



Pt study ID:

C O A T - [] [] [] [] - [] [] [] []

Pt initials:

[] [] [] []

Eligibility Confirmation Form

(Eligibility may be assessed by any medically qualified doctor or a delegated other healthcare professional as detailed in the trial protocol, however this form may be completed and signed off on their behalf, if required, by any member of staff who is delegated to complete study documents)

Date of initial presentation:

[D][D] / [M][M][M] / [Y][Y][Y][Y]

e.g. 10/JAN/2022

1. Eligibility

Inclusion Criteria:

1. Is the participant aged 18 years or older?
2. Does the participant have symptoms suggestive of cellulitis (pain, tenderness, redness or other change in skin colour, and warmth to touch) in one leg for 10 days or less, and where the clinical impression is of cellulitis as the most likely diagnosis?
3. Does the participant have pain rated as 3 or more using a numeric rating scale of 0-10?
Please ask the participant the following question and circle the appropriate answer:

How bad has your pain from cellulitis been at its worst over the past 24 hours, from 0 (no pain at all) to 10 (worst pain imaginable).

Please circle a number below:

0 1 2 3 4 5 6 7 8 9 10

None

Worst pain imaginable

4. Is the participant able to complete study procedures in English language (could be through the assistance of an interpreter)?

Exclusion criteria

1. Has the participant had antibiotics **for cellulitis** within the past month?
2. Does the participant have bilateral cellulitis?
3. Does the participant have post-operative cellulitis (within 30 days of operative procedure on same leg)?
4. Does the participant have cellulitis resulting from a human/animal bite injury? (*cellulitis following an insect bite is eligible for inclusion*)
5. Does the participant have cellulitis associated with chronic (>6 weeks) leg ulceration?



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- 6. Does the participant require immediate hospital admission or out-patient intravenous antibiotic therapy?
- 7. Does the participant have a true Penicillin allergy?

Is the participant eligible for the COAT study?

- Meets all inclusion criteria
- Meets none of the exclusion criteria

Yes No

2. Sign-off section (to be signed by the delegated member of staff completing the form)

Signature: _____

Print Name: _____

Name (of the healthcare professional who confirmed eligibility): _____

Role (of the healthcare professional who confirmed eligibility): _____

Date of form completion:

D	D
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M	M	M
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Y	Y	Y	Y
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 e.g. 10/JAN/2022

Please send this form via Safesend to the central COAT study team at the SCTU <https://safesend.soton.ac.uk/> as soon as possible, once consent has been obtained.

Please note, we cannot randomise the participant until we've received this form

For any queries, please contact: COAT@soton.ac.uk or phone (office hours only): 023 815 50206