**Patient identification list** **Study**: STEPCARE **Center:**

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| **Patient study number** | **Date of randomization**  **(dd-mmm-yyyy)** | **Full name** | **Patient ID**  **(e.g. social security no.)** | **Alive at ICU discharge** | **Contact details collected** 1 | **Patient**  **consent**  **obtained** | **Caregiver consent obtained** 2  (Extended FU only) |
| *LUN0001* | *01-AUG-2023* | *First and surname* | *19290101-9999* | *yes* | *yes* | *yes* | *NA/yes* |
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1. *Phone, email, and address of* ***patient and alternative contact person*** *(e.g. relative, friend). Use the contact list for follow-up or another system.*
2. *Caregiver consent required for the extended follow-up substudy only.*

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Patient identification list, Version 1.0, September 15th, 2023