## How to complete and submit the web/electronic

Patient Entry form

CRASH2

THIS FORM MUST BE COMPLETED FOR EACH PATIENT BEFORE RANDOMISATION TO ENSURE PATIENT IS ELIGIBLE FOR THE TRIAL

## WEB

- 1. Go to the trial website www.crash2.LSHTM.ac.uk
- 2. Click on the INTRANET FOR COLLABORATORS button
- **3.** Enter your username and password
- 4. Click on the Patient Entry link

## Electronic

- 1. On your computer open the file Entry.xls
- 2. TICK THE BOX Always allow macros from this source
- 3. Click on Enable macros

You will only need to do steps 2 and 3 once. All subsequent forms will open without the macros prompt.

**1.** Enter the Box and Pack ID and complete all the questions 1 to 14. Use the TAB key to move through the document. **ALL the boxes must be entered.** 

Dates must be entered in the format YYYY MM DD (e.g. 2005-02-29).

Date and Time will appear in full format below the entry boxes so you may check they are correct	CRASH 2 Patient Entry Form       Image: Constraint of the second se					
When Q1-9 have been entered click on Q10-14 tab	3. Your Name     Dr Gentoo Penguin     Antarctica Hospital       Questions 4-9     Questions 10-14     Image: Classical Control of Clastical Control of Classical Con					
	5. Patient initials     BW       6. Patient hospital identification number     999999       7. Patient's date of birth 1 December 1970     12 - 01 1 December 1970       0r     Approximate age     34 years					
	<ul> <li>8. Hours since injury</li> <li>6 hours</li> <li>9. Type of injury</li> <li>Blunt</li> <li>Penetrating</li> <li>Both</li> </ul>					
	When form is completed, please save it and upload to www.crash2.lshtm.ac.uk         CRASH2					
	Protocol violation       X         This patient is not within 8 hours of injury and therefore not eligible. Do NOT randomise this patient. If you have already randomised the patient in error please contact the co-ordinating centre.         OK					

2. When the form is complete dick on **Print** to make a copy for your files.

CRASI	H 2 Patient Entr	y Form				×	
C/ ALL P	FIELDS ARE REQ	2 Patient	<b>Entry F</b> TO MOVE THROUGH	OTT THE FORM	Box ID 2222	Pack ID	
Dati	e of randomisatior	2005 - 06 1 June 2005	- 01	Time of randomi	sation 10 10:20 am	: 20	
1.	Country	Gondawanaland		2. Name of ho	spital (or your hospita	l code)	
з.	Your Name	Dr Gentoo Penguin	i.	Antarctica Hospital			
	Questions 4-9	Questions 10-14			•	👯 O 🗾	
	First measurements in hospital of the following randomisation)			(if unknown giv	ve value at	t NOTE:	
	10. Systolic BP		80	mmHg	🔛 Save	If any data is missing you will see this message. Check each field, fill	
	11. Resp 12. Cent	piratory rate ral capillary refill time	30	per min sec	New	in the missin again.	ng data and try saving
	13. Hear	trate	120	per min		Error	×
	14. Glase	gow coma score	6	(max 15)		Missing data - you	must complete all fields before saving
	<i>B<sup>e</sup>known:</i> Eye opening 2 To Pain			•	Exit	ОК	ОК
	Motor response 2 Extending			-			
		Verbal response	2 Sounds	-			
CRAS	When	form is completed	, please save it ar	nd upload to ww	w.crash2.lshtm.a	ic.uk	

**3.** Upload your data to us as follows:

WEB	Electronic (may also be sent as an email attachment)			
1. Click on Save	1. Go to the trial website www.crash2.LSHTM.ac.uk			
This sends the data directly	2. Click on the INTRANET FOR COLLABORATORS button			
to CRASH-2	3. Enter your username and password			
2. If you wish to enter another	4. Click on the Upload electronic forms link			
patient click on <b>New</b> , otherwise click on <b>Exit</b>	<ol> <li>Click on the Browse button and select your saved form (e.g. 2222_22_EF.xls - you may have stored this on your computer or on a removable disk)</li> </ol>			
<b>3.</b> Close your internet connection	6. When you have selected your file click on the UPLOAD button			
	7. Repeat steps 5 and 6 for each form			
	8. Close your internet connection			

You will receive an email message stating that the upload was successful. If the upload was not successful please contact the **CRASH-2** Data Team on:

Email: crash.data@Lshtm.ac.uk Telephone: +44(0)20 7299 4684 Fax: +44(0)20 7299 4663