**CURE RANDOMISED CONTROLLED TRIAL DATA COMPLETION CHECKLIST**

GROUP ACENSION:

**Data Collection Tasks (Tick if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Data Collected** | **Date (dd/mm/yyyy)** | **Notes** |
|  | CURE Soft |  |  |
|  | Bed Master |  |  |
|  | Family/Whanau consent form |  |  |
|  | Patient consent form |  |  |
|  | Patient bed chart (scanned copy) |  |  |
|  | Screening sheet (scanned) |  |  |
|  | Arterial blood gases |  |  |

**Sign off**

Please fill this portion only after the patient has been disconnected from the ventilator.

Do following data exists from retrieved data (Tick if applicable)?

|  |  |
| --- | --- |
|  | Length of Mechanical Ventilation (LoMV) / Ventilation Free Days (VFD) |
|  | PaO2 information from patient bed chart |
|  | Patient Mortality / Serious Adverse Event Reporting sheet (if exists) |
|  | Screening sheet data matches with data on randomisation software |
|  |  |

**For UC researchers only.**

Sign off this form once all necessary data is present then upload this sheet and all the data to online storage. Also print off copy of this form and store in in allocated file.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_