CRASH2 How to complete and submit the web/electronic

Outcome form

THIS FORM MUST BE COMPLETED FOR EACH PATIENT AT:

• DISCHARGE from the randomising hospital (for example to another hospital or home)

O DEATH IN HOSPITAL Or

• 28 DAYS AFTER INJURY

WHICHEVER OCCURS FIRST

NOTE: DAY **1** IS THE DAY FOLLOWING RANDOMISATION

EXAMPLE: randomisation on 1st June = outcome due 29th June

WEB	Electronic
1. Go to the trial website www.crash2.LSH	TM.ac.uk 1. On your computer open the file Outcome.xls
2. Click on the INTRANET FOR COLLABORATO	RS button
3. Enter your username and password	IF A WINDOW APPEARS (this may happen once only):
4. Click on the Outcome link	TICK THE BOX Always allow macros from this source and then click on Enable macros
	All subseq uent forms will open without the macros prompt

1. Enter the Box and Pack ID, hospital name or code number, all the patient details and complete the Outcome section. 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).

RASH 2 Outcome Form	
CRASH 2 Outcome Form Box Pack COMPLETE AT DISCHARGE FROM THE RANDOMISING HOSPITAL, DEATH IN HOSPITAL 2222 22 In 28 DAYS AFTER INJURY. WHICHEVER OCCURS FIRST Antarctica Hospital Image: Complete And Complete	Date and Time appear in full format below th entry boxes so
- Patient Initials BW Hospital identification number 999999 Sex Image: Contemportant in the second sec	you may check they are correct
Outcome Management Treatment About you Death in hospital Date of death YYYY - MM - DD	
(year-month-day) Patient alive Status Still in hospital now Date 2005 205 29 June 2005	
Patient's condition (at 28 days or prior discharge) Fully dependent, requiring attention day and night	
When form is completed, please save it and upload to www.crash2.lshtm.ac.uk	

2. Click on each of the Management, Treatment and About You tabs to enter the data.

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Operation for bleeding	€ Yes	CNP		
Myocardial Infarction	C Yes	(€ No	Error	
Gastrointestinal bleeding	C Yes	(No	Missing dat	ta - you must complete all field
				OK
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3. Upload your data to us as follows:

WEB

1. Click on Save

This sends the data directly to CRASH-2

- 2. If you wish to enter another patient click on New otherwise click on **Exit**
- **3.** Close your internet connection
- Image: Section of the section of th

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