

IRAS Project ID: 283024

CASE REPORT FORM: RECAP STUDY
REmote COVID-19 Assessment in Primary Care

GENERAL PRACTICE:

LEAD INVESTIGATOR IN THIS PRACTICE:

Participant initials:

NHS number:

Practice electronic record number:

Date of birth:

I am confident that the information supplied in this case record form is complete and accurate data. I confirm that the study was conducted in accordance with the protocol and any protocol amendments and that verbal informed consent was obtained prior to the study.

Investigator's signature:

Date of signature (day/month/year):

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Inclusion Criteria (circle as appropriate)*

- | | | |
|---|-----|----|
| 1. Is the participant 18 years or over? | Yes | No |
| 2. Is the participant suspected of having acute COVID-19? | Yes | No |
| 3. Has the participant willingly given verbal informed consent which has been recorded on the RECAP template? | Yes | No |

*If any inclusion criteria are circled no then the patient is not eligible for the study.

Exclusion Criteria*

- | | | |
|--|-----|----|
| 1. Has the participant explicitly opted out of data sharing? | Yes | No |
|--|-----|----|

* If any exclusion criteria are circled yes then the patient is not eligible for the study.

Signature _____ Date (day/month/year) _____

Visit	Patient consent for data linkage?		RECAP score calculated?	
	Yes	No	Yes	No
1 (baseline)				

Visit	Patient consent for data linkage?		RECAP score calculated?	
	Yes	No	Yes	No
2				
3				
4				
5				
6				
7				
8				