>
<thead>
<tr>
<th>23. Any clinical indication for or contraindication to aspirin, losartan or statins</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES, do not randomise</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Consent type

<table>
<thead>
<tr>
<th>24. Consent type</th>
<th>PATIENT</th>
<th>PERSONAL REPRESENTATIVE</th>
<th>PROFESSIONAL REPRESENTATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>a. Systolic</td>
<td>b. Diastolic</td>
</tr>
<tr>
<td>25. Blood Pressure (mmHg)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Temperature (°C)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Heart Rate (beats per minute)

<table>
<thead>
<tr>
<th>27. Heart Rate</th>
<th>28. Respiratory Rate (breaths per minute)</th>
</tr>
</thead>
<tbody>
<tr>
<td>day</td>
<td>month</td>
</tr>
<tr>
<td>NORMAL</td>
<td>PNEUMONIA</td>
</tr>
</tbody>
</table>

### Chest X ray / Chest CT results

<table>
<thead>
<tr>
<th>29. Chest X ray / Chest CT results</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT AVAILABLE</td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th>30. Eligible?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES, go online and upload baseline data to randomise</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Insert RANDOMISATION number

<table>
<thead>
<tr>
<th>31. Insert RANDOMISATION number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record from randomisation screen. Write number in medical records. Prescribe and give intervention(s) immediately after randomisation.</td>
</tr>
</tbody>
</table>

### Intervention(s) to be given

| 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 |

### Date of randomisation

<table>
<thead>
<tr>
<th>33. Date of randomisation</th>
<th>34. Time of randomisation (24-hour clock)</th>
</tr>
</thead>
<tbody>
<tr>
<td>day</td>
<td>month</td>
</tr>
</tbody>
</table>

### Name of person randomising

<table>
<thead>
<tr>
<th>35. Name of person randomising</th>
</tr>
</thead>
<tbody>
<tr>
<td>first/last name</td>
</tr>
</tbody>
</table>

### Signature

<table>
<thead>
<tr>
<th>36. Signature</th>
</tr>
</thead>
</table>

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

<p>| 37. PATIENT DETAILS |</p>
<table>
<thead>
<tr>
<th>a) Patient name</th>
<th>b) Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>first/last name</td>
<td>day</td>
</tr>
<tr>
<td>c) Hospital ID number</td>
<td></td>
</tr>
<tr>
<td>d) Ward admitted to</td>
<td></td>
</tr>
</tbody>
</table>

**CRASH-19 – Entry form Version 1.0 [15 April 2020]**
Appendix 3: Outcome form

**OUTCOME FORM**

PLEASE COMPLETE AT DEATH, DISCHARGE OR DAY 28 WHICHEVER COMES FIRST

1. HOSPITAL NAME, ID

2. PATIENT RANDOMISATION NUMBER

3. OUTCOME

3.1 DEATH IN HOSPITAL

- **a) Date of death**
  - DAY [DD]
  - MONTH [MM]
  - YEAR [YY]

- **b) Time of death (24hr)**
  - HOUR [HH]
  - MIN [MM]

- **c) Primary cause of death (select one option)**
  - Respiratory failure incl. ARDS
  - Congestive cardiac failure
  - Myocardial Infarction
  - Sepsis
  - Multiorgan failure
  - Other, describe here (only one)

3.2 PATIENT ALIVE (select one and provide date)

- **a) Still in this hospital now (28 days after randomisation)**
  - DAY [DD]
  - MONTH [MM]
  - YEAR [YY]

- **b) Transferred to another hospital – Date of discharge**
  - DAY [DD]
  - MONTH [MM]
  - YEAR [YY]

- **c) Discharged home – Date of discharge**
  - DAY [DD]
  - MONTH [MM]
  - YEAR [YY]

3.3 Ability to self-care at discharge versus before illness (circle one):

SAME AS BEFORE ILLNESS | WORSE | BETTER

4. MANAGEMENT

- **a) Admitted to ICU**
  - YES
  - NO
  - Needed, not available

- **i) If yes, days in ICU (if none, write ‘0’)**

- **b) Ventilatory support**
  - YES
  - NO
  - Needed, not available

- **i) Mechanical ventilation**
  - YES
  - NO
  - Needed, not available

- **ii) CPAP/BiPAP**
  - YES
  - NO
  - Needed, not available

- **c) Corticosteroids**
  - YES
  - NO

- **d) Antibacterial**
  - YES
  - NO

- **e) Antiviral**
  - YES
  - NO

- **f) Antibiotics**
  - YES
  - NO

- **g) Vasopressor/inotrope**
  - YES
  - NO

5. TRIAL TREATMENT GIVEN

- **a) Aspirin 150 mg**
  - YES
  - NO

- **b) Losartan 100 mg**
  - YES
  - NO

- **c) Losartan <100 mg**
  - YES
  - NO

- **d) Simvastatin 80 mg**
  - YES
  - NO

6. COMPLICATIONS

- **a) Myocardial infarction**
  - YES
  - NO

- **b) Congestive cardiac failure**
  - YES
  - NO

- **c) Severe cardiac arrhythmia**
  - YES
  - NO

- **d) Myocarditis**
  - YES
  - NO

- **e) Respiratory failure including ARDS**
  - YES
  - NO

- **f) Viral pneumonitis**
  - YES
  - NO

- **g) Acute renal failure**
  - YES
  - NO

- **h) Sepsis**
  - YES
  - NO

- **i) Stroke**
  - YES
  - NO

- **j) Gastrointestinal bleeding**
  - YES
  - NO

5. TRIAL TREATMENT GIVEN

- **Total number of days**

6. PERSON COMPLETING FORM

- **a) Name**
  - first/last name

- **b) Job title**

- **c) Signature**

- **d) Date**
  - DAY [DD]
  - MONTH [MM]
  - YEAR [YY]

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