

# CRF COMPLETION GUIDELINES

For CRF Version 6.0, 13<sup>th</sup> Jan, 2021

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Version 1.0 29 <sup>th</sup> Apr 2020	B.Mutinda, N.Waithira	Based on CRF Version 4.0 14 <sup>th</sup> Apr 2020
Version 2.0 22 <sup>nd</sup> Oct 2020	B.Mutinda, N.Waithira, J.Callery, P.Yuentrakul, W.Schilling, M.Dondorp, T.Ngerseng	Based on CRF Version 5.1 8 <sup>th</sup> Jul 2020 and Protocol update contained in COPCOV global protocol version 5.0 dated 30 Jun 20
Version 3.0 29 <sup>th</sup> Mar 2020	B.Mutinda, N.Waithira, J.Callery, P.Yuentrakul, M.Dondorp	Based on CRF Version 6.0 13 <sup>th</sup> Jan 2021 and Protocol update contained in COPCOV global protocol Version 6.0 dated 13 January 2021

## GENERAL INSTRUCTIONS

1. Answer every question, unless instructions state that a question should be answered conditionally
2. Free text entry (such as description of symptoms) should be brief and concise
3. Avoid the use of abbreviations unless commonly used medical terms
4. For sites using paper CRFs:
  - a. Circles/radio button (O) indicate single selection answers (choose one answer only). Square/check boxes (□) indicate multiple selection answers (choose as many answers as are applicable).
  - b. Mark an answer by marking a cross in the response box. For example:  YES ;  YES
  - c. Indicate **Subject Number** consistently in all CRF pages.
  - d. Avoid writing outside of the provided spaces.
  - e. Answer every question explicitly. **DO NOT** use ditto (“..”) marks.
  - f. Record data clearly in ink using **CAPITAL LETTERS**.
  - g. Any update or correction to an entry in the CRF should be dated, initialed, and explained (if necessary). The original entry **SHOULD NOT** be obscured (i.e. a dit trail should be maintained)

17
<del>04</del> /   M   A   R   /   2   0   2   0
JK 21/03/2020

- h. Enter data from the paper CRFs into the study database within 24 hours of a participant's visit
5. **DO NOT** record person-identifying information such as Names, Identity card numbers, Phone numbers on CRF

Date	<ul style="list-style-type: none"> <li>- Record all dates in format DD/MM/YYYY, i.e. (DAY/MONTH/YEAR ) Example:  _0_ _4_  /   _M_ _A_ _R_  /   _2_ _0_ _2_ _0_  (DD/MMM/YYYY)</li> <li>- Provide actual dates. DO NOT record estimated dates</li> <li>- If actual date is unknown, record <b>NK</b> (Not Known) Example:  _N_ _K_  /   _M_ _A_ _R_  /   _2_ _0_ _2_ _0_  (DD/MMM/YYYY)</li> </ul>
Time	<ul style="list-style-type: none"> <li>- Record time in 24 hours format  _0_ _0_  :   _0_ _4_  (Four minutes past mid night)  _0_ _8_  :   _2_ _4_  (Twenty four minutes past 8 AM)  _1_ _4_  :   _0_ _4_  (Four minutes past 2 PM)</li> <li>- Provide actual time. If actual time is unknown, record NK (Not Known) Example:  _N_ _K_  :   _   _  </li> </ul>
Initials	<ul style="list-style-type: none"> <li>- Record initials of person completing the CRF; they must be listed as having CRF completion responsibility on the delegation log.</li> <li>- For sites using Electronic Data Capture, the username of the person performing the entry will be automatically recorded in the audit trail.</li> </ul>

Date of CRF completion	<ul style="list-style-type: none"> <li>- Actual date CRF is completed</li> <li>- For sites using Electronic Data Capture, the timestamp of data entry will be automatically recorded in the audit trail.</li> </ul>
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## SCREENING FORM

CRF QUESTION	COMPLETION INSTRUCTIONS																																																								
Site code	<ul style="list-style-type: none"> <li>- A unique number identifying the Study Site.</li> </ul> <p style="text-align: center;"><b>Site Code:</b>  _T_ _H_ _0_ _0_ _1_ </p>																																																								
Screening Number	<ul style="list-style-type: none"> <li>- A sequential number assigned to ALL screened participants</li> </ul> <p style="text-align: center;"><b>Screening Number:</b>  _0_ _0_ _0_ _1_ </p>																																																								
Screening date	<ul style="list-style-type: none"> <li>- Actual date a participant is screened with potential of being enrolled</li> </ul>																																																								
Inclusion criteria (Question 1 to 7) Exclusion criteria (Question 1 to 10)	<ul style="list-style-type: none"> <li>- Mark <b>ONLY</b> one response, either YES, NO or Not Assessed</li> </ul> <p style="text-align: center;"><b>Example</b> <input checked="" type="radio"/> YES   <input type="radio"/> NO   <input type="radio"/> Not assessed</p>																																																								
Is participant eligible	<ul style="list-style-type: none"> <li>- A participant is eligible if all Inclusion criteria are 'YES' and all Exclusion Criteria are 'NO'</li> </ul>																																																								
Is participant enrolled	<ul style="list-style-type: none"> <li>- If a participant is enrolled, they will be assigned a Subject Number, <b>based on the assigned drug kit number</b>. The rest of the CRF will be filled out.</li> <li>- If NOT enrolled, investigator will sign off the screening form and no more CRFs will be completed</li> </ul>																																																								
Randomisation date and time	<ul style="list-style-type: none"> <li>- Record actual date and time ONLY for enrolled participants</li> <li>- Time recorded on CRF should be same as time recorded on the randomisation envelope</li> </ul>																																																								
Subject Number	<ul style="list-style-type: none"> <li>- Subject number is the same as the <b>Drug Kit number</b>. Record the number appearing on the drug kit. If using paper CRF, attach a sticker from the drug kit onto the CRF.</li> <li>- Record this number in the subject number text boxes at the header of CRF page.</li> </ul> <p style="text-align: center;"><b>Subject Number:</b>  _A_ _0_ _0_ _1_ - _0_ _0_ _1_ </p> <ul style="list-style-type: none"> <li>- In case the drug kit was relabelled, record the <b>new drug kit number</b> and <b>relabelled date</b>.</li> </ul> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p style="text-align: center;"><b>Subject Number : Attach sticker from drug kit, or write</b></p> <p style="text-align: center;"><i>If relabeled:</i></p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid blue; padding: 2px;">E</td><td style="border: 1px solid blue; padding: 2px;">0</td><td style="border: 1px solid blue; padding: 2px;">3</td><td style="border: 1px solid blue; padding: 2px;">0</td><td style="border: 1px solid blue; padding: 2px;">-</td><td style="border: 1px solid blue; padding: 2px;">0</td><td style="border: 1px solid blue; padding: 2px;">4</td><td style="border: 1px solid blue; padding: 2px;">5</td> </tr> <tr> <td colspan="8"><i>(Drug kit number)</i></td> </tr> <tr> <td style="border: 1px solid yellow; padding: 2px;">E</td><td style="border: 1px solid yellow; padding: 2px;">0</td><td style="border: 1px solid yellow; padding: 2px;">1</td><td style="border: 1px solid yellow; padding: 2px;">3</td><td style="border: 1px solid yellow; padding: 2px;">-</td><td style="border: 1px solid yellow; padding: 2px;">0</td><td style="border: 1px solid yellow; padding: 2px;">0</td><td style="border: 1px solid yellow; padding: 2px;">7</td> </tr> <tr> <td colspan="8"><i>(New Drug kit number)</i></td> </tr> <tr> <td style="border: 1px solid yellow; padding: 2px;">1</td><td style="border: 1px solid yellow; padding: 2px;">5</td><td style="border: 1px solid yellow; padding: 2px;">/</td><td style="border: 1px solid yellow; padding: 2px;">M</td><td style="border: 1px solid yellow; padding: 2px;">A</td><td style="border: 1px solid yellow; padding: 2px;">R</td><td style="border: 1px solid yellow; padding: 2px;">/</td><td style="border: 1px solid yellow; padding: 2px;">2</td> </tr> <tr> <td style="border: 1px solid yellow; padding: 2px;">0</td><td style="border: 1px solid yellow; padding: 2px;">2</td><td style="border: 1px solid yellow; padding: 2px;">1</td><td colspan="5"></td> </tr> <tr> <td colspan="8"><i>(Relabeled date)</i></td> </tr> </table> </div>	E	0	3	0	-	0	4	5	<i>(Drug kit number)</i>								E	0	1	3	-	0	0	7	<i>(New Drug kit number)</i>								1	5	/	M	A	R	/	2	0	2	1						<i>(Relabeled date)</i>							
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	- If no relabelling done, write NA in for the <b>new drug kit number</b> and <b>relabelled date</b> .
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## DEMOGRAPHICS

CRF QUESTION	COMPLETION INSTRUCTIONS
Date of birth Estimated age	<ul style="list-style-type: none"> <li>- Complete the date of birth in full, if known.                             <ul style="list-style-type: none"> <li>▪ If full date of birth is unknown, record estimated age in years and leave date of birth blank.</li> </ul> </li> <li>- Provide <b>ONLY</b> one response (either date of birth <b>OR</b> age) Date of birth: [_2][_4]/[_J][_U][_L]/[_1][_9][_7][_3] <b>OR</b> Estimated Age:  _ _  Date of birth: [_]/[_]/[_]/[_]/[_]/[_] <b>OR</b> Estimated Age:  _4_ _6_ </li> </ul>
Question No. 1, 3,5,9,10 and 11	<ul style="list-style-type: none"> <li>- Provide a single response to the questions Example: Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Not specified</li> </ul>
Question No. 4	<ul style="list-style-type: none"> <li>- Multiple answers are allowed, check all applicable responses Example: 4. <b>Where do you work in the hospital?</b> <input checked="" type="checkbox"/> Outpatients <input type="checkbox"/> Intensive Care Unit <input checked="" type="checkbox"/> Medical Ward <input type="checkbox"/> Accident and Emergency <input type="checkbox"/> Paediatrics <input type="checkbox"/> Other: _____</li> </ul>
Question No. 3,4, 5 and 9	<ul style="list-style-type: none"> <li>- If "<b>OTHER</b>" checkbox is selected, please specify Example: 9. Drug allergy: <input checked="" type="radio"/> Yes <input type="radio"/> No If yes which drug(s): <u>ASPIRIN</u></li> </ul>
Question 6, 7 and 8	<ul style="list-style-type: none"> <li>- Record the actual Weight, Height and Temperature in Kg, cm and degrees Celsius respectively</li> </ul>

## QUALITY OF LIFE

Question 12,13,14,15 and 16	<ul style="list-style-type: none"> <li>- Data will be critical in performing health economic analyses to assess the impact of chloroquine or hydroxychloroquine prophylaxis on costs and quality of life measures.</li> <li>- Mark <b>ONLY</b> one appropriate response for each question</li> </ul>
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## CO-MORBIDITIES

CRF QUESTION	COMPLETION INSTRUCTIONS
17. Existing co-morbidities?	<ul style="list-style-type: none"> <li>- If YES [<input checked="" type="radio"/> Yes <input type="radio"/> No] , answer all questions (a) to (k)</li> <li>- If No [<input type="radio"/> Yes <input checked="" type="radio"/> No] , do not answer questions (a) to (k)</li> <li>- If other comorbidities are reported and not listed in (a) to (k) exists, record each additional comorbidity as a separate entry in (l) to (n)</li> </ul>

## SYMPTOMS

CRF QUESTION	COMPLETION INSTRUCTIONS
18. Is the subject experiencing any symptoms?	<ul style="list-style-type: none"> <li>- If YES [<input checked="" type="radio"/> Yes <input type="radio"/> No], answer all question (a) to (v)</li> <li>- If No [<input type="radio"/> Yes <input checked="" type="radio"/> No] , do not answer questions (a) to (i)</li> </ul>

## DEMOGRAPHICS

CRF QUESTION	COMPLETION INSTRUCTIONS
	<ul style="list-style-type: none"> <li>- If other symptoms are present and covered in (a) to (v), record each additional symptom as a separate entry in (w).                             <ul style="list-style-type: none"> <li>▪ Separate multiple other symptoms with comma</li> </ul> </li> </ul>

## BASELINE VENOUS BLOOD

CRF QUESTION	COMPLETION INSTRUCTIONS
19. Baseline venous blood sample taken?	<ul style="list-style-type: none"> <li>- If YES ⊗Yes ○No, record appropriate details in the Sample Log</li> </ul>

## STUDY DRUG ADMINISTRATION

CRF QUESTION	COMPLETION INSTRUCTIONS
20. Time of first dose of study drug	<ul style="list-style-type: none"> <li>- Record actual time the first dose is given, in 24 hour clock format</li> </ul>
21. Number of tablets administered (DOT)	<p>  <u>a</u>   /   <u>b</u>  </p> <ul style="list-style-type: none"> <li>- In section 'a', record the number of tablets that the participant takes as Direct Observed Therapy (DOT);</li> <li><b><u>Note: If the loading dose is split, only the DOT for the initial part of the loading dose should be recorded on the CRF.</u></b></li> <li>- In section 'b', record the total number of tablets prescribed as the loading dose.</li> </ul> <p>For example, an adult weighing 60Kg is prescribed a loading dose of 4 tablets. The participant takes 2 tablets at site and takes the rest of the tablets when at home. The CRF entry will read:   <u>2</u>   /   <u>4</u>  </p>
22. Vomit	<ul style="list-style-type: none"> <li>- Re-dose is ONLY applicable to the loading dose (if the loading dose is split this only applies to the initial part of the loading dose)                             <ul style="list-style-type: none"> <li>▪ If the participant vomits within 30 minutes of taking loading dose, the dose will be re-administered in full.</li> <li>▪ If a participant vomits after 30 minutes of taking the loading dose, the dose will not be re-administered.</li> </ul> </li> </ul>
23. Re-dose	<ul style="list-style-type: none"> <li>- Indicate if participant was re-dosed.</li> </ul>

## FOLLOW-UP FORMS

CRF QUESTION	COMPLETION INSTRUCTIONS
<p>Follow-up Forms:</p> <p><b>Day 30</b></p> <p><b>Day 60</b></p> <p><b>Day 90</b></p> <p><b>Post Day 90</b></p>	<ul style="list-style-type: none"> <li>- All participants will be followed up on D30, D60 and D90 (unless they receive a COVID-19 vaccine)                             <ul style="list-style-type: none"> <li>▪ Window period window is <b>-3/+1</b> for D30 and 60</li> <li>▪ and <b>-3/+7</b> for 90</li> </ul> </li> <li>- All participant should attend D90 however, for those unwell with ARI/COVID-19 symptoms this may be extended up to a maximum of D150</li> <li>- If unwell at D90, on the last date of standard follow-up, data will be recorded in the <b>post D90 Follow-Up</b> form.</li> <li>- See the COPCOV vaccination SOP for further information regarding the COVID-19 vaccination follow-up schedule</li> </ul>
<p>Date of Visit</p>	<ul style="list-style-type: none"> <li>- Record actual date of the follow up visit</li> <li>- If the follow up visit occurred record the visit date and fill in the CRF                             <ul style="list-style-type: none"> <li>o If participant <b>Missed Visit</b>, mark check box and leave the rest of CRF blank.</li> <li>o If participant <b>Received COVID-19 vaccine</b> mark check box. Leave the rest of CRF blank and fill in COVID-19 Vaccination CRF.</li> </ul> </li> <li>- If participant came for a visit off the window, e.g. D30 visit the participant came on D25 for some reason, record the actual date of visit on the D30 form.</li> <li>- If participant is well at the D90 visit, mark the post D90 visit as '<b>Not Applicable</b>'.                             <ul style="list-style-type: none"> <li>o Post D90 form is only used to follow up participants recovering from ARI/COVID-19.</li> </ul> </li> </ul>
<p>1. Did you take study drug as prescribed? {<b>Always, Sometimes, Never</b>}</p>	<ul style="list-style-type: none"> <li>- If participant took the drug '<b>Sometimes</b>' or '<b>Never</b>' provide the reason he/she did not take the drug as prescribed                             <ul style="list-style-type: none"> <li>o <b>Always</b> – Takes study drug as prescribed at all times</li> <li>o <b>Sometimes</b> – Study drug NOT TAKEN as prescribed at least once, that is <i>on and off</i> not every day</li> <li>o <b>Never</b> – DID NOT TAKE study drug at all</li> <li>o If Stopped study medication before this visit- specify the reason</li> </ul> </li> </ul>

3. Number of tablets remaining	<ul style="list-style-type: none"> <li>- Confirm and record the number of tablets the participants returns with during the follow-up visit</li> <li>- In case the participant did not bring back the remaining tablets, encourage the participant to bring back the next day(s), if possible. <ul style="list-style-type: none"> <li>▪ If not possible, record 0 (zero)</li> <li>▪ Record the reason in the drug accountability log.</li> </ul> </li> <li>- Ensure study drug accountability log data tally with data on CRF</li> </ul>
4. Date and time last dose of study drug was taken	<ul style="list-style-type: none"> <li>- Ask and record actual date and time the participant took the last dose</li> </ul>
Since the previous visit	<ul style="list-style-type: none"> <li>- Question No. 5, 6, 7, 8 and 9 select one response. If YES for: <ul style="list-style-type: none"> <li>o <b>Question No. 5:</b> <ul style="list-style-type: none"> <li>▪ Record date of diagnosis</li> </ul> </li> <li>o <b>Question No. 6:</b> <ul style="list-style-type: none"> <li>▪ Select all applicable responses for household person(s) diagnosed with COVID-19</li> </ul> </li> <li>o <b>Question No. 7:</b> <ul style="list-style-type: none"> <li>▪ Specify the number of consultations for any illness</li> </ul> </li> <li>o <b>Question No. 8 and 9:</b> <ul style="list-style-type: none"> <li>▪ Answer if hospitalised due to COVID-19</li> <li>▪ Specify number of times admitted and duration</li> </ul> </li> </ul> </li> </ul>
Question No. 10	<ul style="list-style-type: none"> <li>- Ask the participant how much he/she has paid for health care and medications. This should be the amount the patient has to pay themselves, i.e. if there is a transaction, even if at a later date they claim it back from the insurance; For example if they are admitted to hospital and the insurance pays everything and the participant doesn't have to pay a bill it would be '0', however if they had to pay a 10,000 THB bill on discharge the answer would be 10,000 THB, even if they later claim it back from the insurance.</li> <li>- Specify the currency</li> </ul>
Quality of life Question No. 11, 12,13,14, 15,	<ul style="list-style-type: none"> <li>- Ask the study participants these questions to assess the impact of study drugs on their life.</li> <li>- Mark ONLY the most appropriate response</li> </ul>
Sample collection Question No. 16, 18 and 19	<ul style="list-style-type: none"> <li>- Mark ONLY the appropriate response for samples collected</li> </ul>

Question No. 17 Drug given for next 30 days?	<ul style="list-style-type: none"> <li>- Complete this question on D30 and D60</li> <li>- Did the study participant receive study drugs for the next 30 days?                             <ul style="list-style-type: none"> <li>▪ Mark Yes if drugs given</li> <li>▪ No if drugs not given</li> </ul> </li> </ul>
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## FOLLOW-UP POST DAY 90

CRF QUESTION	COMPLETION INSTRUCTIONS
Date Bio specimen	<ul style="list-style-type: none"> <li>- Record actual date of sample collection</li> <li>- Sample collection data should be consistent with sample log</li> </ul>
Bio specimen type	<ul style="list-style-type: none"> <li>- Select/Specify type of sample collected</li> <li>- Sample collection data should be consistent with sample log</li> </ul>

## COVID-19 VACCINATION

CRF QUESTION	COMPLETION INSTRUCTIONS
Fill in the COVID-19 vaccination form for participants who have received or are planning to get a COVID-19 vaccination. Ideally, this form should be completed no sooner than a week before a planned vaccination. <ul style="list-style-type: none"> <li>o <i>Participants with a planned COVID-19 vaccination date can stop the study medication at the time of this follow up or continuing it up until they receive the vaccination</i></li> </ul> <b>NOTE: If COVID-19 vaccination occurs before D30 visits, the vaccination visit will replace D30 in this case. If vaccination takes place after D30 (e.g. D35, D45, etc.), then D60 will be replaced by D28 post 1st vaccination.</b>	
Date of visits	<ul style="list-style-type: none"> <li>- Record date of visits</li> </ul>
Received first dose of COVID-19 vaccination?	<ul style="list-style-type: none"> <li>- If Yes, record actual date of vaccination</li> <li>- If planning to get COVID-19 vaccine, record planned date</li> </ul>
Questions 2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18 and 19	<ul style="list-style-type: none"> <li>- Refer to instructions in "<b>FOLLOW-UP FORMS</b>" section</li> </ul>

## CASE SCENARIO FOR COVID-19 VACCINATION

In some instances, as a result of following the "vaccination follow-up" schedule, a number of routine follow-ups may be missed i.e., D30 or D60, depending on when a participant is vaccinated. All participants should attend for a D90 follow-up, however a few participants may be required to attend the "Post vaccination follow-up" after this date. Below are a number of scenarios to help guide the follow-up process.

### Scenarios

Scenario	Vaccination Date	Vaccination Form (Prior to +3d)	Post Vaccination Form (28d after vaccination +/-3d)	D30 Form (-3/+1d)	D60 Form (-3/+1d)	D90 Form (-3/+7d)	Final Status Form
A	D0 - D30	Y	Y	N	N	Y	Y
B	D30 - D60	Y	Y	NA	N	Y	Y
C	D60 - D90	Y	Y	NA	NA	Y	Y

Worked examples

Scenario	Vaccination Date	Vaccination Form	Post Vaccination Form	D30 Form	D60 Form	D90 Form	Final Status Form
A	D15	Prior D15 (prior/+3)	D43 (-/+3)	x	x	✓ <sup>1</sup>	D90 (-3/+7)

Scenario	Vaccination Date	Vaccination Form	Post Vaccination Form	D30 Form	D60 Form	D90 Form	Final Status Form
B	D45	Prior D45 (prior/+3)	D73 (-/+3)	✓	x	✓ <sup>1</sup>	D90 (-3/+7)

Scenario	Vaccination Date	Vaccination Form	Post Vaccination Form	D30 Form	D60 Form	D90 Form	Final Status Form
C	D75	D75 (prior/+3)	D103 (-/+3)	✓	✓	✓ <sup>1</sup>	D103 (-/+3)

<sup>1</sup> Participant attends D90 – Study team complete the CRF only, no blood sample is taken

### DAY 28 (POST COVID-19 VACCINATION)

CRF QUESTION	COMPLETION INSTRUCTIONS
This is a follow up for participants who have received COVID-19 vaccination. This form should be completed <b>28 days after a participant receives</b> a COVID-19 vaccination (first dose).	
Date of visits	- Record date of visits
Was an estimated/planned date for vaccination used at the last visit?	- If Yes, record actual date of vaccination - If No, do not complete the date
Did you report any symptoms after vaccination	- Mark the appropriate response - Symptoms will be picked up on the e-PRO app
Questions 3,4,5,6,7,8,9,10,11,12,13 and 14	- Refer to instructions in " <b>FOLLOW-UP FORMS</b> " section

## FINAL STATUS PAGE

CRF QUESTION	COMPLETION INSTRUCTIONS
Did the study participant receive a diagnosis of COVID-19 during the study?	<ul style="list-style-type: none"> <li>- Provide response Yes or No</li> <li>- If YES, complete questions (a) to (d) by marking the appropriate radio</li> <li>- If NO, leave questions (a) to (d) blank</li> </ul>
Participant has completed the study?	<ul style="list-style-type: none"> <li>- Completion of study is defined as participant being seen <u>until the D90 visit</u> (or <u>until Day 90- 150</u> for participants diagnosed with COVID-19/ARI and not fully recovered at the Day 90 visit or participant going past D90 if they have the vaccine within the last 28days of the study)                             <ul style="list-style-type: none"> <li>▪ If YES, record date of completion: date the participant was last involved in a study-related procedure (i.e. date of last visit)</li> <li>▪ If NO, provide <b>*date of discontinuation</b> from the study:                                     <ul style="list-style-type: none"> <li>• Mark <b>ONLY</b> the most appropriate reason for discontinuation</li> <li>• If reason is death record date of death. Record NK if date of death is unknown</li> </ul> </li> <li>▪ If Reason is 'Other' , specify the reason</li> </ul> </li> </ul> <p><b>NOTE:</b></p> <ol style="list-style-type: none"> <li>1. <b>*Date of discontinuation</b> – Date when participant was last involved in a study-related procedure e.g. taking the IMP, having a biospecimen taken, being physically seen by study team etc.</li> <li>2. <b>Lost to follow up</b> – Study participants who did not show up for the last follow up visit and all attempts to re-contact the participant have not been successful within the window period. (All participants: Last follow up is D90, COVID-19/ARI and not fully recovered at the D90: Last follow up is D90 – D150)</li> </ol>
Investigator's statement	<ul style="list-style-type: none"> <li>- A confirmation that the Investigator or designee per delegation log has reviewed the CRF as complete and accurate.</li> <li>- Investigator signature date is considered as final record and should not precede any dates on the CRF.</li> </ul>

## CONCOMITANT MEDICATION FORM

CRF QUESTION	- COMPLETION INSTRUCTIONS
Concomitant Medication	<ul style="list-style-type: none"> <li>- If no concomitant medications reported, mark None/No radio at the top right</li> <li>If concomitant medication(s) are reported;               <ul style="list-style-type: none"> <li>- Complete all drug(s) details that the participant is taking; ongoing at time of enrolment and any other medications given during the study period, other than the study drug as follows;                   <ul style="list-style-type: none"> <li>o Select appropriate medication class Number. For example, if <b>Anti-hypertensive</b> record <b>1</b>, <b>Diabetic medication</b> record <b>2</b>, if participant received <b>COVID-19 vaccine</b> record <b>9</b>.</li> <li>o Record medication generic name</li> <li>o Specify conmed indication for example <b>Pre-existing condition, AE, Prophylaxis</b> etc.</li> <li>o Record start date and end date;                       <ul style="list-style-type: none"> <li>▪ If conmed is ongoing at the last follow-up visit, indicate ongoing.</li> </ul> </li> <li>o Specify if drug is given to treat an SAE by marking Yes or No</li> <li>o Record actual amount of dose given.</li> <li>o Specify the <b>Units</b> and <b>Form</b> by writing the respective <b>numbers</b> as indicated in the ledger                       <ul style="list-style-type: none"> <li>▪ For Medication taken on daily basis for example a participant with underlying Diabetes Mellitus condition and taking 10 IU in morning and 16 IU in the evening, record the medication in two separate line</li> </ul> </li> <li>o Record <b>Frequency</b> and <b>Route</b> using appropriate numbers as indicated in the ledger</li> <li>o ConMed form may be used as the source document at some sites. Study staff completing the row/record should write his/her <b>Initials</b> and <b>Date</b></li> </ul> </li> </ul> </li> </ul>

## ADVERSE EVENTS FORM

CRF QUESTION	COMPLETION INSTRUCTIONS
Adverse events	<ul style="list-style-type: none"> <li>- If no AE(s) reported, mark None/No radio at top right</li> <li>- Complete the table if a participant reports being unwell with a symptom of grade 2 or above on the grading scale in <b>CTCAE 5.0 (27Nov2017)</b>.               <ul style="list-style-type: none"> <li>o AEs will be number sequentially per participant, with 1<sup>st</sup> event being No. 1</li> <li>o Record the number or the event description. Example if <b>Itching</b> write <b>1</b>, if <b>Vomiting</b> write <b>8</b>, if other AEs not in the list (1 to 10) write 99 and specify</li> <li>o Complete AE start date, end date.                   <ul style="list-style-type: none"> <li>▪ AEs considered related to the trial medication as judged by a medically qualified investigator will be followed either until resolution, or the event is considered stable.</li> <li>▪ If AEs has not resolved on the last follow up visit and NOT related to trial medications, indicate end date as "<b>Ongoing</b>"</li> </ul> </li> <li>o Refer to the code list for AE Relationship to drug, Severity, Action taken and Outcome at ledger on top of each column.</li> <li>o If an AE meets the criteria for an SAE, please report an SAE. See <i>protocol for definition of SAE and AE SAE reporting SOP</i>.</li> <li>o AE form will be partially used as source document. Study staff completing the row/record should write his/her <b>Initials</b> and <b>Date</b></li> <li>o If using the worksheet tool ensure the entries in the worksheet match the entries in the AE CRF</li> </ul> </li> </ul>

## COVID/ARI ADMISSIONS FORM

CRF question	Completion instructions
<p><b>COVID/ARI Admissions form</b></p>	<ul style="list-style-type: none"> <li>- Complete daily ONLY for participants admitted with symptoms of an acute respiratory infection (ARI) or COVID-19 confirmed case.</li> <li>- Record actual date of observations                             <ul style="list-style-type: none"> <li>o Oxygen saturation between 90% (inclusive) and 94% on room air</li> <li>o Oxygen saturation &lt; 90% on room air</li> </ul> </li> <li>o Required* supplemental oxygen via face mask/ nasal prongs</li> <li>o Required* supplemental high-flow oxygen or non-invasive ventilation?</li> <li>o Required* intubation and mechanical ventilation</li> <li>o Required* ventilation and additional organ support or ECMO criteria met</li> <li>o This form will be used as source document. Study staff completing the row/record should write his/her <b>Initials</b> and <b>Date</b></li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Record Y(Yes) or N(No), as applicable for each of the questions.</p> <p><b>Both</b> questions should be answered</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>* Either the participant received the intervention or, in the opinion of the treating physician, the intervention was required but not delivered (<i>for example, due to resource constraints</i>)</p> <p>-Record Y (Yes) or N(No) for each of the questions.</p> <p><b>All</b> questions should be answered</p> </div>

## SERIOUS ADVERSE EVENT FORM

CRF QUESTION	COMPLETION INSTRUCTIONS
SAE No	- Assign a unique and sequential SAE number for each SAE. SAE numbers are sequential (1, 2, 3,) per patient. NOTE: All SAEs MUST be recorded as AEs
Linked AE number(s)	- Record all the AE(s) number linked to this SAE - Refer to the AE form for the numbers
Type of report	- Indicate type of SAE report, 1 <sup>st</sup> report is considered the initial - Mark ' <b>Initial</b> ' and ' <b>Final</b> ' for SAE which occurred and resolved in a relatively short period of time which by the time the site staff became aware of the SAE it was resolved.
Onset date	- Record the date the SAE started. DO NOT change the onset date in follow up reports. If the initial date was wrong, write in the follow up report, cancel and write the correct date.
Date of awareness of SAE	- Record the date when the study team became aware of the SAE
End date Ongoing	- Record the date that the event stabilised, the condition returned to baseline or the condition resolved. - If event not resolved at time of writing the report, mark the 'Ongoing' checkbox
Final diagnosis/Syndrome	- Describe concisely, the final diagnosis, or main reason the SAE is being reported - If this is an initial report and the final diagnosis is not yet determined, the information recorded is provisional and may change in subsequent reports.
Participant Information	- Record participant information, ensuring consistency with information recorded at baseline
Was this adverse event as a result of COVID-19?	- Mark the appropriate response
Was this an EXPECTED adverse event?	- Mark the appropriate response <i>NOTE: Expected adverse event are those listed in the summary of product characteristics (SmPC)</i>
Have similar adverse events occurred on this protocol?	- Record YES, specify how many times and describe briefly if participant has had a similar adverse event while enrolled in the study.
-Severity Grade -Relationship of SAE to Study Drug -Primary Reason SAE is Being Reported -Outcome of event	- Select one response. - If SAE outcome is death, record date of death. If an autopsy will be completed, send the autopsy report to the safety team, when available.
Alternative Aetiology	- Select one response to this question, if relationship to study drug is 'Not related' or 'Unlikely to be related' or 'Possibly related' or 'Probably related'
Study Drug Information	- Record total number of study drug tablets taken as at the time of making the report. Indicate date of last dose
Action taken with study drug	- Select one response
Relevant clinical data	- Summarise this information from the COVID/ARI admissions worksheet
Relevant laboratory test, Other relevant tests	- Record results for relevant lab tests and investigations such as ECGs.

Events Summary	<ul style="list-style-type: none"> <li>- Describe the SAE, including history of the event, associated signs and symptoms, alternative aetiologies, and clinical management.</li> <li>- Use multiple pages if the space provide is inadequate</li> </ul>
SAE CRF sign off	<ul style="list-style-type: none"> <li>- By the person completing the SAE and the site Investigator.</li> </ul>

## ELECTRONIC PATIENT REPORTED

CRF QUESTION	COMPLETION INSTRUCTIONS
electronic Patient Reported Outcomes Form	<ul style="list-style-type: none"> <li>- Form is available in the Axiom mobile app</li> <li>- Participant will fill in the eDiary electronically using twice in a day using their mobile phone</li> <li>- In case the participant is not able to fill in eDiary study staff should contact the participant and fill in the data manually in Fusion web portal</li> </ul>

## PREGNANCY NOTIFICATION

CRF QUESTION	COMPLETION INSTRUCTIONS
Site code and Subject number	<ul style="list-style-type: none"> <li>- CRF filled when a pregnancy is reported in study participant</li> <li>- Fill in study participant identifier (site code and subject number)</li> </ul>
Date of awareness of pregnancy	<ul style="list-style-type: none"> <li>- Record actual date of pregnancy awareness</li> </ul>
Date of Report	<ul style="list-style-type: none"> <li>- Record actual date of filling in this report</li> </ul>
Has the participant stopped their study medication as a result of this pregnancy?	<ul style="list-style-type: none"> <li>- Mark Yes or No</li> </ul>
Comments	<ul style="list-style-type: none"> <li>- Provide any comments useful in regards to the pregnancy initial report</li> </ul>
Sing off	<ul style="list-style-type: none"> <li>- Investigator will review and sign off the form and date</li> </ul>
Email to COPCOV safety	<ul style="list-style-type: none"> <li>- Email pregnancy notification report to <a href="mailto:COPCOV-Safety@tropmedres.ac">COPCOV-Safety@tropmedres.ac</a> within 24 hours</li> </ul>

## PREGNANCY REPORT FORM

CRF QUESTION	COMPLETION INSTRUCTIONS
Pregnancy information	<ul style="list-style-type: none"> <li>- Provide date of first positive test</li> <li>- Specify method of pregnancy test                             <ul style="list-style-type: none"> <li>o Specify if other</li> </ul> </li> <li>- Specify gestational age and method used to estimate</li> <li>- Specify expected delivery date</li> <li>- Any complication to date? If yes specify even if gestational age is unknown                             <ul style="list-style-type: none"> <li>o Any complications requiring hospitalisation should be reported as SAE</li> </ul> </li> </ul>
Study medication	<ul style="list-style-type: none"> <li>- Record last date of study drug administration</li> </ul>
Obstetric history	<ul style="list-style-type: none"> <li>- Record number of previous pregnancies, 0 if none</li> <li>- Specify the outcome of the previous pregnancies as per the categories in the table. Record 0 if none</li> <li>- Specify the number of any other complications experienced Record 0 if none (please record in the empty space before "Other complications")</li> </ul>
Health status of children	<ul style="list-style-type: none"> <li>- Precisely specify the health status of the children specified in each pregnancy episode</li> </ul>
Any relevant medical history of the subject	<ul style="list-style-type: none"> <li>- Specify any useful medical history of the participant e.g. birth defects, genetic anomalies exposure to alcohol, tobacco, substance abuse, medication use or information on children born to a different partner</li> </ul>
Pregnancy outcome	<ul style="list-style-type: none"> <li>- Did follow up occur? If yes record actual date</li> <li>- Any pregnancy related complications? If yes specify</li> </ul>
Date pregnancy ended	<ul style="list-style-type: none"> <li>- Specify date pregnancy ended and indicate the appropriate outcome                             <ul style="list-style-type: none"> <li>o Outcome "full term assisted delivery" - provide details</li> <li>o Outcome "Induced termination" - specify the reason</li> <li>o Outcome is "Stillbirth" or "(induced) Termination" - specify if examination or autopsy reveal any malformation.</li> </ul> </li> </ul>
Medication during this pregnancy	<ul style="list-style-type: none"> <li>- Record any drugs ( generic name, dose, route, start and stop date) that the participant took during the pregnancy period</li> <li>- Specify any known risk factors for congenital malformation/ disease that the participant was exposed to during pregnancy</li> </ul>
The neonate	<ul style="list-style-type: none"> <li>- Record gender, birth weight and birth length</li> <li>- Specify any Congenital anomaly (Malformation/ disease/ birth defect).                             <ul style="list-style-type: none"> <li>o Report congenital anomaly as SAE within 24 hours to COPCOV safety team</li> </ul> </li> <li>- Report any health problem present at birth or within 24 hours</li> <li>- Specify status of any health problem present and date of status</li> <li>- In case of more than one neonates, fill in separate form for each case</li> </ul>
Sign off	<ul style="list-style-type: none"> <li>- Investigator will review the report sing off and date</li> </ul>