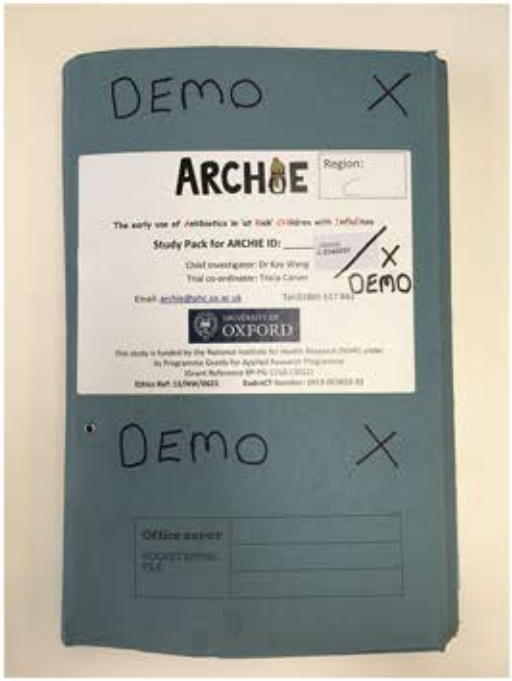
DEMO
ARCHIE
Region:
Study Pack for ARCHIE ID:
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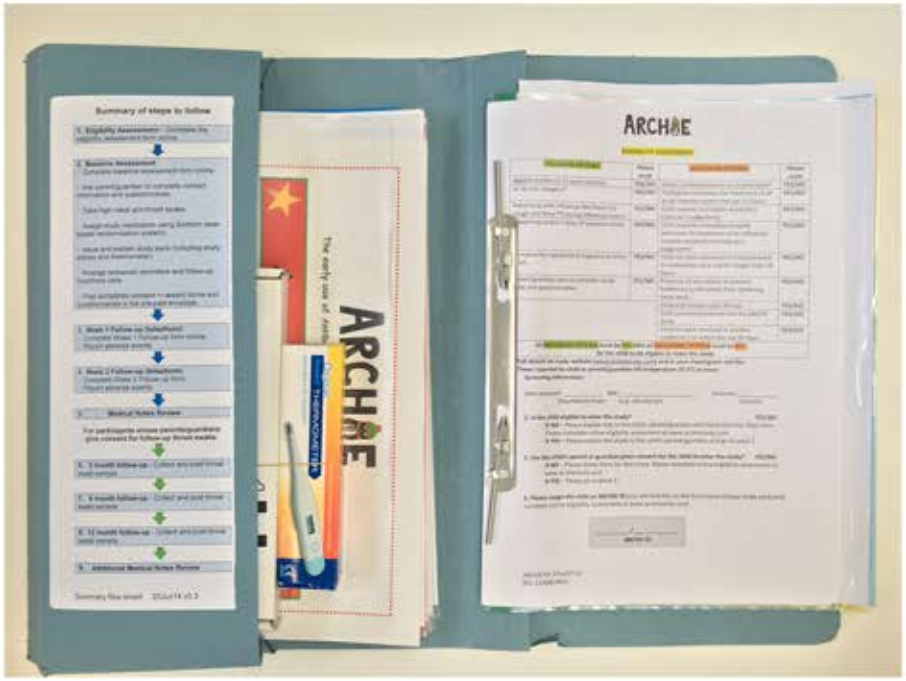
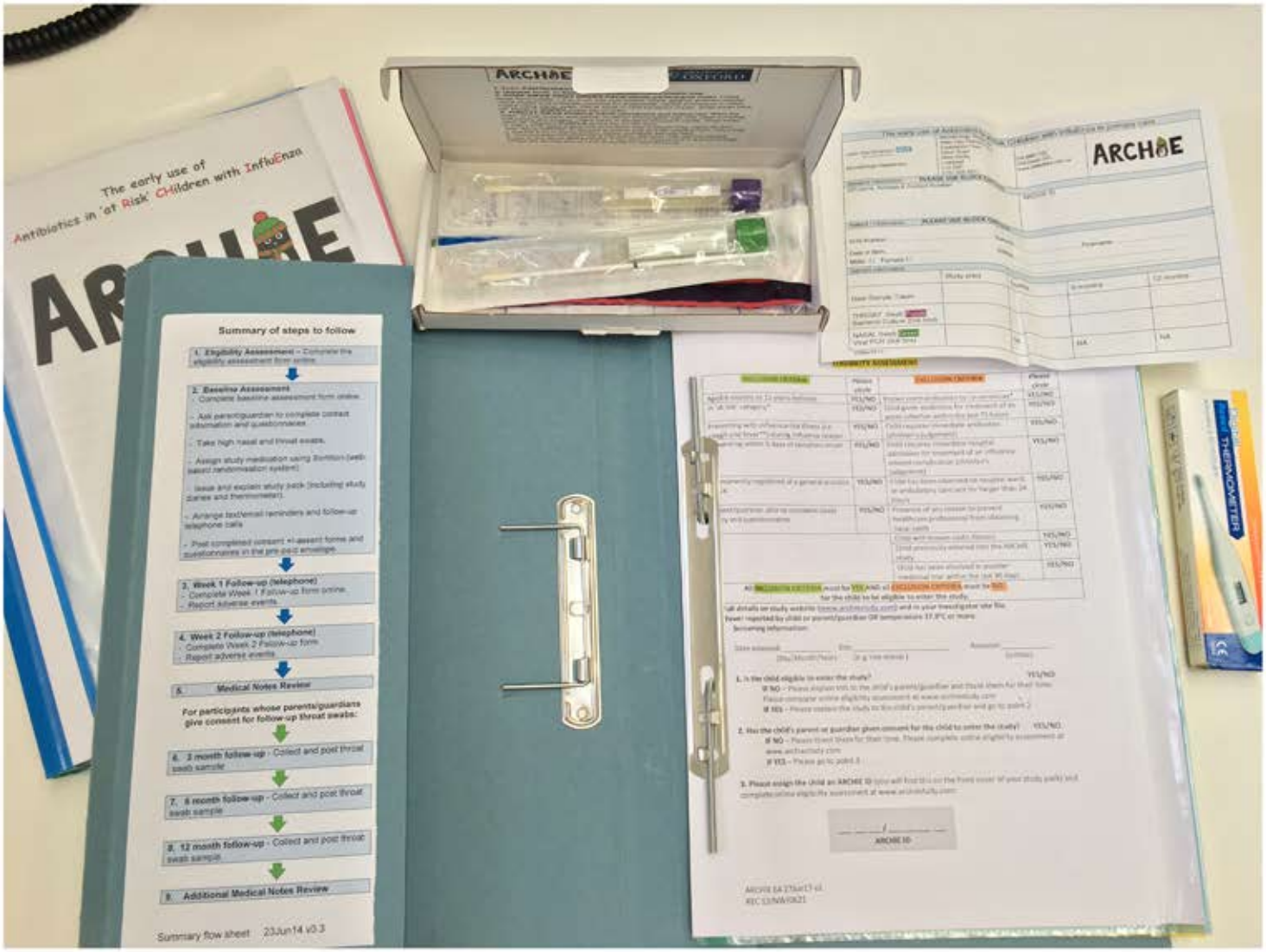
Office use only


Summary of steps to follow
ARCHIE
THERMOMETER


The early use of
Antibiotics in 'at Risk' CHildren with InfluEnza
ARCHIE
Summary of steps to follow
1. Eligibility Assessment – Complete the eligibility assessment form online
2. Baseline Assessment
- Complete baseline assessment form online
- Ask parent/guardian to complete contact information and questionnaires
- Take high nasal and throat swabs
- Assign study medication using Sortition (web-based randomisation system)
- Issue and explain study pack (including study diaries and thermometer).
- Arrange text/email reminders and follow-up telephone calls
- Post completed consent +/-assent forms and questionnaires in the pre-paid envelope
3. Week 1 Follow-up (telephone)
- Complete Week 1 Follow-up form online
- Report adverse events
4. Week 2 Follow-up (telephone)
- Complete Week 2 Follow-up form
- Report adverse events
5. Medical Notes Review
For participants whose parents/guardians give consent for follow-up throat swabs:
6. 3 month follow-up - Collect and post throat swab sample
7. 6 month follow-up - Collect and post throat swab sample
8. 12 month follow-up - Collect and post throat swab sample
9. Additional Medical Notes Review
Summary flow sheet 23Jun14 v0.3
ARCHIE
THERMOMETER

Site appropriate version of quick guide for recruitment

Quick guide for Non-GP recruitment

Your recruitment pack contains all the paper case report forms (CRFs) needed for the study apart from withdrawal and Serious Adverse Event (SAE) forms. Instruction for obtaining these are detailed below. **If you use the paper eligibility form, you will need to arrange to enter the data into the online form and archive the completed hard copy in your Investigator Site File (ISF).**	
CHECKLIST ITEM	**ELIGIBILITY AND CONSENT**
Eligibility Assessment	Complete the **Eligibility Assessment Form (paper or online at www.archiestudy.com)** Examples of risk categories and a reminder of contraindications to co-amoxiclav are included in the pack for your reference.
Site recruitment status log	There is no longer a screening log to be completed as we will generate this from the data you complete online. Please use the **Site recruitment status log** to track patient progress through the study. You can complete this electronically (word doc available from the website) or on paper (in trial medication document wallet)
Information Booklets	**Introductory Pack, clear pocket** Please use the study **Information Booklets** in the **Introductory Pack** to explain the study.
Consent Form **Assent Form (optional)**	Complete and sign the **Consent Form** with the child's parent/guardian. Write the ARCHIE ID on the form and ensure the adult initials in the boxes. If appropriate, please also complete an **Assent Form** with the child. **Note: If you do not wish to recruit participants into the follow-up throat swabs portion of the study please cross through item 8 on the consent form.**
Post forms	A prepaid envelope to return the completed bottom copy of the forms is provided with the **baseline assessment** (**blue Recruiter Pack**).
Fax forms	Please fax a copy of the GP letter and consent +/- assent forms to child's GP surgery. Find GP surgery link can be found on www.archiestudy.com in section "For healthcare professionals"
	BASELINE ASSESSMENT (ELIGIBLE CHILDREN ONLY) – DAY 1
Baseline Assessment **Swabs:** – **Nasal** – **Throat** **Medication** **Contact Card**	**Recruiter Pack, blue pocket (use the appropriate ARCHIE ID stickers for documents)** 1. Complete the **Baseline Assessment Form** noting the following instructions: a. You may measure the child's temperature using an electronic tympanic or axillary thermometer. **Parent to only take axillary temperature**. Please remember to note the time you took the child's temperature. b. Please take a high nasal swab from EVERY child. Place stickers on plastic bag. **Note: If you cannot obtain a high nasal swab, please DO NOT allocate study medication to the child**. Please tick 'NO' in response to 'nasal swab taken?' and return any completed study documents to the University of Oxford in the prepaid envelope provided. Thank parent / child for their time and explain why they cannot remain in the trial. c. Use Sortition to allocate the medication (telephone **01865 617 842 or 01865 617 836** if you need assistance). The allocation report can be printed, signed and filed as the drug accountability documentation. Alternatively complete the accountability log in the medication document wallet. Complete stickers and place one on **medication bottle (a second med ID sticker is for the week one diary).** Full details can be found on the back of blue pack cover sheet again and there is a brief review inside of medication box. Note: To save time, while you collect the medication ask the adult to complete the participant questionnaires (yellow pocket). 2. Complete the **ARCHIE Study** Contact Card and give the card to the parent/guardian. Please write your hospital contact telephone number in the space next to 'Local Investigator'.

Quick guide for Non-GP recruitment

Contact Information **Questionnaires** **Thermometer Diary** – **Parent** – **Child** **Follow-up /Reminders**	**Participant Questionnaire Pack, yellow pocket (Stickers provided for ARCHIE ID)** 3. Please ask the child's parent/guardian to fill in the following forms: a. **Contact information form** (please keep for your records, it will be needed to request medical notes information) b. **EQ-5D-Y proxy questionnaire** c. **CARIFS questionnaire** d. If appropriate, please ask the child to complete the **EQ-5D-Y questionnaire**. This is OPTIONAL. **Participant Pack** (in the front pocket of the pack, by the swabs) 4. Explain to the child's parent/guardian how to use the **armpit thermometer** and how to complete the **Study Diary** using the **Study Diary Instructions and Overview**. 5. Fill in the details on the front page of each weekly **Study Diary.** 6. If appropriate, explain and fill in the details on the front page of the study diary for children (OPTIONAL). **Follow-up arrangements and reminders** 7. Arrange times for the week 1 and week 2 follow-up telephone calls. 8. Set up mobile phone text reminders if the child's parent/guardian wishes to receive these (days 4, 7, 14, 21, 28) (OPTIONAL).
Post forms	**Post documents** 9. **Post** the following **completed documents** to the University of Oxford in the prepaid envelope provided: a. Consent form (bottom copy) b. Assent form, if completed (bottom copy) c. Baseline Assessment form (top copy) d. EQ-5D-Y proxy questionnaire e. CARIFS questionnaire **f.** EQ-5D-Y questionnaire, if completed
Special Instructions Consent **Site recruitment status log**	**Special Instructions:** 10. Please scan a copy of the consent +/- assent form into the child's electronic medical record. 11. Add the participant to your **Site recruitment status log** to help you track progression through the study
File Documents	12. Please file any documents which you retain in your ISF, i.e. consent form +/- assent form, paper Eligibility and copy of Baseline Assessment. Note: You may wish to wait and file after the week 2 follow-up or final participation.

Quick guide for Non-GP recruitment

CHECKLIST ITEM	WEEK 1 FOLLOW-UP (TELEPHONE)
Week 1 Follow-up Form	1. Contact the child's parent/guardian by telephone and complete the **week 1 follow-up form**. This follow-up can be done from day 7 to day 10 inclusive (day 1=date of randomisation).
Adverse Event Report	2. Please remember to complete **Adverse Event/Serious Adverse Event** documentation if necessary (see last page).
Diary Reminder	3. Remind parent/guardian to return completed week 1 study diary by post. Please review with the parent/guardian that they have completed the following items in the week 1 diary: • Daily pages, days 1 to 7 inclusive (symptoms, temperature, study medication, other medication). • Day 4 study questionnaire. • Day 7 study questionnaires 1 and 2. • End of week questions (potential side-effects of study medication, daily activities and childcare, health service contacts).
Post form	4. Please **post** the **completed form (top copy)** to the University of Oxford in the prepaid envelope provided.
File Documents	5. Please file bottom copy of the **week 1 follow-up form** in your ISF Note: You may wish to wait and file after the week 2 follow-up or final participation.
CHECKLIST ITEM	**WEEK 2 FOLLOW-UP (TELEPHONE)**
Follow-up swab consent	1. Check if question 10 was answered on the **week 1 follow-up form)** before you contact the child's parent/guardian.
Week 2 Follow-up Form	2. Contact the child's parent/guardian by telephone and complete the **week 2 follow-up form**. This follow-up can be done from day 14 to day 17 inclusive (day 1=date of randomisation).
Adverse Event Report	3. Please remember to complete **Adverse Event/Serious Adverse Event** documentation if necessary (see last page).
Diary Reminder	4. Remind parent/guardian to return completed week 2 study diary by post. Please check that the parent/guardian has completed the following items in the week 2 diary: • Daily pages, days 8 to 14 inclusive (symptoms, temperature, study medication, other medication). • Day 14 study questionnaire. • End of week questions (potential side-effects of study medication, daily activities and childcare, health service contacts).
Post form	5. Please **post** the **completed form** to the University of Oxford in the prepaid envelope provided.
File Documents	6. Please file bottom copy of the **week 2 follow-up form** in your ISF Note: You may wish to wait and file after final participation.
Optional - Nested study involving further throat swabs	
CHECKLIST ITEM	**Optional - Further throat swabs**
3, 6 and 12 months follow-up throat swab	A follow-up kit containing three swab kits will be sent to you for each participant consenting to participate in this portion of the study. A covering letter will provide the due dates for the swabs which are due 3, 6 and 12 months after study entry (+/- 2 weeks). You will also receive email reminders.
CHECKLIST ITEM	**Optional - Further medical notes review**
Antibiotic use	We will ask you to send a letter to the GP, along with a copy of the consent form, requesting they supply the study team with extracts from medical notes concerning data on antibiotics prescribed during the 12-month period after study entry or until the last follow-up throat swab was obtained.

Quick guide for Non-GP recruitment

CHECKLIST ITEM	DISCONTINUATION FORM (WITHDRAWAL)
Withdrawal Form	Please request a form from the nurse or the trial office. The clinician or parent/guardian may elect to withdraw the patient from the study. Please note that treatment may be stopped without the patient being withdrawn. Please discuss this with the trial team if you are not clear on the terms of withdrawal.
Post form	Retain a copy for your ISF and **post** the **completed form** to the University of Oxford in the prepaid envelope provided.
CHECKLIST ITEM	**SAFETY REPORTING INSTRUCTIONS AND FORMS**
Adverse Event (AE) Report Form	Please record the **Adverse Event** on the participant's **Adverse Event Report Log.** Send a copy of the **Adverse Event Report Log** after adding a new event(s) to the trial office using a prepaid envelope or by email to: **archie@phc.ox.ac.uk** Please note that you do NOT need to report the following adverse events unless they are severe (based on clinician's assessment) or result in a serious adverse event: diarrhoea, nausea, vomiting, thrush. Please discuss any queries about completing the form with the lead investigator at your site or with the University of Oxford Primary Care Clinical Trials Unit (PC CTU) (01865 617842 or 01865 617 836).
Serious Adverse Event (SAE) Report Form	If an adverse event is **SERIOUS** • Download a **Serious Adverse Event (SAE) Report Form** from www.archiestudy.com or make a copy of the master form provided in the investigator site file. • Complete the **SAE Report Form** and submit it to PC CTU by email (archie@phc.ox.ac.uk) or fax (01865 617 939) within 24 hours of becoming aware of the event. • The PC CTU will contact you for further information. **If you have not been contacted within one working day** of submitting the SAE Report form please contact the trial team on **01865 617842** or **01865 617 836** • For each SAE, please also record the event on the Adverse Event Report Log and supply a copy to the trial office.

Quick guide for Home Visit Recruitment

ACTIVITIES PRIOR TO DIRECT NURSE INVOLVEMENT	
CHECKLIST ITEM	**ASSESSMENT BY GP OR NURSE**
Patient identification	The GP or nurse will identify the patient opportunistically when they consult for flu-like illness and determine that the patient does not require immediate antibiotics or hospitalisation. If parent/guardian is willing to consider allowing their child to participate in the ARCHIE study, the GP or nurse will give them a study PIL and contact the ARCHIE Trial Office on **01865 617858.**
Eligibility Assessment	The ARCHIE Trial Office will complete the eligibility for home visit assessment form with the GP/nurse over the phone while they are with the patient. This form will include the full set of study eligibility criteria, as well as contact information, brief clinical details (date of birth, weight, 'at risk' category, seasonal influenza vaccination status, heart rate, respiratory rate) and details of any special considerations (e.g. whether the standard BNF dosing regimen for co-amoxiclav would apply for this patient). The ARCHIE Trial Office will then contact the relevant area nurse.
Your recruitment pack contains all the paper case report forms (CRFs) needed for the study apart from Withdrawal and Serious Adverse Event (SAE) forms. Instructions for obtaining these are detailed at the end of this guide. Completed patient CRFs should be filed in the GP surgery's ISF.	
BASELINE ACTIVITIES DIRECTLY INVOLVING NURSE	
CHECKLIST ITEM	**ARRANGING HOME VISIT BASELINE ASSESSMENT (ELIGIBLE CHILDREN ONLY)**
Proceed to Home Visit	For eligible patients, you will receive the completed home visit eligibility assessment form by email via NHS.net. A text will also be sent as a notification.
Arrange visit appointment	Please contact the parent/guardian directly to discuss the study and arrange the home visit to enter patient into the study. • **The visit must occur within 24 hrs** • **Parent/Guardian must be present to give consent** Please let the GP surgery and ARCHIE Trial Office know that the visit has been arranged.
Screening & Recruitment Status log completion	Please record the potential patient on a **site screening & recruitment status log,** (one for each GP surgery or nurses office), to track their progress through the study or on a combined excel worksheet.
	STUDY ENTRY/DAY 1 – BASELINE, CONSENT & RANDOMIZATION
PIL Booklets Video **Consent Form** **ARCHIE ID** **Assent Form (optional)**	**Introductory Pack, clear pocket** 1. Please use the study PIL in the Introductory Pack or show the videos found on the www.archiestudy.com to explain the study. 2. Complete and sign the Consent Form with the child's parent/guardian, ensuring they initial in the boxes. If you do not wish to recruit participants into the follow-up throat swabs portion of the study please cross through item 8 on the consent form. 3. Assign an ARCHIE ID. This is comprised of the sites ID number and the recruitment pack number. Stickers are available to be used. Each pack has a sheet of recruitment pack stickers but you will need to write in the site ID (first 3 digits). 4. If appropriate please complete an Assent Form with the child.
Baseline Assessment **Swabs:** – **Nasal** – **Throat**	**Recruiter Pack, blue pocket (use the appropriate Site ID and ARCHIE ID stickers for documents)** 5. Complete the **Baseline Assessment Form** noting the following instructions: a. You may measure the child's temperature using an electronic tympanic or axillary thermometer, remember to note the time. **Parent to only take axillary temperature**. b. Please take a nasal swab from EVERY child. Place stickers on plastic bag. **Note: If you cannot obtain a nasal swab, please DO NOT allocate study medication to the child**. Please tick 'NO' in response to 'nasal swab taken?' and return any completed study documents to the CTU, University of Oxford in the prepaid envelope provided. Thank the parent / child for their

Quick guide for Home Visit Recruitment

Randomisation Medication	time and explain why they cannot remain in the trial. c. Once swabs obtained, Call the trial office on **01865 617 842 or 01865 617 836** to randomise and have the medication allocated. You will need to provide patient age, weight and vaccination status. The trial office will then tell you which bottle to dispense and the appropriate dose. Please take a photo of the bottle you dispense. Complete the accountability log in the medication document wallet. Complete stickers and place one on **medication bottle (a second med ID sticker is for the week one diary).** Full details can be found on the back of blue pack cover sheet again and there is a brief review inside of medication box. **Note:** To save time, while you arrange the medication ask the parent/guardian to complete the participant questionnaires (yellow pocket).
Contact Card	6. Complete the **ARCHIE Study Contact Card** and give the card to the parent/guardian. Please write the recruiting surgery contact telephone number in the space next to 'Local Investigator'. You will find this on the Home Visit Eligibility Assessment form.
Contact Information Questionnaires	**Participant Questionnaire Pack, yellow pocket (Stickers provided for Site ID and ARCHIE ID)** 7. Please ask the child's parent/guardian to fill in the following forms: a. **Contact information form** (Keep this securely so you are able to perform follow-up and notes review. You may also complete this form for the parent whilst they are completing the remaining paper work.) b. **EQ-5D-Y proxy questionnaire** c. **CARIFS questionnaire** d. If appropriate, please ask the child to complete the **EQ-5D-Y questionnaire**. This is OPTIONAL.
Thermometer **Diary** – **Parent** – **Child** **Follow-up /Reminders**	**Participant Pack** (in the front pocket of the pack, by the swabs) 8. Explain to the child's parent/guardian how to use the **armpit thermometer** and how to complete the **Study Diary** using the **Study Diary Instructions and Overview**. 9. Fill in the details on the front page of each weekly **Study Diary.** 10. If appropriate, explain and fill in the details on the front page of the study diary for children (OPTIONAL). **Follow-up arrangements and reminders** 11. Arrange times for the week 1 and week 2 follow-up telephone calls. 12. Set up mobile phone text reminders if the child's parent/guardian wishes to receive these (days 4, 7, 14, 21, 28).
Copy forms	Please take a copy of the **signed consent+/- assent** form (top sheet), if possible send a scan to the GP surgery for their electronic records.
Post forms	**Post documents** 13. **Post** the following completed documents to the CTU, **University of Oxford** in the prepaid envelope provided: a. Consent form (**bottom copy**) b. Assent form, if completed (**bottom copy**) c. Baseline Assessment form (**top copy**) d. EQ-5D-Y proxy questionnaire e. CARIFS questionnaire f. EQ-5D-Y questionnaire, if completed
File forms	14. File retained copies of consent+/- assent, baseline assessment, and eligibility in site ISF when convenient.

Quick guide for Home Visit Recruitment

FOLLOW UP ACTIVITIES DIRECTLY INVOLVING NURSE	
CHECKLIST ITEM	**WEEK 1 FOLLOW-UP (TELEPHONE)**
Week 1 Follow-up CRF	1. Contact the child's parent/guardian by telephone and complete the **week 1 follow-up CRF**. This follow-up can be done from day 7 to day 10 inclusive (day 1=date of randomisation).
Unable to contact	2. Indicate this and return the signed and dated form
Adverse Event Report	3. Please remember to complete **Adverse Event/Serious Adverse Event** documentation if necessary (see section 6).
Diary Reminder	4. Remind parent/guardian to return completed week 1 study diary by post. Please check that the parent/guardian has completed the following items in the week 1 diary: • Daily pages, days 1 to 7 inclusive (symptoms, temperature, study medication, other medication). • Day 4 study questionnaire. • Day 7 study questionnaires 1 and 2. • End of week questions (potential side-effects of study medication, daily activities and childcare, health service contacts).
Post form	5. Please **post** the top copy of the **signed and dated completed form** to the CTU, University of Oxford in the prepaid envelope provided. On completion of patient follow up calls your retained copy should be filed in the site ISF.
	WEEK 2 FOLLOW-UP (TELEPHONE)
Week 2 Follow-up CRF	1. Contact the child's parent/guardian by telephone and complete the **week 2 follow-up CRF**. This follow-up can be done from day 14 to day 17 inclusive (day 1=date of randomisation).
Unable to contact	2. Indicate this and return the signed and dated form
Adverse Event Report	3. Please remember to complete **Adverse Event/Serious Adverse Event** documentation if necessary (see section 6).
Diary Reminder	4. Remind parent/guardian to return completed week 2 study diary by post. Please check that the parent/guardian has completed the following items in the week 2 diary: • Daily pages, days 8 to 14 inclusive (symptoms, temperature, study medication, other medication). • Day 14 study questionnaire. • End of week questions (potential side-effects of study medication, daily activities and childcare, health service contacts).
Post form	5. Please **post** the top copy of the **signed and dated completed form** to the CTU, University of Oxford in the prepaid envelope provided. On completion of patient follow up calls your retained copy should be filed in the site ISF.
	MEDICAL NOTES REVIEW
Notes review	Your regional coordinator will remind you to make arrangements for completing the medical notes review at the child's GP practice. This will occur no sooner than 3 months after study entry and will cover the child's medical history leading up to study entry and any consultations in the 28-day period after study entry. OpenClinica is used for direct online data entry and training will be provided.
Optional - Nested study involving further throat swabs and medical notes review	
NURSE	**Optional - Further throat swabs**
3, 6 and 12 months follow-up throat swab	A follow-up kit containing three swab kits will be sent to you. A covering letter will provide the due dates for the swabs which are due 3, 6 and 12 months after study entry (+/- 2 weeks). You will also receive electronic reminders.
NURSE	**Optional - Further medical notes review**
Antibiotic use	Collect data on antibiotics prescribed during the 12-month period after study entry or until the last follow-up throat swab was obtained. Enter this directly into OpenClinica.

Quick guide for Home Visit Recruitment

ACTIVITIES THAT MAY REQUIRE BOTH GP & NURSE INVOLVEMENT	
CHECKLIST ITEM	**WITHDRAWAL FORM**
Withdrawal	The healthcare professional or parent/guardian may elect to withdraw the patient from the study. Please request a withdrawal form from the trial office. Please note that treatment may be stopped without the patient being withdrawn. Please discuss this with the trial team if you are not clear on the terms of withdrawal.
Post form	Retain a copy for the ISF and post the completed form to the CTU, University of Oxford in the prepaid envelope provided.
	SAFETY REPORTING INSTRUCTIONS AND FORMS
Adverse Event (AE) Report Form	Please record an **Adverse Event** on the participant's **Adverse Event Report Log.** Send a copy of the **Adverse Event Report Log** after adding a new event(s) to the trial office using a prepaid envelope or by email to: **archie@phc.ox.ac.uk.** A copy should also be forwarded to the child's GP for filing in the ISF. Please note that you do NOT need to report the following adverse events unless they are severe (based on clinician's assessment) or result in a serious adverse event: diarrhoea, nausea, vomiting, thrush. Please discuss any queries about completing the form with the lead investigator at the site where the patient was initially assessed or with the University of Oxford Primary Care Clinical Trials Unit (PC CTU) (01865 617842 or 01865 617 836).
Serious Adverse Event (SAE) Report Form	If an adverse event is **SERIOUS** • Download a **Serious Adverse Event (SAE) Report Form** from www.archiestudy.com or make a copy of the master form provided in the investigator site file. • **Consult with the site PI or medically qualified delegate** to complete the **SAE Report Form** and submit it to PC CTU by fax (01865 617 939) or email (archie@phc.ox.ac.uk) within 24 hours of becoming aware of the event. • The PC CTU will contact you for further information. Please contact ARCHIE Oxford Trial Office on 01865 617842/01865 617836 **if you have not been contacted** within one working day of submitting the SAE Report form. • For each SAE, please also record the event on the Adverse Event Report Log per above and supply a copy to the trial office. Please retain a copy for filing in the site ISF.

Quick guide for GP recruitment

Your recruitment pack contains all the paper case report forms (CRFs) needed for the study apart from withdrawal and Serious Adverse Event (SAE) forms. Instruction for obtaining these are detailed below. **If you use the paper eligibility form, you will need to arrange to enter the data into the online form and archive the completed hard copy in your Investigator Site File (ISF).**	
CHECKLIST ITEM	**ELIGIBILITY AND CONSENT**
Eligibility Assessment	Complete the **Eligibility Assessment Form (paper or online at www.archiestudy.com)** Examples of risk categories and a reminder of contraindications to co-amoxiclav are included in the pack for your reference.
Site recruitment status log	There is no longer a screening log to be completed as we will generate this from the data you complete online. Please use the **Site recruitment status log** to track patient progress through the study. You can complete this electronically (word doc available from the website) or on paper (in trial medication document wallet)
Information Booklets **Consent Form** **Assent Form (optional)** **Post forms**	**Introductory Pack, clear pocket** Please use the study **Information Booklets** in the **Introductory Pack** to explain the study. Complete and sign the **Consent Form** with the child's parent/guardian. Write the ARCHIE ID on the form and ensure the adult initials in the boxes. If appropriate, please also complete an **Assent Form** with the child. Note: If your sites does not wish to recruit participants into the follow-up throat swabs portion of the study please cross through item 8 on the consent form. A prepaid envelope to return the completed bottom copy of the forms is provided in with the **baseline assessment** (**blue Recruiter Pack**).
	BASELINE ASSESSMENT (ELIGIBLE CHILDREN ONLY) – DAY 1
Baseline Assessment **Swabs:** – **Nasal** – **Throat** **Medication** **Contact Card**	**Recruiter Pack, blue pocket (use the appropriate ARCHIE ID stickers for documents)** 1. Complete the **Baseline Assessment Form** noting the following instructions: a. You may measure the child's temperature using an electronic tympanic or axillary thermometer. **Parent to only take axillary temperature**. Please remember to note the time you took the child's temperature. b. Please take a high nasal swab from EVERY child. Place stickers on plastic bag. **Note: If you cannot obtain a high nasal swab, please DO NOT allocate study medication to the child**. Please tick 'NO' in response to 'nasal swab taken?' and return any completed study documents to the University of Oxford in the prepaid envelope provided. Thank parent / child for their time and explain why they cannot remain in the trial. c. Use Sortition to allocate the medication (telephone **01865 617 842 or 01865 617 836** if you need assistance). The allocation report can be printed, signed and filed as the drug accountability documentation. Alternatively complete the accountability log in the medication document wallet. Complete stickers and place one on **medication bottle (a second med ID sticker is for the week one diary).** Full details can be found on the back of blue pack cover sheet again and there is a brief review inside of medication box. Note: To save time, while you collect the medication ask the adult to complete the participant questionnaires (yellow pocket). 2. Complete the **ARCHIE Study Contact Card** and give the card to the parent/guardian. Please write your surgery contact telephone number in the space next to 'Local Investigator'.

Quick guide for GP recruitment

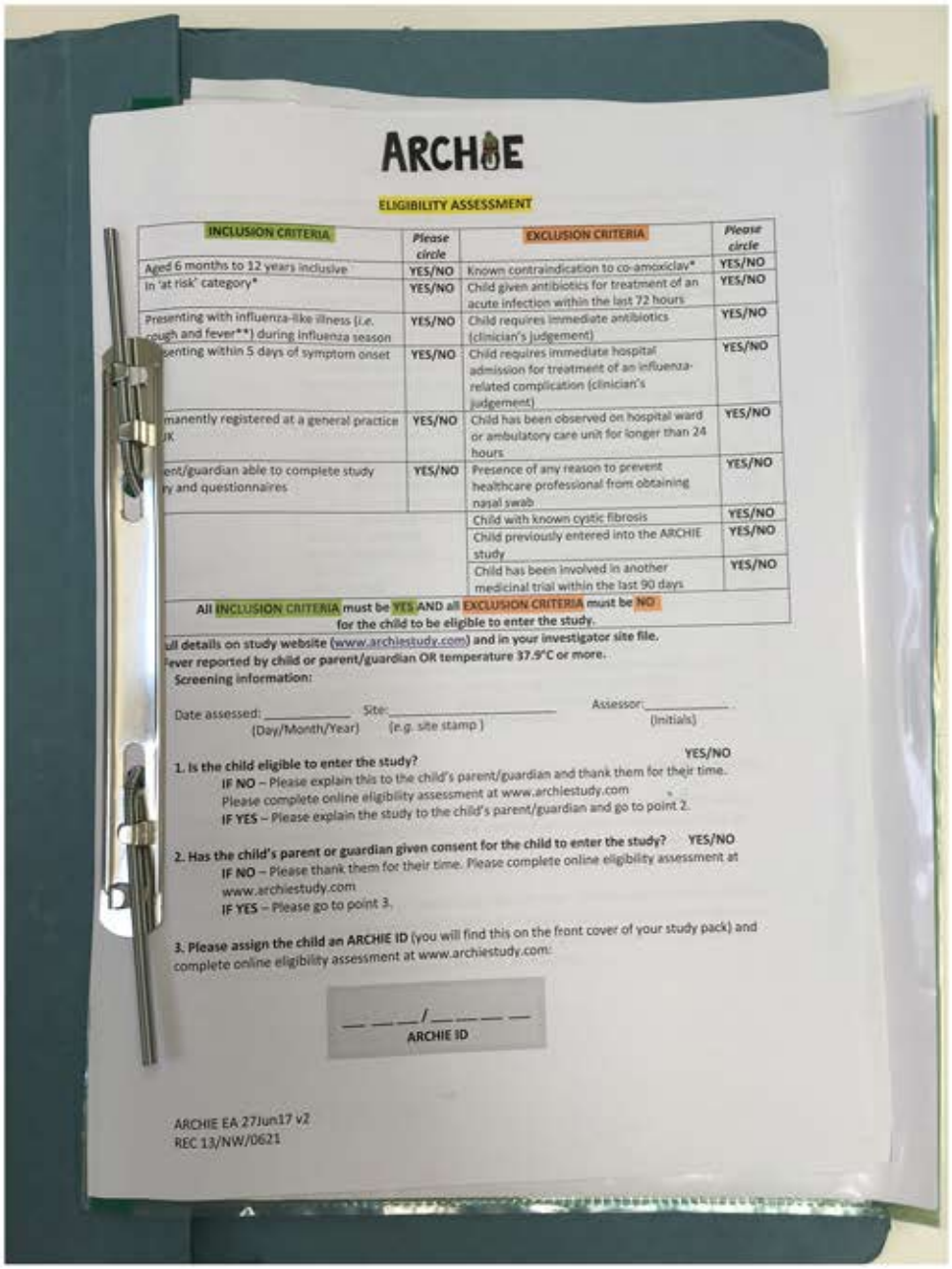
Contact Information Questionnaires **Thermometer Diary** – **Parent** – **Child** **Follow-up /Reminders**	**Participant Questionnaire Pack, yellow pocket (Stickers provided for ARCHIE ID)** 3. Please ask the child's parent/guardian to fill in the following forms: a. **Contact information form** (please keep for your records with screening information) b. **EQ-5D-Y proxy questionnaire** c. **CARIFS questionnaire** d. If appropriate, please ask the child to complete the **EQ-5D-Y questionnaire**. This is OPTIONAL. **Participant Pack** (in the front pocket of the pack, by the swabs) 4. Explain to the child's parent/guardian how to use the **armpit thermometer** and how to complete the **Study Diary** using the **Study Diary Instructions and Overview**. 5. Fill in the details on the front page of each weekly **Study Diary.** 6. If appropriate, explain and fill in the details on the front page of the study diary for children (OPTIONAL). **Follow-up arrangements and reminders** 7. Arrange times for the week 1 and week 2 follow-up telephone calls. 8. Set up mobile phone text reminders if the child's parent/guardian wishes to receive these (days 4, 7, 14, 21, 28) (OPTIONAL).
Post forms	**Post documents** 9. **Post** the following **completed documents** to the University of Oxford in the prepaid envelope provided: a. Consent form (bottom copy) b. Assent form, if completed (bottom copy) c. Baseline Assessment form (top copy) d. EQ-5D-Y proxy questionnaire e. CARIFS questionnaire **f.** EQ-5D-Y questionnaire, if completed
Special Instructions Consent **Site recruitment status log**	**Special Instructions:** 10. Please scan a copy of the consent +/- assent form into the child's electronic medical record. 11. Add the participant to your **Site recruitment status log** to help you track progression through the study
File Documents	12. Please file any documents which you retain in your ISF, i.e. consent form +/- assent form, contact information, paper Eligibility and copy of Baseline Assessment Note: You may wish to wait and file after the week 2 follow-up or final participation.

Quick guide for GP recruitment

CHECKLIST ITEM	WEEK 1 FOLLOW-UP (TELEPHONE)
Week 1 Follow-up Form	1. Contact the child's parent/guardian by telephone and complete the **week 1 follow-up form**. This follow-up can be done from day 7 to day 10 inclusive (day 1=date of randomisation).
Adverse Event Report	2. Please remember to complete **Adverse Event/Serious Adverse Event** documentation if necessary (see last page).
Diary Reminder	3. Remind parent/guardian to return completed week 1 study diary by post. Please review with the parent/guardian that they have completed the following items in the week 1 diary: • Daily pages, days 1 to 7 inclusive (symptoms, temperature, study medication, other medication). • Day 4 study questionnaire. • Day 7 study questionnaires 1 and 2. • End of week questions (potential side-effects of study medication, daily activities and childcare, health service contacts).
Post form	4. Please **post** the **completed form (top copy)** to the University of Oxford in the prepaid envelope provided.
File Documents	5. Please file bottom copy of the **week 1 follow-up form** in your ISF Note: You may wish to wait and file after the week 2 follow-up or final participation.
CHECKLIST ITEM	**WEEK 2 FOLLOW-UP (TELEPHONE)**
Follow-up swab consent	1. Check if question 10 was answered on the **week 1 follow-up form)** before you contact the child's parent/guardian.
Week 2 Follow-up Form	2. Contact the child's parent/guardian by telephone and complete the **week 2 follow-up form**. This follow-up can be done from day 14 to day 17 inclusive (day 1=date of randomisation).
Adverse Event Report	3. Please remember to complete **Adverse Event/Serious Adverse Event** documentation if necessary (see last page).
Diary Reminder	4. Remind parent/guardian to return completed week 2 study diary by post. Please check that the parent/guardian has completed the following items in the week 2 diary: • Daily pages, days 8 to 14 inclusive (symptoms, temperature, study medication, other medication). • Day 14 study questionnaire. • End of week questions (potential side-effects of study medication, daily activities and childcare, health service contacts).
Post form	5. Please **post** the **completed form** to the University of Oxford in the prepaid envelope provided.
File Documents	6. Please file bottom copy of the **week 2 follow-up form** in your ISF Note: You may wish to wait and file after final participation.
CHECKLIST ITEM	**Medical notes review**
Reconsultation history	Collect data on reconsultation due to clinical deterioration during the 28 days period after study entry as well as additional medical history. Trial team available for support with OpenClinica data entry.
Optional - Nested study involving further throat swabs and medical notes review	
CHECKLIST ITEM	**Optional - Further throat swabs**
3, 6 and 12 months follow-up throat swab	A follow-up kit containing three swab kits will be sent to you for each participant consenting to participate in this portion of the study. A covering letter will provide the due dates for the swabs which are due 3, 6 and 12 months (+/- 2 weeks) after study entry. You will also receive email reminders.
CHECKLIST ITEM	**Optional - Further medical notes review**
Antibiotic use	Collect data on antibiotics prescribed during the 12-month period after study entry or until the last follow-up throat swab was obtained. Enter this directly into OpenClinica

Quick guide for GP recruitment

CHECKLIST ITEM	DISCONTINUATION FORM (LOST TO FOLLOW-UP / WITHDRAWAL)
Withdrawal Form	Please request a form from the nurse or the trial office. The clinician or parent/guardian may elect to withdraw the patient from the study. Please note that treatment may be stopped without the patient being withdrawn. Please discuss this with the trial team if you are not clear on the terms of withdrawal.
Post form	Please **post** the **completed form** to the University of Oxford in the prepaid envelope provided.
CHECKLIST ITEM	**SAFETY REPORTING INSTRUCTIONS AND FORMS**
Adverse Event (AE) Report Form	Please record the **Adverse Event** on the participant's **Adverse Event Report Log.** Send a copy of the **Adverse Event Report Log** after adding a new event(s) to the trial office using a prepaid envelope or by email to: **archie@phc.ox.ac.uk** Please note that you do NOT need to report the following adverse events unless they are severe (based on clinician's assessment) or result in a serious adverse event: diarrhoea, nausea, vomiting, thrush. Please discuss any queries about completing the form with the lead investigator at your site or with the University of Oxford Primary Care Clinical Trials Unit (PC CTU) (01865 617842 or 01865 617 836).
Serious Adverse Event (SAE) Report Form	If an adverse event is **SERIOUS** • Download a **Serious Adverse Event (SAE) Report Form** from www.archiestudy.com or make a copy of the master form provided in the investigator site file. • Complete the **SAE Report Form** and submit it to PC CTU by email (archie@phc.ox.ac.uk) or fax (01865 617 939) within 24 hours of becoming aware of the event. • The PC CTU will contact you for further information. **If you have not been contacted within one working day** of submitting the SAE Report form please contact the trial team on **01865 617842** or **01865 617 836** • For each SAE, please also record the event on the Adverse Event Report Log and supply a copy to the trial office.



ARCHIE

ELIGIBILITY ASSESSMENT

INCLUSION CRITERIA	Please circle	EXCLUSION CRITERIA	Please circle
Aged 6 months to 12 years inclusive	YES/NO	Known contraindication to co-amoxiclav*	YES/NO
In 'at risk' category*	YES/NO	Child given antibiotics for treatment of an acute infection within the last 72 hours	YES/NO
Presenting with influenza-like illness (*i.e.* cough and fever**) during influenza season	YES/NO	Child requires immediate antibiotics (clinician's judgement)	YES/NO
senting within 5 days of symptom onset	YES/NO	Child requires immediate hospital admission for treatment of an influenza-related complication (clinician's judgement)	YES/NO
manently registered at a general practice JK	YES/NO	Child has been observed on hospital ward or ambulatory care unit for longer than 24 hours	YES/NO
ent/guardian able to complete study y and questionnaires	YES/NO	Presence of any reason to prevent healthcare professional from obtaining nasal swab	YES/NO
		Child with known cystic fibrosis	YES/NO
		Child previously entered into the ARCHIE study	YES/NO
		Child has been involved in another medicinal trial within the last 90 days	YES/NO

All INCLUSION CRITERIA must be YES AND all EXCLUSION CRITERIA must be NO for the child to be eligible to enter the study.

ull details on study website (www.archiestudy.com) and in your investigator site file.
Fever reported by child or parent/guardian OR temperature 37.9°C or more.

Screening information:

Date assessed: _____ Site: _____ Assessor: _____
(Day/Month/Year) (e.g. site stamp) (Initials)

1. Is the child eligible to enter the study? **YES/NO**
IF NO – Please explain this to the child's parent/guardian and thank them for their time.
Please complete online eligibility assessment at www.archiestudy.com
IF YES – Please explain the study to the child's parent/guardian and go to point 2.

2. Has the child's parent or guardian given consent for the child to enter the study? **YES/NO**
IF NO – Please thank them for their time. Please complete online eligibility assessment at www.archiestudy.com
IF YES – Please go to point 3.

3. Please assign the child an ARCHIE ID (you will find this on the front cover of your study pack) and complete online eligibility assessment at www.archiestudy.com:

__ __ __ / __ __ __ __
ARCHIE ID

ARCHIE

ELIGIBILITY ASSESSMENT

INCLUSION CRITERIA	*Please circle*	EXCLUSION CRITERIA	*Please circle*
Aged 6 months to 12 years inclusive	**YES/NO**	Known contraindication to co-amoxiclav*	**YES/NO**
In 'at risk' category*	**YES/NO**	Child given antibiotics for treatment of an acute infection within the last 72 hours	**YES/NO**
Presenting with influenza-like illness (*i.e.* cough and fever**) during influenza season	**YES/NO**	Child requires immediate antibiotics (clinician's judgement)	**YES/NO**
Presenting within 5 days of symptom onset	**YES/NO**	Child requires immediate hospital admission for treatment of an influenza-related complication (clinician's judgement)	**YES/NO**
Permanently registered at a general practice in UK	**YES/NO**	Child has been observed on hospital ward or ambulatory care unit for longer than 24 hours	**YES/NO**
Parent/guardian able to complete study diary and questionnaires	**YES/NO**	Presence of any reason to prevent healthcare professional from obtaining nasal swab	**YES/NO**
		Child with known cystic fibrosis	**YES/NO**
		Child previously entered into the ARCHIE study	**YES/NO**
		Child has been involved in another medicinal trial within the last 90 days	**YES/NO**

All INCLUSION CRITERIA must be YES AND all EXCLUSION CRITERIA must be NO for the child to be eligible to enter the study.

*** Full details on study website (www.archiestudy.com) and in your investigator site file.**

****Fever reported by child or parent/guardian OR temperature 37.9°C or more.**

Screening information:

Date assessed: _____ Site:_____ Assessor:_____
(Day/Month/Year) (*e.g.* site stamp) (Initials)

1. Is the child eligible to enter the study? **YES/NO**

IF NO – Please explain this to the child's parent/guardian and thank them for their time. Please complete online eligibility assessment at www.archiestudy.com

IF YES – Please explain the study to the child's parent/guardian and go to point 2.

2. Has the child's parent or guardian given consent for the child to enter the study? **YES/NO**

IF NO – Please thank them for their time. Please complete online eligibility assessment at www.archiestudy.com

IF YES – Please go to point 3.

3. Please assign the child an ARCHIE ID (you will find this on the front cover of your study pack) and complete online eligibility assessment at www.archiestudy.com:

__ __ __ / __ __ __ __
ARCHIE ID

The following 'at risk' categories are intended as a guide to identify children who are likely to be at greater risk of influenza-related clinical deterioration or complications. Please contact the study team if you are unsure whether a child is 'at risk'.

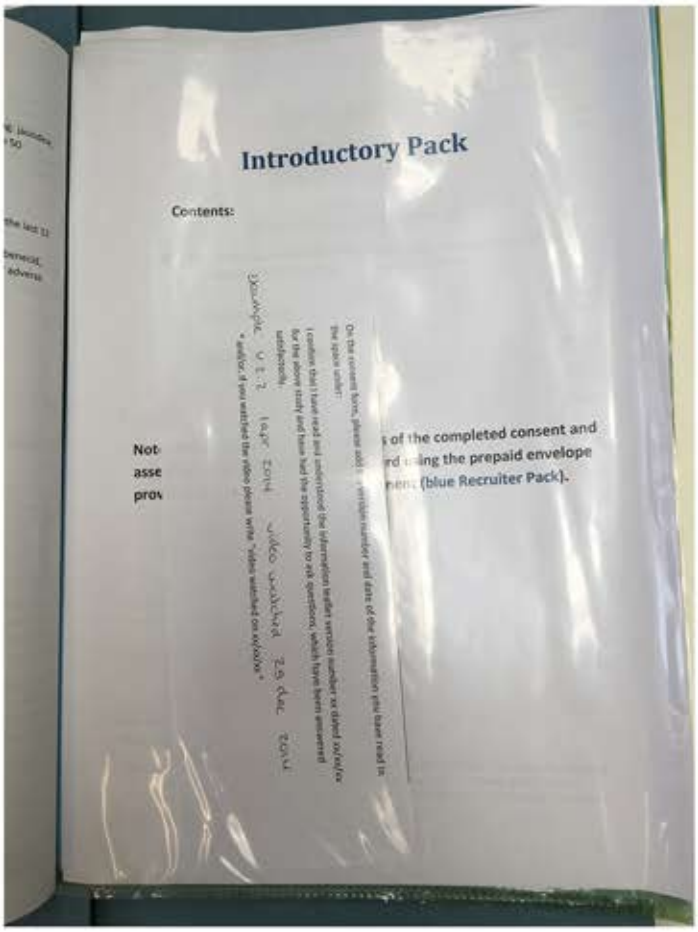
Category	**Definition**
Respiratory	Asthma requiring continuous or repeated use of controller therapy (*e.g.* inhaled steroids, leukotriene receptor antagonists, long-acting beta agonists, systemic steroids). Admitted to hospital with exacerbation of asthma within the last 12 months. Admitted to hospital with bronchiolitis or pneumonia within the last 12 months. Recurrent viral wheeze (3 or more episodes within the last 12 months). Bronchopulmonary dysplasia.
Cardiac	Congenital heart disease or chronic heart failure being actively managed or monitored by cardiology team.
Neurological	Chronic neurological or neuromuscular disorder which compromises respiratory function (*e.g.* cerebral palsy).
Renal[§]	Chronic kidney disease defined as either of the following: • Impaired eGFR measurement within the last 12 months. • Known hereditary or structural kidney abnormality with or without impairment in eGFR. Nephrotic syndrome. Kidney transplantation.
Liver[§§]	Cirrhosis. Biliary atresia. Chronic hepatitis.
Immunodeficiency	Asplenia or splenic dysfunction. HIV infection. Undergoing chemotherapy leading to immunosuppression. Taking systemic steroids at a dose equivalent to prednisolone 20mg or more per day (any age) or >=1mg per kg per day (children under 20 kg).
Other	Diabetes mellitus (type 1 or type 2) or other metabolic condition. Genetic abnormality (*e.g.* Down's syndrome). Sickle cell disease. Malignancy. Prematurity (born before 37 weeks gestation) in children aged 6 to 23 months.

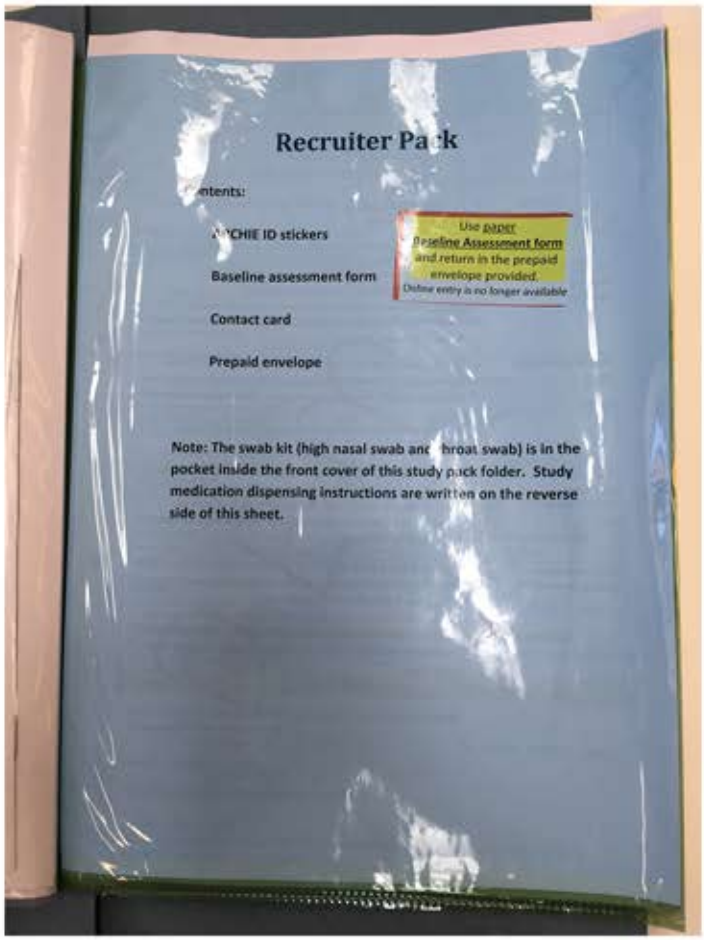
[§]Impaired eGFR is defined as an eGFR measurement of 59 ml/min/1.73m^2 or less within the last 12 months before study entry. However, to enter the trial the following two conditions must also be satisfied: 1) eGFR >=30 ml/min/1.73m^2 based on most recent measurement within the last 12 months; 2) no reason to suspect further deterioration in eGFR at time of study entry.

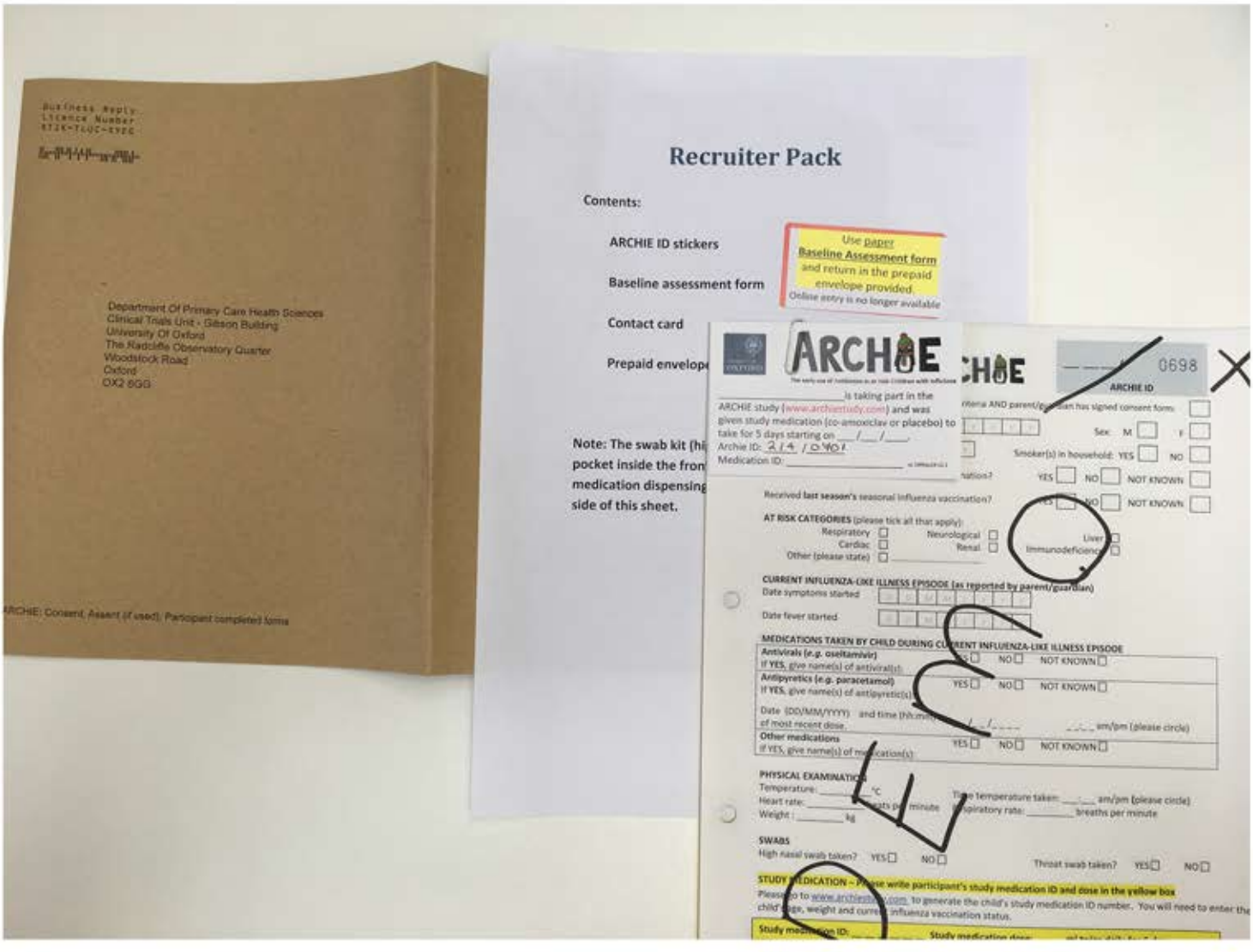
[§§]Children with mild or moderate liver disease may enter the trial. Children with severe liver disease may not enter the trial. Severe liver disease is defined as hepatic impairment associated with any of the following: jaundice, impaired coagulation/increased bleeding risk, bilirubin persistently greater than 50 micromol/litre (two measurements within last 12 months).

Contraindications to co-amoxiclav

- Known hypersensitivity to beta-lactam antibiotics or clavulanic acid.
- History of jaundice or hepatic impairment due to co-amoxiclav.
- Severe liver disease (*i.e.* hepatic impairment associated with any of the following: jaundice, impaired coagulation/increased bleeding risk, bilirubin persistently greater than 50 micromol/litre (two measurements within last 12 months)).
- Known or suspected infectious mononucleosis.
- Known lymphocytic leukaemia.
- Known phenylketonuria.
- eGFR less than 30 ml/min/1.73m^2 (based on most recent measurement within the last 12 months).
- Currently taking any medications known to interact with co-amoxiclav (*e.g.* probenecid, sulfasalazine, methotrexate, digoxin, oral anticoagulants) or increase the risk of adverse reactions to co-amoxiclav (allopurinol).


Introductory Pack
Contents:
of the completed consent and
ing the prepaid envelope
(blue Recruiter Pack).


Recruiter Pack
ntents:
CHIE ID stickers
Baseline assessment form
Contact card
Prepaid envelope
Use paper
Baseline Assessement form
and return in the prepaid
envelope provided.
Online entry is no longer available
Note: The swab kit (high nasal swab and throat swab) is in the pocket inside the front cover of this study pack folder. Study medication dispensing instructions are written on the reverse side of this sheet.


Department Of Primary Care Health Sciences
Clinical Trials Unit - Gibson Building
University Of Oxford
The Radcliffe Observatory Quarter
Woodstock Road
Oxford
OX2 6GG
Recruiter Pack
Contents:
ARCHIE ID stickers
Baseline assessment form
Contact card
Use paper
Baseline Assessment form
and return in the prepaid
envelope provided.
Online entry is no longer available
ARCHIE
ARCHIE ID
0698
ARCHIE study (www.archiestudy.com) and was
gives study medication (co-amoxiclav or placebo) to
take for 5 days starting on
Sex: M F
Smoker(s) in household: YES NO
Received last season's seasonal influenza vaccination?
YES NO NOT KNOWN
AT RISK CATEGORIES (please tick all that apply):
Respiratory
Neurological
Liver
Cardiac
Renal
Immunodeficiency
Other (please state)
CURRENT INFLUENZA-LIKE ILLNESS EPISODE (as reported by parent/guardian)
Date symptoms started
Date fever started
MEDICATIONS TAKEN BY CHILD DURING CURRENT INFLUENZA-LIKE ILLNESS EPISODE
Antivirals (e.g. oseltamivir)
YES NO NOT KNOWN
If YES, give name(s) of antiviral(s):
Antipyretics (e.g. paracetamol)
YES NO NOT KNOWN
If YES, give name(s) of antipyretic(s):
Date (DD/MM/YYYY) and time (hh:mm)
of most recent dose
am/pm (please circle)
Other medications
YES NO NOT KNOWN
PHYSICAL EXAMINATION
Temperature:
Time temperature taken: am/pm (please circle)
Heart rate:
Respiratory rate:
breaths per minute
Weight:
kg
SWABS
High nasal swab taken? YES NO
Throat swab taken? YES NO
STUDY MEDICATION – Please write participant's study medication ID and dose in the yellow box
Please go to www.archiestudy.com to generate the child's study medication ID number. You will need to enter the
child's age, weight and current influenza vaccination status.
Study medication ID:
Study medication dose:
Note: The swab kit (hi
pocket inside the fron
medication dispensing
side of this sheet.
ARCHIE: Consent, Assent (if used), Participant completed forms

BASELINE ASSESSMENT FORM

ARCHIE

__ __ __ / __ __ __ __

ARCHIE ID

CHILD'S BASELINE DETAILS

Please tick to confirm that child meets eligibility criteria AND parent/guardian has signed consent form: ☐

Date of study entry (day 1) D D M M Y Y Y Y Sex: M ☐ F ☐

Date of birth D D M M Y Y Y Y Smoker(s) in household: YES ☐ NO ☐

Received **this season's** seasonal influenza vaccination? YES ☐ NO ☐ NOT KNOWN ☐

Received **last season's** seasonal influenza vaccination? YES ☐ NO ☐ NOT KNOWN ☐

AT RISK CATEGORIES (please tick all that apply):

Respiratory ☐ Neurological ☐ Liver ☐

Cardiac ☐ Renal ☐ Immunodeficiency ☐

Other (please state) ☐ .....

CURRENT INFLUENZA-LIKE ILLNESS EPISODE (as reported by parent/guardian)

Date symptoms started D D M M Y Y Y Y

Date fever started D D M M Y Y Y Y

MEDICATIONS TAKEN BY CHILD DURING CURRENT INFLUENZA-LIKE ILLNESS EPISODE

Antivirals (*e.g.* oseltamivir) If **YES**, give name(s) of antiviral(s):	YES ☐	NO ☐	NOT KNOWN ☐
Antipyretics (*e.g.* paracetamol) If **YES**, give name(s) of antipyretic(s): Date (DD/MM/YYYY) and time (hh:mm) of most recent dose.	YES ☐	NO ☐	NOT KNOWN ☐ _ _/_ _/_ _ _ _ _ _:_ _ am/pm (please circle)
Other medications If YES, give name(s) of medication(s):	YES ☐	NO ☐	NOT KNOWN ☐

PHYSICAL EXAMINATION

Temperature: _____°C Time temperature taken: ___:___ am/pm (please circle)

Heart rate: _____ beats per minute Respiratory rate: _____ breaths per minute

Weight : _____ kg

SWABS

High nasal swab taken? YES ☐ NO ☐ Throat swab taken? YES ☐ NO ☐

STUDY MEDICATION – Please write participant's study medication ID and dose in the yellow box

Please go to www.archiestudy.com to generate the child's study medication ID number. You will need to enter the child's age, weight and current influenza vaccination status.

Study medication ID: __ __ __ __ __ __ Study medication dose: _____ ml twice daily for 5 days

QUESTIONNAIRES TO BE COMPLETED DURING BASELINE APPOINTMENT

By parent/guardian (compulsory):

1. EQ-5D-Y proxy YES ☐ NO ☐ 2. CARIFS YES ☐ NO ☐

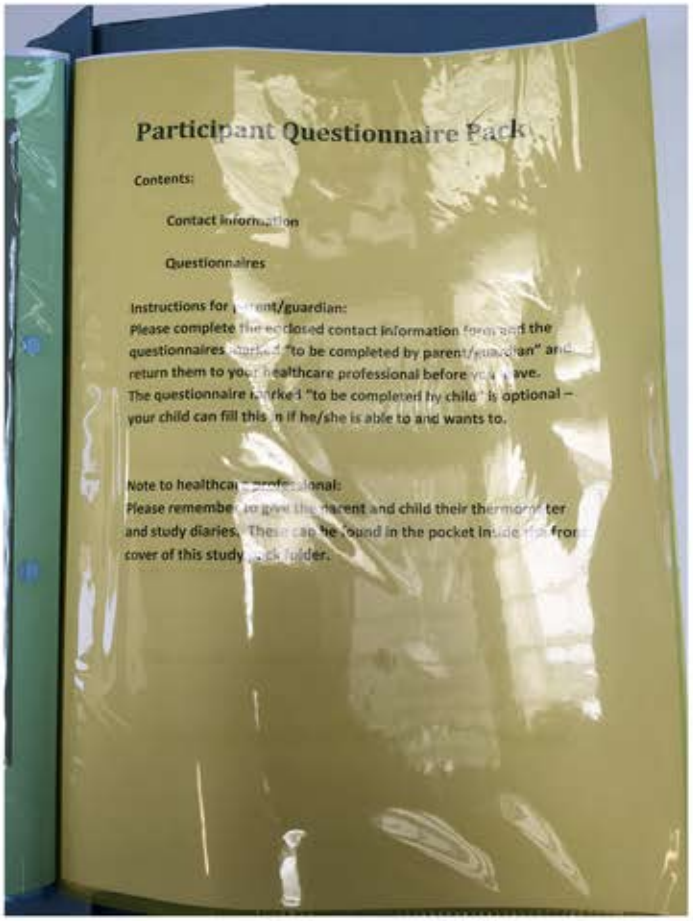
By child (optional):

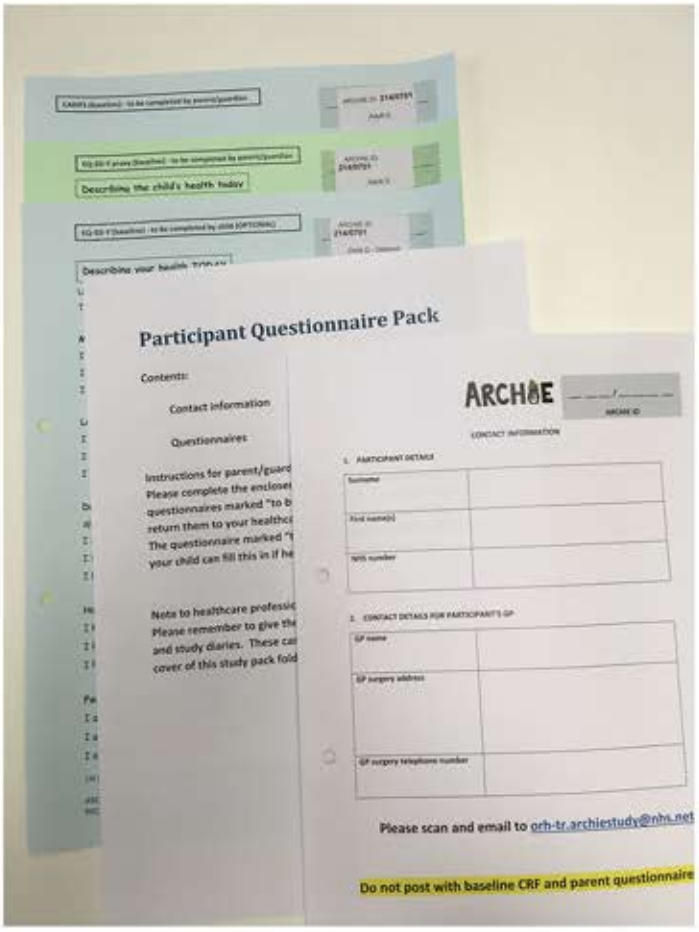
EQ-5D-Y YES ☐ NO ☐

Please tick to confirm study pack given and explained: ☐

Completed by (print name): _____ Sign: _____ Date:_____

Please return TOP copy to Oxford PC CTU in reply envelope provided and file BOTTOM copy in ISF


Participant Questionnaire Pack
Contents:
Contact information
Questionnaires
Instructions for parent/guardian:
Please complete the enclosed contact information form and the
questionnaires marked "to be completed by parent/guardian" and
return them to your healthcare professional before you leave.
The questionnaire marked "to be completed by child" is optional –
your child can fill this in if he/she is able to and wants to.
Note to healthcare professional:
Please remember to give the parent and child their thermometer
and study diaries. These can be found in the pocket inside the front
cover of this study pack folder.


Describing the child's health today
Participant Questionnaire Pack
Contents:
Contact information
Questionnaires
ARCHIE
CONTACT INFORMATION
1. PARTICIPANT DETAILS
Surname
First name(s)
NHS number
2. CONTACT DETAILS FOR PARTICIPANT'S GP
GP name
GP surgery address
GP surgery telephone number
Please scan and email to orh-tr.archiestudy@nhs.net
Do not post with baseline CRF and parent questionnaire

ARCHIE

__ __ __ / __ __ __ __

ARCHIE ID

CONTACT INFORMATION

1. PARTICIPANT DETAILS

Surname	
First name(s)	
NHS number	

2. CONTACT DETAILS FOR PARTICIPANT'S GP

GP name	
GP surgery address	
GP surgery telephone number	

Please scan and email to orh-tr.archiestudy@nhs.net

Do not post with baseline CRF and parent questionnaires.

EQ-5D-Y (baseline) - to be completed by child (OPTIONAL)

__ __ __ / __ __ __ __

ARCHIE ID

Describing your health TODAY

Under each heading, please tick the ONE box that best describes your health TODAY

Mobility *(walking about)*

I have no problems walking about ❑

I have some problems walking about ❑

I have a lot of problems walking about ❑

Looking after myself

I have no problems washing or dressing myself ❑

I have some problems washing or dressing myself ❑

I have a lot of problems washing or dressing myself ❑

Doing usual activities *(for example, going to school, hobbies, sports, playing, doing things with family or friends)*

I have no problems doing my usual activities ❑

I have some problems doing my usual activities ❑

I have a lot of problems doing my usual activities ❑

Having pain or discomfort

I have no pain or discomfort ❑

I have some pain or discomfort ❑

I have a lot of pain or discomfort ❑

Feeling worried, sad or unhappy

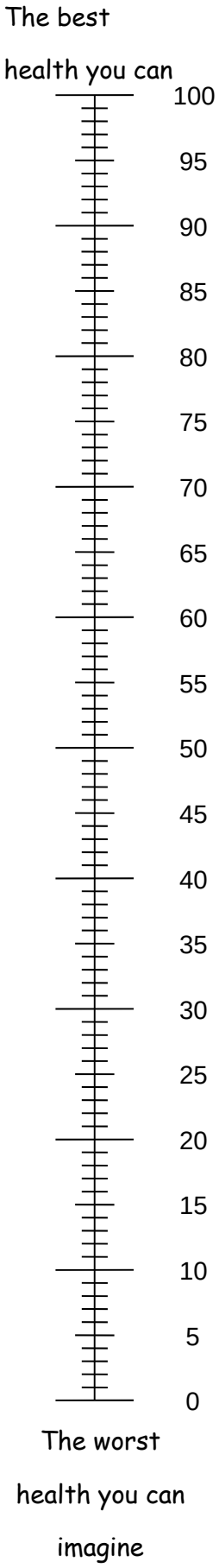
I am not worried, sad or unhappy ❑

I am a bit worried, sad or unhappy ❑

I am very worried, sad or unhappy ❑

How good is your health TODAY

- We would like to know how good or bad your health is TODAY.
- This line is numbered from 0 to 100.
- 100 means the <u>best</u> health you can imagine.
  0 means the <u>worst</u> health you can imagine.
- Please mark an X on the line that shows how good or bad your health is TODAY.



pleted by parent/guardian

__ __ __ / __ __ __ __

ARCHIE ID

Describing the child's health today

PLEASE ANSWER ON BEHALF OF THE CHILD: Under each heading, mark the ONE box that you think **the child** would mark to describe his/her own health **TODAY** if **he/she** were able to do so.

Mobility *(walking about)*

He/she has no problems walking about ❑
He/she has some problems walking about ❑
He/she has a lot of problems walking about ❑

Looking after myself

He/she has no problems washing or dressing him/herself ❑
He/she has some problems washing or dressing him/herself ❑
He/she has a lot of problems washing or dressing him/herself ❑

Doing usual activities (for example. *going to school, hobbies, sports, playing, doing things with family or friends)*

He/she has no problems doing his/her usual activities ❑
He/she has some problems doing his/her usual activities ❑
He/she has a lot of problems doing his/her usual activities ❑

Having pain or discomfort

He/she has no pain or discomfort ❑
He/she has some pain or discomfort ❑
He/she has a lot of pain or discomfort ❑

Feeling worried, sad or unhappy

He/she is not worried, sad or unhappy ❑
He/she is a bit worried, sad or unhappy ❑
He/she is very worried, sad or unhappy ❑

How good is the health of the child TODAY

- We would like to know how good or bad you think **the child** would rate **his/her** own health TODAY

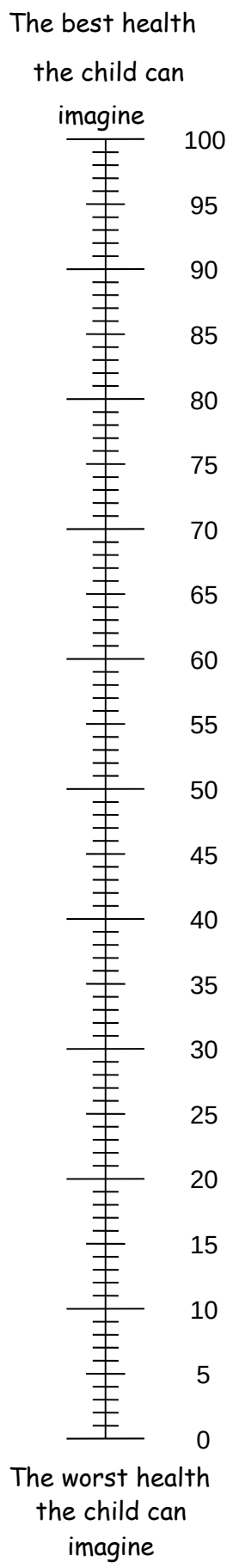
- This line is numbered from 0 to 100

- 100 means the <u>best</u> health the child can imagine

  0 means the <u>worst</u> health the child can imagine

Please, mark an X on the line that shows how good or bad you think **the child** would rate **his/her** health TODAY

Now, please write the number you marked on the scale in the box below.



CARIFS (baseline) - to be completed by parent/guardian

__ __ __ / __ __ __ __

ARCHIE ID

How much of a problem have the following symptoms been for your child today?

Please tick ONE box for each symptom**.**

	Symptom	No Problem	Minor Problem	Moderate Problem	Major Problem	Don't Know or Not Applicable
1	Poor appetite					
2	Not sleeping well					
3	Irritable, cranky, fussy					
4	Feels unwell					
5	Low energy tired					
6	Not playing well					
7	Crying more than usual					
8	Needing extra care					
9	Clinginess					
10	Headache					
11	Sore throat					
12	Muscle aches and pains					
13	Fever					
14	Cough					
15	Nasal congestion, runny nose					
16	Vomiting					
17	Not interested in what's going on					
18	Unable to get out of bed					

Please mark on this line how sick your child is today:

Best Possible Health ——————————— Worst Possible Health

ARCHIE

The early use of Antibiotics in at Risk Children with InfluEnz

214 0701 ~~0698~~

ARCHIE ID

WEEK 1 FOLLOW-UP

Questions for participant's parent/guardian - to be completed by healthcare professional or research assistant at week 1 telephone consultation (can be done from day 7 to day 10 inclusive).

1. Date of study entry (day 1) [D D M M Y Y]
2. Date week 1 follow-up form completed [D D M M Y Y]
3. **Contacted parent/guardian?** YES ☐ NO ☐
   *If **Yes**, proceed to question 4. If **NO**, go directly to question 11.*

During the last week:

4. Has the parent/guardian completed the week 1 diary? YES ☐ NO ☐
   *If **NO**, please remind them to **complete and return** week 1 study diary*
5. Have you and your child had to seek medical advice because of your child's flu-like illness or complications of this (e.g. chest infection, ear infection)? YES* ☐ NO ☐
   *If **YES**, please remind parent to note these occasions in their ARCHIE study diary.*
6. Has your child had to stay in hospital for one or more nights for ANY reason? YES* ☐ NO ☐
   *If **YES**, please remind parent to note these occasions in their ARCHIE study diary. Site to complete a Serious Adverse Event form.*
7. Has your child had any of the following side-effects from his or her study medication? YES* ☐ NO ☐
   *If **YES**, please tick all that apply:*

   Diarrhoea ☐ Vomiting ☐ Nausea ☐ Thrush ☐
8. Has your child had any new unexpected symptoms or illnesses since entering the study? *If **YES**, please tick all that apply:* YES* ☐ NO ☐

   Skin rash ☐ *Other (please specify)* ☐ _____

If you have answered 'YES' to ANY of the above questions (5 to 8) please see guidance on back of bottom copy for further reporting requirements.

9. Does your child still have a fever? *If NO, when was the last day your child was feverish?* YES ☐ NO ☐

   Date (dd/mm/yyyy): _____ Time: _____ am/pm (delete as appropriate)

   Temp that day if known: _____
10. Did your child take all 10 doses of his/her study medication? YES ☐ NO ☐

    If **NO**, number of doses taken: _____ doses

    Decision to stop study medication made by (circle as appropriate):
    Parent or guardian / healthcare professional/child

    Reason for stopping study medication(circle as appropriate):
    Did not tolerate study medication / other (please specify):

11. Print Name: _____ Sign: _____ Date: _____

Please return TOP copy to Oxford PC CTU in reply envelope provided and file BOTTOM copy in ISF

ARCHIE

The early use of Antibiotics in at Risk Children with InfluEnza

__ __ __ / __ __ __ __

ARCHIE ID

WEEK 1 FOLLOW-UP

Questions for participant's parent/guardian - to be completed by healthcare professional or research assistant at week 1 telephone consultation (can be done from day 7 to day 10 inclusive).

1. Date of study entry (day 1) | D | D | M | M | Y | Y | Y | Y |

2. Date week 1 follow-up form completed | D | D | M | M | Y | Y | Y | Y |

3. **Contacted parent/guardian?** **YES** ☐ **NO** ☐

*If **Yes,** proceed to question 4. If **NO**, go directly to question 11.*

During the last week:

4. Has the parent/guardian completed the week 1 diary?
*If **NO**, please remind them to **complete and return** week 1 study diary* **YES** ☐ **NO** ☐

5. Have you and your child had to seek medical advice because of your child's flu-like illness or complications of this (e.g. chest infection, ear infection)? **YES*** ☐ **NO** ☐
*If **YES**, please remind parent to note these occasions in their ARCHIE study diary.*

6. Has your child had to stay in hospital for one or more nights for ANY reason? **YES*** ☐ **NO** ☐
*If **YES**, please remind parent to note these occasions in their ARCHIE study diary. Site to complete a **Serious Adverse Event** form.*

7. Has your child had any of the following side-effects from his or her study medication? **YES*** ☐ **NO** ☐
*If **YES**, please tick all that apply:*

Diarrhoea ☐ Vomiting ☐ Nausea ☐ Thrush ☐

8. Has your child had any new unexpected symptoms or illnesses since entering the study? *If **YES**, please tick all that apply:* **YES*** ☐ **NO** ☐

Skin rash ☐ *Other (please specify)* ☐ _____

If you have answered 'YES' to ANY of the above questions (5 to 8) please see guidance on back of bottom copy for further reporting requirements.

9. Does your child still have a fever? *If **NO** when was the last day your child was feverish?* **YES** ☐ **NO** ☐

Date (dd/mm/yyyy): _____ Time: _____ am/pm (delete as appropriate)

Temp that day if known: _____

10. Did your child take all 10 doses of his/her study medication? **YES** ☐ **NO** ☐
If **NO**, number of doses taken: _____ doses

Decision to stop study medication made by (circle as appropriate):
Parent or guardian / healthcare professional/child

Reason for stopping study medication(circle as appropriate):
Did not tolerate study medication / other (please specify):

11. Print Name: _____ Sign: _____ Date: _____

Please return TOP copy to Oxford PC CTU in reply envelope provided and file BOTTOM copy in ISF

Further reporting requirements

Please follow the guidance below if you answered 'YES' to any of questions 5 to 8

Question 5: Have you and your child had to seek medical advice because of your child's flu-like illness or complications of this (e.g. chest infection, ear infection)?

- There is no need to complete an Adverse Event Report form for new or worsening symptoms or complications which you consider to be consistent with progression of the child's flu-like illness episode unless they result in a Serious Adverse Event, which: i) results in death, ii) is life-threatening, iii) requires inpatient hospitalisation or prolongation of existing hospitalisation, iv) results in persistent or significant disability / incapacity, v)is a congenital anomaly / birth defect, vi) other important medical event.

Question 6: Has your child had to stay in hospital for one or more nights for ANY reason?

- Please complete a Serious Adverse Event report form for each hospital stay which lasted one or more nights, regardless of the reason for the hospital admission.

Question 7: Has your child had any of the following side-effects from his or her study medication?

- Diarrhoea, vomiting, nausea and thrush are all known common side-effects of co-amoxiclav.
- Please complete an Adverse Event Report form if these side-effects are clinically severe. There is no need to complete an Adverse Event Report form if these side-effects are clinically mild or moderate.
- Please also complete a Serious Adverse Event Report form for any side-effect(s) which: i) results in death, ii) is life-threatening, iii) requires inpatient hospitalisation or prolongation of existing hospitalisation, iv) results in persistent or significant disability / incapacity, v)is a congenital anomaly / birth defect, vi) other important medical event.

Question 8: Has your child had any new unexpected symptoms or illnesses since entering the study?

- Please complete an Adverse Event report form for each new unexpected symptom or illness.
- Please also complete a Serious Adverse Event Report form for any symptom or illness which: i) results in death, ii) is life-threatening, iii) requires inpatient hospitalisation or prolongation of existing hospitalisation, iv) results in persistent or significant disability / incapacity, v)is a congenital anomaly / birth defect, vi) other important medical event.
- There is no need to complete an Adverse Event Report form for new or worsening symptoms which you consider to be consistent with progression of the original influenza-like illness episode unless they result in a Serious Adverse Event according to the above definition.

Reporting instructions

- Adverse Event Report forms and Serious Adverse Event Report forms should be emailed to archie@phc.ox.ac.uk
- Please forward Serious Adverse Event Report forms within 24 hours becoming aware of the event.

ARCHIE

The early use of Antibiotics in at Risk Children with InfluEnza

214 / 0701 0698 ARCHIE ID

WEEK 2 FOLLOW-UP

Questions for participant's parent/guardian - to be completed by healthcare professional or research assistant at week 2 telephone consultation (can be done from day 14 to day 17 inclusive).

1. Date of study entry (day 1) D D M M Y Y Y Y
2. Date week 2 follow-up form completed D D M M Y Y Y Y
3. **Contacted parent/guardian?** YES ☐ NO ☐

*If **Yes**, proceed to question 4. If **NO**, go directly to question 11.*

During the last week:

4. Has the parent/guardian completed the week 2 diary? YES ☐ NO ☐
   *If **NO**, please remind them to **complete and return** week 2 study diary.*
5. Have you and your child had to seek medical advice because of your child's flu-like illness or complications of this (e.g. chest infection, ear infection)? YES* ☐ NO ☐
   *If **YES**, please remind parent to note these occasions in their ARCHIE study diary.*
6. Has your child had to stay in hospital for one or more nights for ANY reason? YES* ☐ NO ☐
   *If **YES**, please remind parent to note these occasions in their ARCHIE study diary. Site to complete a Serious Adverse Event form.*
7. Has your child had any of the following side-effects from his or her study medication? YES* ☐ NO ☐
   *If **YES**, please tick all that apply:*
   Diarrhoea ☐ Vomiting ☐ Nausea ☐ Thrush ☐
8. Has your child had any new unexpected symptoms or illnesses since entering the study? *If **YES**, please tick all that apply:* YES* ☐ NO ☐
   Skin rash ☐ *Other (please specify)* ☐ _____

If you have answered 'YES' to ANY of the above questions (5 to 8) please see guidance on back of bottom copy for further reporting requirements.

9. Does your child still have a fever? *If **NO**, when was the last day your child was feverish?*
   Date (dd/mm/yyyy): _____ Time: _____ am/pm (delete as appropriate) YES ☐ NO ☐
   Temp that day, if known: _____

ONLY ASK Q10 AT WEEK 2 CALL IF WEEK 1 CALL NOT COMPLETED.

10. Did your child take all 10 doses of his/her study medication? If **NO**, number of doses taken: _____ doses YES ☐ NO ☐
    Decision to stop study medication made by (circle as appropriate):
    Parent or guardian / healthcare professional/child
    N/A Week 1 Call Completed ☐
    Reason for stopping study medication (circle as appropriate):
    Did not tolerate study medication / other (please specify):

11. Print Name: _____ Sign: _____ Date: _____

Please return TOP copy to Oxford PC CTU in reply envelope provided and file BOTTOM copy in ISF

ARCHIE

The early use of Antibiotics in at Risk Children with InfluEnza

__ __ __ / __ __ __ __

ARCHIE ID

WEEK 2 FOLLOW-UP

Questions for participant's parent/guardian - to be completed by healthcare professional or research assistant at week 2 telephone consultation (can be done from day 14 to day 17 inclusive).

1. Date of study entry (day 1) | D | D | M | M | Y | Y | Y | Y |

2. Date week 2 follow-up form completed | D | D | M | M | Y | Y | Y | Y |

3. **Contacted parent/guardian?** **YES** ☐ **NO** ☐

*If **Yes,** proceed to question 4. If **NO**, go directly to question 11.*

During the last week:

4. Has the parent/guardian completed the week 2 diary? **YES** ☐ **NO** ☐
*If **NO**, please remind them to **complete and return** week 2 study diary*

5. Have you and your child had to seek medical advice because of your child's flu-like illness or complications of this (e.g. chest infection, ear infection)? **YES*** ☐ **NO** ☐
*If **YES**, please remind parent to note these occasions in their ARCHIE study diary.*

6. Has your child had to stay in hospital for one or more nights for ANY reason? **YES*** ☐ **NO** ☐
*If **YES**, please remind parent to note these occasions in their ARCHIE study diary. Site to complete a **Serious Adverse Event** form.*

7. Has your child had any of the following side-effects from his or her study medication? **YES*** ☐ **NO** ☐
*If **YES**, please tick all that apply:*

Diarrhoea ☐ Vomiting ☐ Nausea ☐ Thrush ☐

8. Has your child had any new unexpected symptoms or illnesses since entering the study? *If **YES**, please tick all that apply:* **YES*** ☐ **NO** ☐

Skin rash ☐ *Other (please specify)* ☐ _____

If you have answered 'YES' to ANY of the above questions (5 to 8) please see guidance on back of bottom copy for further reporting requirements.

9. Does your child still have a fever? *If **NO**, when was the last day your child was feverish?* **YES** ☐ **NO** ☐
Date (dd/mm/yyyy): _____ Time: _____ am/pm (delete as appropriate)

Temp that day if known:

ONLY ASK Q10 AT WEEK 2 CALL IF WEEK 1 CALL NOT COMPLETED.

10. Did your child take all 10 doses of his/her study medication? If ***NO,*** number of doses taken: _____ doses **YES** ☐ **NO** ☐

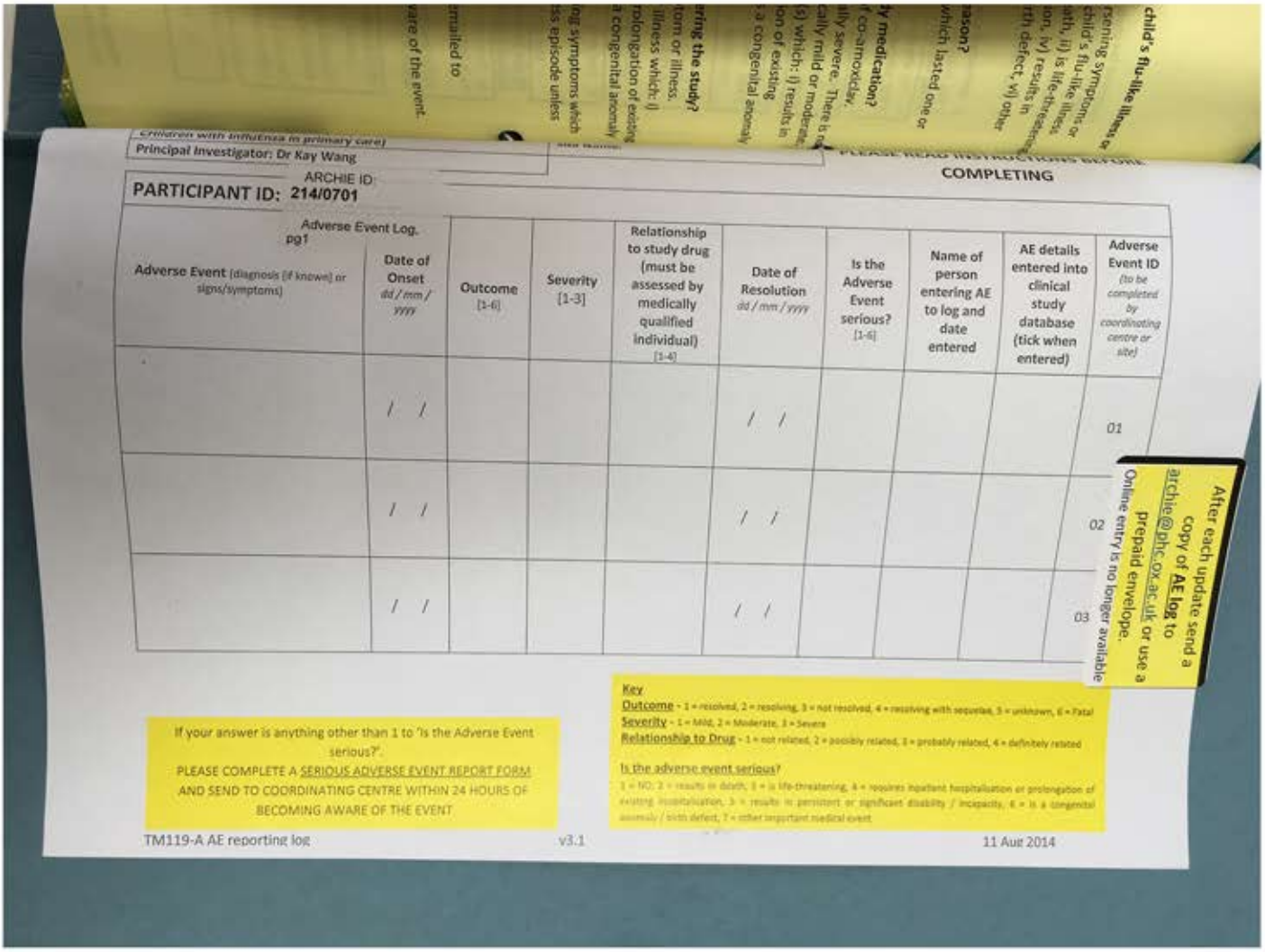
Decision to stop study medication made by (circle as appropriate):
Parent or guardian / healthcare professional/child

N/A Week 1 Call Completed ☐

Reason for stopping study medication(circle as appropriate):
Did not tolerate study medication / other (please specify):

11. Print Name: _____ Sign: _____ Date: _____

Please return TOP copy to Oxford PC CTU in reply envelope provided and file BOTTOM copy in ISF



Principal Investigator: Dr Kay Wang

ARCHIE ID:

PARTICIPANT ID: 214/0701

COMPLETING

Adverse Event Log. pg1

Adverse Event (diagnosis [if known] or signs/symptoms)	Date of Onset dd / mm / yyyy	Outcome [1-6]	Severity [1-3]	Relationship to study drug (must be assessed by medically qualified individual) [1-4]	Date of Resolution dd / mm / yyyy	Is the Adverse Event serious? [1-6]	Name of person entering AE to log and date entered	AE details entered into clinical study database (tick when entered)	Adverse Event ID (to be completed by coordinating centre or site)
	/ /				/ /				01
	/ /				/ /				02
	/ /				/ /				03

After each update send a copy of **AE log** to archie@phc.ox.ac.uk or use a prepaid envelope. Online entry is no longer available

If your answer is anything other than 1 to 'Is the Adverse Event serious?',
PLEASE COMPLETE A SERIOUS ADVERSE EVENT REPORT FORM AND SEND TO COORDINATING CENTRE WITHIN 24 HOURS OF BECOMING AWARE OF THE EVENT

Key
Outcome - 1 = resolved, 2 = resolving, 3 = not resolved, 4 = resolving with sequelae, 5 = unknown, 6 = Fatal
Severity - 1 = Mild, 2 = Moderate, 3 = Severe
Relationship to Drug - 1 = not related, 2 = possibly related, 3 = probably related, 4 = definitely related

Is the adverse event serious?
1 = NO; 2 = results in death; 3 = is life-threatening; 4 = requires inpatient hospitalisation or prolongation of existing hospitalisation; 5 = results in persistent or significant disability / incapacity; 6 = is a congenital anomaly / birth defect; 7 = other important medical event

ARCHIE

TM119-A ADVERSE EVENT (AE) REPORT LOG

Study Title: ARCHIE (The early use of Antibiotics for at Risk CHildren with InfluEnza in primary care)	Site Name:
Principal Investigator: Dr Kay Wang	

PLEASE READ INSTRUCTIONS BEFORE COMPLETING

PARTICIPANT ID: _ _ _ / _ _ _ _

Adverse Event (diagnosis [if known] or signs/symptoms)	**Date of Onset** *dd / mm / yyyy*	**Outcome** [1-6]	**Severity** [1-3]	**Relationship to study drug (must be assessed by medically qualified individual)** [1-4]	**Date of Resolution** *dd / mm / yyyy*	**Is the Adverse Event serious?** [1-6]	**Name of person entering AE to log and date entered**	**AE details entered into clinical study database (tick when entered)**	**Adverse Event ID** *(to be completed by coordinating centre or site)*
	/ /				/ /				01
	/ /				/ /				02
	/ /				/ /				03

If your answer is anything other than 1 to 'Is the Adverse Event serious?'.
PLEASE COMPLETE A SERIOUS ADVERSE EVENT REPORT FORM AND SEND TO COORDINATING CENTRE WITHIN 24 HOURS OF BECOMING AWARE OF THE EVENT

Key

Outcome - 1 = resolved, 2 = resolving, 3 = not resolved, 4 = resolving with sequelae, 5 = unknown, 6 = Fatal

Severity - 1 = Mild, 2 = Moderate, 3 = Severe

Relationship to Drug - 1 = not related, 2 = possibly related, 3 = probably related, 4 = definitely related

Is the adverse event serious?

1 = NO, 2 = results in death, 3 = is life-threatening, 4 = requires inpatient hospitalisation or prolongation of existing hospitalisation, 5 = results in persistent or significant disability / incapacity, 6 = is a congenital anomaly / birth defect, 7 = other important medical event

PARTICIPANT ID: _ _ _ / _ _ _ _									
Adverse Event (diagnosis [if known] or signs/symptoms)	**Date of Onset** *dd / mm / yyyy*	**Outcome** [1-6]	**Severity** [1-3]	**Relationship to study drug (must be assessed by medically qualified individual)** [1-4]	**Date of Resolution** *dd / mm / yyyy*	**Is the Adverse Event serious?** [1-6]	**Name of person entering AE to log and date entered**	**AE details entered into clinical study database (tick when entered)**	**Adverse Event ID** *(to be completed by coordinating centre or site)*
	/ /				/ /				04
	/ /				/ /				05
	/ /				/ /				06
	/ /				/ /				07
	/ /				/ /				08

Internal Use Only
SAE Identifier: _____

Serious Adverse Event Report Form (CTIMP)

Form completion instructions overleaf

1. Report type *(tick one)* Initial report ☐ Follow-up information ☐

2. Site name: _____

3. Participant details

ARCHIE ID: ☐☐☐/☐☐☐☐

Date of birth: DD/MM/YY

Sex: Male ☐ Female ☐

Weight: ☐☐☐☐ *g* OR ☐☐.☐ *kg*

(delete as applicable)

4. ADVERSE EVENT DESCRIPTION:

(Please record diagnosis if known, an account of the event including signs and symptoms if diagnosis not known, any interventions given to manage the event including dates for these and if event fatal, cause of death if known):

_____

_____

_____

_____

_____

_____

5. Start date and time of SAE: DD/MM/YY hh:mm

6. Stop date and time of SAE: DD/MM/YY hh:mm Or ongoing ☐

7. Date and time site became aware of SAE: DD/MM/YY hh:mm

Please complete and send this form immediately, no later than 24 hours after becoming aware of the SAE.

PLEASE FAX / EMAIL FORM TO: archie@phc.ox.ac.uk

01865 617939

General Instructions

- Complete the SAE Reporting Form as soon as possible but no later than 24 hours after becoming aware of the event.
- Refer to the trial protocol for definitions of Adverse Events (AEs), Adverse Reactions (ARs), Serious Adverse Events (SAEs) and Suspected Unexpected Serious Adverse Events (SUSARs).
- Use a black ball point pen to complete the form.
- Fax / Email the completed form to the Trial Co-ordinating centre: 01865 617939 / archie@phc.ox.ac.uk
  Expect confirmation of receipt from the ARCHIE Trial team
- File a copy of the completed SAE Reporting Form in your Investigator Site File / Study File.
- If you have any questions regarding the classification of an adverse event or form completion then please call your Trial Manager: Tel: 01865 617842 / email: archie@phc.ox.ac.uk
- Guidelines are not provided for data fields which are self-explanatory.
- Ensure ALL details of the SAE are documented in the participant's medical records including the Investigator's assessment of causality, which the study physician must document in the medical records.
- Record 'NK' for any data that is not known.
- Record all times as 24 hour clock

Page 1

Q1. If this is the first time the SAE has been reported then please tick "initial". If you are submitting new, updated or corrected information for a previously reported SAE then please tick "follow-up information".

Q3. Record the unique trial number assigned to the participant.
Enter the participant's weight in grams **OR** kilograms and delete the unit which is not applicable.

Q5. Enter date and time that the adverse event became serious.

Q6. Enter date and time that the adverse event stopped being serious (for example, if a participant has a life-threatening condition which was resolved by surgery then the date and time for end of surgery would be entered).

Q7. Enter the time and date that a member of the site trial/study team became aware of the SAE.

Serious Adverse Event Report Form

Form completion instructions overleaf

8. Please record severity of event: *(tick one box only)*

Mild ☐ Moderate ☐ Severe ☐

9. Reason this event is classified as Serious: *(tick one box only)*

Fatal ☐ Life threatening ☐

Requiring/prolonging hospitalisation ☐ Congenital anomaly/birth defect ☐

Significant disability/incapacity ☐ Other important medical event ☐

10. Relevant medical history: *(including co-existing medical conditions, allergies or similar experiences)*

11. Laboratory results relevant to the SAE: (*Please give details of relevant results, dates and reference ranges in the space below or attach a printout with these details highlighted and patient identifiable information obscured)*

12. Specify the study drug details below:

Study drug name	Dose	Frequency	Route	Date started	If discontinued, date stopped
				D D / M M / Y Y	D D / M M / Y Y
				D D / M M / Y Y	D D / M M / Y Y

Did the event resolve after stopping study drug? Yes ☐ No ☐ N/A ☐

Did the event reappear after reintroduction? Yes ☐ No ☐ N/A ☐

Action taken with study drug:

None ☐ Discontinued temporarily ☐

Dose reduced ☐ Discontinued ☐

Dose temporarily reduced ☐

Page 2

Q8. Choose **one** of the severity options to describe the intensity of the event.

Q9. Choose **one** of the reasons why the adverse event has been classified as serious. If there is more than one reason which applies then choose the more/most significant one and document other reason(s) in the AE description.

Q10. Provide a full description of any medical history which could be relevant to this SAE and which may need to be considered by the individual reviewing the event.

Q12. Record details of study drug(s). This section must be completed regardless of whether there is a causal relationship with the study drug(s).

Page 3

Q13. Use the table to list all concomitant medications and use additional pages (P3a section 13a) if required.

Serious Adverse Event Report Form

13. Concomitant medication *(generic names only):* None ☐ **OR**

Describe all non-study medication taken at the time of onset of the event and medication given to treat the SAE including prescription, non-prescription and over-the-counter medication.

Medication	Indication	Given to treat SAE	Dose	Frequency	Route	Date started	If discontinued, date stopped
		☐				D D / M M / Y Y	D D / M M / Y Y
		☐				D D / M M / Y Y	D D / M M / Y Y
		☐				D D / M M / Y Y	D D / M M / Y Y
		☐				D D / M M / Y Y	D D / M M / Y Y
		☐				D D / M M / Y Y	D D / M M / Y Y
		☐				D D / M M / Y Y	D D / M M / Y Y
		☐				D D / M M / Y Y	D D / M M / Y Y
		☐				D D / M M / Y Y	D D / M M / Y Y

Did you document further concomitant medications on the supplementary SAE report page 3a? Yes ☐ No ☐

If Yes, how many pages did you complete? ☐

Internal Use Only
SAE Identifier: ______________________

ARCHIE ID: ☐☐☐/☐☐☐☐

Serious Adverse Event Report Form

13a. Concomitant medication *(generic names only):*

Describe all non-study medication taken at the time of onset of the event and medication given to treat the SAE including prescription, non-prescription and over-the-counter medication.

Medication	Indication	Given to treat SAE	Dose	Frequency	Route	Date started	If discontinued, date stopped
		☐				DD/MM/YY	DD/MM/YY
		☐				DD/MM/YY	DD/MM/YY
		☐				DD/MM/YY	DD/MM/YY
		☐				DD/MM/YY	DD/MM/YY
		☐				DD/MM/YY	DD/MM/YY
		☐				DD/MM/YY	DD/MM/YY
		☐				DD/MM/YY	DD/MM/YY
		☐				DD/MM/YY	DD/MM/YY
		☐				DD/MM/YY	DD/MM/YY

Internal Use Only
SAE Identifier: _____

ARCHIE ID

Serious Adverse Event Report Form

Form completion instructions overleaf

14. Outcome of event: *(tick one box only)*

Resolved ☐ Resolving ☐ Not resolved ☐

Resolved with sequelae ☐ Unknown ☐ Fatal ☐

If fatal, give date of death: D D / M M / Y Y

Was a post-mortem performed/ is one planned? Yes ☐ No ☐

If Yes, give date of post-mortem: D D / M M / Y Y

15. Is there any further information to come? Yes ☐ No ☐

NB: Follow-up information should be submitted on any unresolved event until resolution (please use another SAE Report Form, and only report any new or changed information).

16. Reporter's signature: _____

Date: D D / M M / Y Y

Print name: _____

Position: _____

Telephone number:

Further contact details *(e.g. bleep/pager number, please specify)*:

_____

IMPORTANT: This section of the SAE report is to be completed by a medically qualified individual only.

17. Causality of the Serious Adverse Event:

The Reporting Clinician's decision on relationship to the IMP *(tick one box only)*

Not related ☐ Possibly ☐ Probably ☐ Definitely ☐

I confirm that I have reviewed Pages 1, 2, 3 and 4 of the Serious Adverse Event report and that all data are correct.

Assessor's signature: _____ **Date** D D / M M / Y Y

Print name: _____ **Position:** _____

Telephone number

Further contact details *(e.g. bleep/pager number, please specify)*:

_____

If this information is not available at the time the SAE is first reported, please re-send all pages of this report once completed.

Page 4

Q14. Select **one** of the outcome options. If the outcome is “Resolving” or “Not Resolved” then complete a follow-up report when the status of the SAE changes.

Q16. Include a telephone number for the person reporting the SAE so that the individual assessing the event can contact them in case of queries or if clarifications are needed.

Q17. A medically qualified individual is responsible for reviewing the SAE and considering whether the event was related to the study drug(s).

If a medically qualified individual is not available to make the causality assessment send in the SAE Reporting Form without this information and re-send the form as soon as this assessment has been made.