



Patient Expression of Interest form

(For use when remote consent is to be taken by the central COAT study team at the SCTU)

The patient's phone number will be used by a researcher to contact them about the study. **Please ensure that you have obtained verbal consent before completing this form.**

Date of initial presentation (DD/MMM/YYYY): __/__/____	Time of initial presentation (HH:MM): __:__
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1. Contact details (*=required information)

1. Patient's first name*:	
2. Patient's surname*:	
3. Patient's phone number*(preferred):	
4. Patient's phone number(alternative):	
5. Patient's email address:	

2. Information required for randomisation

1. BMI (if known) kg/m²
2. If BMI unknown, please estimate if:
- a. BMI is ≥30 kg/m²
- b. BMI is <30 kg/m²
3. Any previous episodes of cellulitis in either leg?
- a. Yes
- b. No

4. Sign off section

Oral flucloxacillin 500mg QDS x 20 capsules has been prescribed (i.e., FIVE DAYS) I confirm

I have obtained verbal consent from the person named above to send the details on this form to the University of Southampton central COAT study team I confirm

Print name: _____

Signature: _____

Date: - - e.g. 01-JAN-2023

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 the patient has been pre-screened for eligibility and antibiotics have been prescribed.

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

The information collected on this form will be stored securely and separately from other data collected during the study and will not be retained after they complete the study.