

**EMERGENCY CONTACT CARD**

Participant ID: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

I am taking part in a COVID-19 treatment trial and have been assigned the treatment: **FAVIPIRAVIR**

If I am receiving emergency treatment or if you find this card please contact the PRINCIPLE clinical team (turn card over for contact details)

**Possible side-effects associated with Favipiravir**

**Diarrhoea\*, Nausea, Headache\*, Urinary Tract Infections, Vomiting, Raised liver enzymes, Elevated uric acid concentrations**

\*side-effects also seen with COVID-19

**Clinical Team (24hrs): 0800 xxxxxxxxx**

**Emergency Contact Card. REC No:20/SC/0158 Version 1.0 03/02/2021**



