

Online supplementary material

Non-Marketing Authorized Compassionate Prescription Request Form in the COVID-19 indication

Patient: Name: Surname: Date of birth:	Requesting unit: Requesting name: Date:
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Drug requested (name, international non-proprietary name, dose, route of administration, and duration):

Scientific rationale on which the indication is based (at least 1 reference):

Clinical presentation of the patient justifying the drug (context, severity, prognosis, comorbidities, etc.):

The generable admissible criteria:

Inclusion in clinical trial not permitted:	yes - no
Oximetry pulse \leq 94% with more than 6L/min oxygen:	yes - no
Favourable long-term prognosis in case of recovery:	yes - no

Efficacy and tolerance of monitoring methods (clinical, paraclinical, and frequency):

Collegial decision procedures in the unit:

Name and rank of the physicians who participated to the decision-making

Information, traceability:

Patient's information (or trusted person)(rational, exceptional delivery, and risks)	yes- no
Have these elements been traced in the medical record?:	yes- no

Committee's decision: Date: Favourable Non favourable

To be completed by the compassionate treatment committee

Monitoring elements:

Day 7: Return home <input type="checkbox"/>	Non ICU hospitalization <input type="checkbox"/>	ICU hospitalization <input type="checkbox"/>	dead <input type="checkbox"/>
Adverse events:			
Day 14: Return home <input type="checkbox"/>	Non ICU hospitalization <input type="checkbox"/>	ICU hospitalization <input type="checkbox"/>	dead <input type="checkbox"/>
Adverse events:			