

DISCHARGE AND READMISSION FORM

Date of ICU readmission (dd-mm-yyyy)	Time of ICU readmission (hh:mm, 24 hours format)	Date of ICU discharge (dd-mm-yyyy)	Time of ICU discharge (hh:mm, 24 hours format)	Patient discharged to [info]	Has the patient been enrolled in other interventional trials during this ICU admission	Patient transferred to site Id
		<input type="text"/>  	<input type="text"/> 	<input type="radio"/> General Ward <input type="radio"/> Other ICU participating in the CLASSIC trial <input type="radio"/> Other ICU not participating in the CLASSIC trial <input type="radio"/> Home <input type="radio"/> Dead 	<input type="radio"/> Yes <input type="radio"/> No 	<input type="text"/> 
<input type="text"/>  	<input type="text"/> 					<input type="text"/> 
		<input type="text"/>  	<input type="text"/> 	<input type="radio"/> General Ward <input type="radio"/> Other ICU participating in the CLASSIC trial <input type="radio"/> Other ICU not participating in the CLASSIC trial <input type="radio"/> Home <input type="radio"/> Dead 	<input type="radio"/> Yes <input type="radio"/> No 	<input type="text"/> 
<input type="text"/>  	<input type="text"/> 					<input type="text"/> 
<input type="button" value="Add"/>						