**Randomized, Embedded, Multifactorial, Adaptive Platform trial for Community-Acquired Pneumonia and COVID-19**

**Patient - Brief Information Summary:**

**What is it?**

REMAP-CAP is a clinical trial designed to understand the best treatment options for COVID-19. It tests different types of treatment (drugs) and one or more combinations of treatment.

**What are the treatments?**

The treatments include drugs that help with blood clotting, reduce inflammation, modify your immune system, reduce blood pressure, and fight infection.

Many of the treatment options listed above also include a ‘no treatment’ option. This means you may not receive any of these treatments, even if you choose to participate in the REMAP-CAP study.

**Will I be offered all treatments?**

Your hospital selects the types of treatment options that are available to you. A computer, however, will randomly select the treatment you will receive. In this way we can learn which treatments work best.

As this study is ‘adaptive’, the chances of being assigned to any of the treatment options may change (in favour of the most promising treatment) as the trial progresses.

**Do I have to agree to all treatments to participate?**

You do not have to agree to participate in all treatment options available at your hospital. You can select which treatments you would like to be randomised to.

Participation into the REMAP-CAP study is voluntary. All patients, including those that do not wish to participate in REMAP-CAP, will receive the best available standard of care available at your hospital.

**What have you found so far?**

The ‘adaptive’ study design allows us to discover effective treatments more quickly. So far, we have discovered that the use of steroids improves recovery and reduces the need for organ support in patients with COVID-19. It is now Standard of Care in ICUs in the UK. **Initial Box**

I agree to take part in the study and understand that

I will be required to sign a consent form

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name & position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_