FROG

Determining the feasibility of randomising children and young people to invasive and non-invasive urine sampling techniques (FROG)

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STATISTICAL ANALYSIS PLAN

1.0 Final 14/01/2026

Northern Ireland Clinical Trials Unit
7 Lennoxvale
Belfast
BT9 5BY

Tel: +44 (0)28 9615 1447

Email: info@nictu.hscni.net

Roles and responsibilities:
Trial Statistician – Cliona McDowell

This document and all preceding versions will be stored in the Trial Master File for this trial

Contents

ABBREVIATIONS

ABBREVIATION	DEFINITION
AE	Adverse Event
CCU	Clean Catch Urine
CONSORT	CONsolidated Standards Of Reporting Trials
CRF	Case Report Form
DMEC	Data Monitoring and Ethics Committee
NICTU	Northern Ireland Clinical Trials Unit
SAE	Serious Adverse Event
SAP	Statistical Analysis Plan
SD	Standard Deviation
SOP	Standard Operating Procedures
SPA	Suprapubic Aspiration
TSC	Trial Steering Committee
TUBC	Trans-urethral Bladder Catheterisation
WP1	Work Package 1
WP2	Work Package 2
WP3	Work Package 3

1. BACKGROUND AND DESIGN

Study Aim

To conduct a study of feasibility to assess which participants and interventions should be included in a subsequent randomised controlled trial, explore potential barriers to recruitment and determine the feasibility of randomisation to invasive versus non-invasive urine testing.

Study Objectives

1. To determine the number of potential participants with suspected UTI presenting to a range of clinical settings, including emergency care, inpatients, and outpatients.
2. To conduct a quantitative assessment of the ability to screen, recruit and randomise children and young people to one of three interventions (CCU, SPA and TUBC).
3. To explore the views of parents, children, young people, and clinicians on the acceptability of different collection methods, and the appropriate population for inclusion in a future study.
4. To identify potential barriers to recruitment and consent.
5. To establish the most appropriate design, including important patient centred outcomes, for use in a future study.
6. To perform a cost analysis of the three urine collection methods to inform the resource planning and design of a future cost-effectiveness analysis.

Study Design

This is a mixed methods feasibility study including three work packages.

Work Package 1 (WP1) is a pragmatic multicentre randomised controlled feasibility trial (n = 100) to assess the feasibility of randomising children to invasive and non-invasive urine sampling (Section 7-14 of protocol).
Table 1 depicts WP1 in terms of population, intervention, and outcome (PIO).

Population	Neonates, Infants and young people (aged 1 day – 15 yrs.)
Interventions	Invasive Trans-urethral Bladder Catheterisation (TUBC) or Invasive Suprapubic Aspiration (SPA) or Non-invasive Clean Catch Urine (CCU)
Outcome	Proportion of participants (parents/guardians and children) who are approached to take part in the study who consent to randomisation

Table 1: PIO terms

Work Package 2 (WP2) is a mixed methods study including questionnaire, interviews and focus groups to explore parent/guardian, children's and healthcare professional's views and acceptability of the proposed study and sampling methods (Section 15 of protocol).

Work Package 3 (WP3) is a stakeholder consensus meeting to describe a final definitive study design (Section 16 of protocol).

Full details of the background to the trial and its design are presented in the protocol.

2. OUTCOME MEASURES FOR WP1

2.1 Primary outcome measure(s)

The primary outcome is the proportion of participants who are offered the study who consent to randomisation.

2.2 Secondary outcome measures

1. Age, gender, ethnicity and basic demographic data of participants who consent
2. Proportion of presenting patients who are judged unsuitable for the study
3. Proportion of participants who consent to randomisation to CCU, TUBC or SPA
4. Proportion of participants who consent to randomisation to CCU or TUBC only
5. Proportion of participants who consent to randomisation to CCU or SPA only
6. Proportion of participants in each randomised group who received the allocated intervention
7. Rates of contamination by urine collection method^
8. Safety as defined as the incidence of adverse events
9. Time to collect urine sample
10. Pain score associated with urine sampling
11. Final diagnosis of UTI*
12. Resource use and costs

*The final urine culture will be used to determine if the child had a true urinary tract infection or contamination. UTI is defined as greater than 100 000 CFU/ml of a single organism from a single clean urine (clean catch, suprapubic aspiration, urethral catheter specimen) and the presence of pyuria (≥5 white cells per high-power field in centrifuged urine or ≥10 white cells per mm^3 in un-centrifuged urine) on laboratory microscopy [1].

^Contamination is defined as greater than 100 000 CFU/ml of either a single organism without pyuria or mixed bacterial growth. This is based on previous published definitions of UTI [1].

3. DATA

3.1 CRF Forms and variables

Full details of the data to be collected and the timing of data collection for WP1 are described in the trial protocol sections 11 and 13.

All data for an individual participant will be collected and recorded in source documents and transferred onto a bespoke, web-based, electronic CRF for the study. A data dictionary, record of automatic and manual data queries, and a full audit trail, will ensure data captured are consistent, reliable, and fully compliant with GCP and any other relevant regulatory requirements.

For routinely collected clinical data the NHS record will be the source document. Participant identification on the CRF will be through their unique participant study number, allocated at the time of recruitment/randomisation. Data will be collected and recorded on the electronic CRF by the PI or designee as per the CRF submission guidelines.

A copy of the CRF is presented in the Trial Master File.

3.2 Management of datasets

As the NICTU is providing the Data Management for the study then the Data Manager in collaboration with the Study Statistician will extract data from MACRO following procedures as detailed in the Standard Operation Procedure (SOP) DM09 Database Closure/Lock and the corresponding study Data Management Plan (DMP).

3.3 Data completion schedule

Day/Time point	Screening	Baseline Approx. 1 Hour	Approx. 2-4 Hours	Within 24 Hours of Urine Sample Collection	24 – 72 Hours After Sample Collection	Follow Up 3 to 6 Months (+/- 14 days)
At Hospital/Remote	Hospital	Hospital	Hospital	Hospital/Remote	Hospital/Remote	Remote
Eligibility	x					
Demographics	x					
Urine Sampling Methods	x					
Consent (WP1)		x				
Admission Details		x				
Medical History		x				
Symptoms		x				
Physical Examination		x				
Full Blood Count (including CRP, Creatinine, Electrolytes)		x				
Antibiotic Administration		x		x	x	x
Randomisation		x				
Urine Sample Collection			x			
Pain Scores Pain Rating Scale Wong-Baker FACES® (children over 3) **OR** FLACC Behavioural pain scale (infants)			x			
Distress Scale (SUDS)			x			
Urinalysis Results			x	x		
Urine Culture Results				x	x	
Hospital Discharge				x	x	x
Readmission (due to UTI or complication of procedure)					x	x
Imaging procedures						x
Adverse Events/ Serious Adverse Events		x	x	x		
Health Resource Use Questionnaire (ModRUM)						x
Consent (WP2) Questionnaire		x				
WP2 Questionnaire (completed by parent/guardian)		x				
Consent (WP2) Interview		x				
WP2 Participant Contact Details		x				

*Participants recruited in months 5-7 of the study should have these data collected up to 6 months post-randomisation. All other participants should have these data collected at month 13 (i.e. their follow-up periods will be less than 6 months and variable). The NICTU will flag to site when each participant should be followed up.

3.4 Data verification

The CTU will provide training to site staff on trial processes and procedures including CRF completion and data collection. Source data verification (SDV) will be completed by the CTU and will check the accuracy of entries on the electronic CRF against the source documents and adherence to the protocol. The extent of SDV to be completed is detailed in the Monitoring Plan.

Quality control is implemented by the CTU in the form of Standard Operating Procedures (SOPs), which encompass aspects of the clinical data management process, and ensure standardisation and adherence to International Conference of Harmonisation Good Clinical Practice (ICH GCP) guidelines and regulatory requirements.

Data validation will be implemented and discrepancy reports will be generated following data entry to identify discrepancies such as out of range, inconsistencies or protocol deviations based on data validation checks programmed in the clinical trial database.

3.5 Data coding

The variable codings will be as specified on the CRF.

4. DEFINITION OF TERMS

There are no terms requiring explanation.

5. SAMPLE SIZE CALCULATIONS

Information will be recorded on all presenting patients who are assessed for eligibility for the study.
Those who are judged suitable by the relevant clinician will be offered participation in the study with a target of 100 potential participants to be randomised. The target of 100 participants is based on experience with other NIHR feasibility studies that the study team have been involved with (PICNIC [2], FEVER [3], FiSH [4]) and based on the need to recruit enough participants to ensure that there is sufficient information to address the study aims and numbers of consenters and decliners who register interest in an interview for WP2 sampling.

6. RANDOMISATION AND BLINDING

6.1 Randomisation

Participants will be recruited and randomised using an automated web-based system via randomly permuted blocks in a 1:1:1 ratio for CCU versus TUBC versus SPA. If either of the invasive urine methods is contra-indicated for a particular participant (or if it is unavailable), it will be excluded from the randomisation. Therefore, the participant can still be included if at least one of the invasive urine sampling methods is deemed appropriate. The advantage of this approach is that it allows for recruitment and randomisation in the event that one of the interventions is either unavailable or unsuitable. If one of the invasive methods is to be excluded, they will be randomised in a 1:1 ratio to an invasive method or CCU.

6.2 Blinding and Allocation Concealment

The randomisation sequence will be held by the third-party supplier providing the automated randomisation system, it will not be accessed by the trial statistician nor those who enrol or assign interventions
Parents/guardians, participants and investigators will not be blinded to the urine sampling method used. This reflects the pragmatic design focused on the feasibility of conducting a larger study.

7. ANALYSIS PRINCIPLES

Trial results will be reported in accordance with Consolidated Standards of Reporting Trials guidance (CONSORT). The analysis population is all those who are offered the study as the primary outcome is the proportion of participants who are offered the study who consent to randomisation.

As this is a feasibility study, analysis will be descriptive in nature. We will describe baseline characteristics and outcomes using suitable measures of central tendencies; means and medians with the associated standard deviations/interquartile ranges for continuous data; and frequencies and proportions for categorical data. A sensitivity analysis will be performed to determine numbers of children perceived to be at higher risk, the reasoning as to why they were higher risk (e.g. age, fever, signs of sepsis, symptoms) and the proportion of higher and lower risk children successfully recruited and randomised in WP1.

The current validated version of STATA (at the point of analysis) will be used to conduct all analyses.

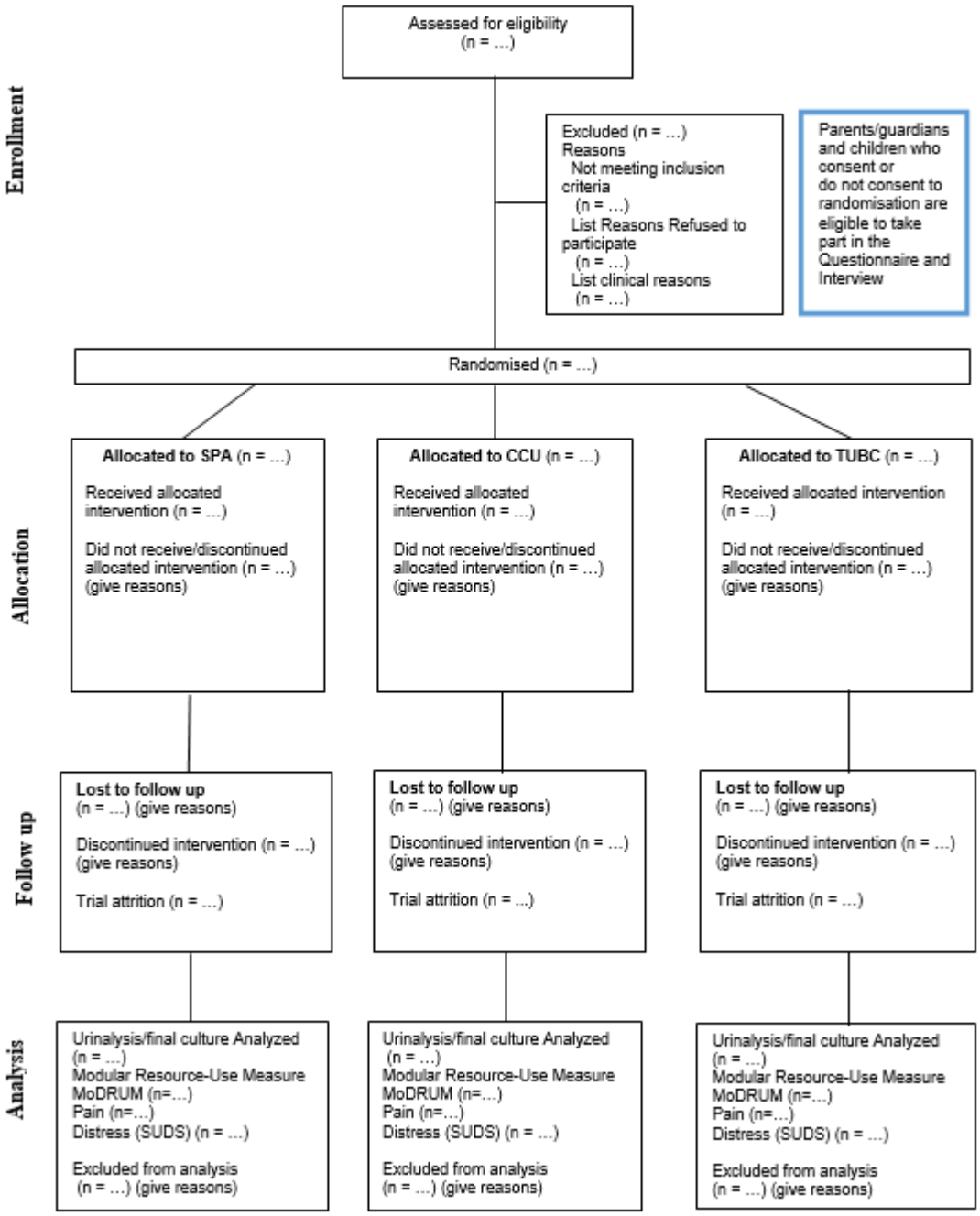
8. ANALYSIS DETAILS

The results of the analyses will be reported following the principles of the ICH E3 guidelines on the Structure and Content of Clinical Study Reports. Refer to the CONSORT Extensions for various trial designs [5].

8.1 Recruitment and follow-up patterns

- Recruitment by month, centre.
- Withdrawals by site.

8.2 CONSORT Flow Diagram



8.3 Screening Data

- Participant care setting n(%)
- Reason why the child cannot provide a midstream urine sample n(%)
- Age in Days for those <=12 weeks mean (sd) median IQR, n, min, max
- Age in Months for those >12 weeks and <1 year mean (sd) median IQR, n, min, max
- Age in Years for those > 1 year mean(sd) median IQR, n, min, max
- Ethnicity n(%)
- Sex n(%)
- Was the Parent/Guardian/Child asked for their consent/assent? n(%)
- If not asked for consent, please provide reason. n(%)
- Did the Parent/Guardian/Child provide consent/assent? n(%)
- If consent/assent was not provided please select the reason which best describes why the Parent/Guardian/Child did not provide consent/assent. n(%)
- Please specify which language the PIS/CF was provided in. n(%)
- Was the QR code for the explainer video provided to the parent/guardian/child? n(%)
- Urine sampling methods available at site on the day of recruitment? n(%)

8.4 Recruitment/Randomisation

- Has consent to take part been obtained? n(%)
- Who provided consent to take part? n(%)
- Has consent for randomisation been obtained? n(%)
- If Yes, who provided consent for randomisation? n(%)
- Has randomisation allocation been completed? n(%)
- Which urine sampling methods were available at site on the day of recruitment? n(%)

8.5 Baseline Characteristics

Baseline characteristics should be summarised overall and by urine sampling method used to acquire the urine sample for all participants on the study and also by urine sample method the participant was randomised to for all participants randomised.

- Participant Care Setting n(%)
- Was the Participant Admitted as an Inpatient? n(%)
- Age in Days Mean (sd), median IQR, n, min, max
- Ethnicity n(%)
- Has the participant had a fever in the preceding 24 hours prior to recruitment? n(%)
- Measurement of fever n(%)
- If fever, highest temperature recorded in the preceding 24 hours prior to recruitment (°C) Mean (sd), median IQR, n, min, max
- Temperature (current/prior to recruitment) (°C) Mean (sd), median IQR, n, min, max
- Heart Rate (BPM) Mean (sd), median IQR, n, min, max
- Systolic BP (mmHg) Mean (sd), median IQR, n, min, max
- Capillary refill (Seconds) Mean (sd), median IQR, n, min, max
- Oxygen Saturation (%) Mean (sd), median IQR, n, min, max
- Signs of Sepsis n(%)
- Signs of Meningitis n(%)

Symptom Review in preceding 24 hours prior to recruitment

- Painful Urination (dysuria) n(%)
- More Frequent Urination n(%)
- New Bedwetting n(%)
- Foul Smelling (malodorous) Urine n(%)
- Darker Urine n(%)

- Cloudy Urine n(%)
- Frank Haematuria (visible blood in urine) n(%)
- Reduced Fluid Intake n(%)
- Fever Reported or Measured (in physical examination) n(%)
- Shivering n(%)
- Abdominal Pain n(%)
- Loin Tenderness or Suprapubic Tenderness n(%)
- Decreased Feeding/Reduced Appetite n(%)
- Vomiting n(%)
- Other n(%)

Medical History

- Previous History of UTI? n(%)
- Number of Previous UTI's n(%)
- Have they ever been on antibiotic prophylaxis? n(%)
- Have they ever had any renal imaging? n(%)
- Renal USS n(%)
- MCUG n(%)
- DMSA n(%)
- MAG3 n(%)
- Do they have a structurally normal renal tract? n(%)
- Does the participant have any risk factors? n(%)
- Family history of vesicoureteral reflux (VUR) or renal disease n(%)
- Neuropathic bladder n(%)
- Intermittent catheterisation n(%)
- Spinal Lesion n(%)
- Other Risk Factors n(%)
- C-Reactive Protein (mg/L) Normal Range Status n(%)
- Sodium (mmol/l) Normal Range Status n(%)
- Potassium (mmol/l) Normal Range Status n(%)
- Plasma Creatinine (micromol/l) Normal Range Status n(%)
- Blood Urea Nitrogen (BUN) (mmol/l) Normal Range Status n(%)
- Lactate (Lactic Acid) (mmol/l) Normal Range Status n(%)
- Hb (g/L) Normal Range Status n(%)
- White Cell Count (x10*9/L) Normal Range Status n(%)
- Absolute Neutrophil Count (x10*9/L) Normal Range Status n(%)
- Lymphocyte Count (x10*9/L Normal Range Status n(%)
- Platelet count (x10*9/L) Normal Range Status n(%)

8.6 Trial treatment

- Urine Sampling Method used to acquire the urine sample n(%)
- Did the participant receive the urine sampling method as randomised? n(%)
- Prior to acquiring the urine sample, was another urine sampling method(s) attempted without success? n(%)
- Proportion of participants where a sample was not obtained n(%)

8.7 Trial Outcomes

- Proportion of participants who are offered the study who consent to randomisation n(%)
- Age, gender, ethnicity and basic demographic data of participants who consent summarised as per baseline characteristics.
- Proportion of presenting patients who are judged unsuitable for the study n(%)
- Proportion of participants who consent to randomisation to CCU, TUBC or SPA n(%)
- Proportion of participants who consent to randomisation to CCU or TUBC only n(%)
- Proportion of participants who consent to randomisation to CCU or SPA only n(%)

- Proportion of participants in each randomised group who received the allocated intervention n(%)
- Rates of contamination by urine collection method n(%). Include difference in proportions between CCU and TUBC and 95% CI.
- Time Taken to acquire the urine sample (Minutes) Mean (sd), median IQR, n, min, max overall and by urine sampling method used to acquire the urine sample for all participants on the study. Include mean difference between CCU and TUBC and 95% CI.
- SUDS Scale by urine sampling method used to acquire the urine sample for all participants on the study Mean (sd), median IQR, n, min, max n(%). Include mean difference between CCU and TUBC and 95% CI.
- FLACC Behavioural Pain Scale by urine sampling method used to acquire the urine sample for all participants on the study Mean (sd), median IQR, n, min, max. Include mean difference between CCU and TUBC and 95% CI.
- Wong-Baker Faces Scale by urine sampling method used to acquire the urine sample for all participants on the study n(%) Mean (sd), median IQR, n, min, max. Include mean difference between CCU and TUBC and 95% CI
- Was the participant diagnosed with a UTI? n(%)

Sensitivity Analyses

- Proportion of higher and lower risk children successfully recruited and randomised in WP1

High risk is defined as having any of the following:

- Age under 3 months
- Fever >39°C within the past 24 hours
- Fever >38°C at presentation/recruitment
- Clinical signs of sepsis (sepsis or septic shock)
- Heart rate >150 bpm
- Capillary refill time >2 seconds
- History of previous UTI

8.8 Toxicity/ Symptoms

The following will be presented overall and by System Organ Class

- Adverse Events (AEs), no. events (%) and no. patients (%) by urine sampling method used to acquire the urine sample
- Adverse Reactions (ARs), no. events (%) and no. patients (%) by urine sampling method used to acquire the urine sample
- Serious Adverse Events (SAEs), no. events (%) and no. patients (%) by urine sampling method used to acquire the urine sample
- Serious Adverse Reactions (SARs), no. events (%) and no. patients (%) by urine sampling method used to acquire the urine sample
- Suspected Unexpected Serious Adverse Reactions (SUSARs), no. events (%) and no. patients (%) by urine sampling method used to acquire the urine sample

9. ADDITIONAL INFORMATION

9.1 Trial Steering Committee (TSC)

A Trial Steering Committee (TSC) will be convened to provide oversight with respect to the conduct of the study on behalf of the Funder and Sponsor. An independent chair will lead the TSC, with at least 75% independent membership. The TSC will include the CI, a patient representative, trialists and experienced paediatric emergency consultants. The membership, the role of the TSC and the frequency of meetings will be listed in the TSC Charter. The TSC, in the development of this protocol and throughout the trial, will take responsibility for monitoring and guiding overall progress, scientific standards, operational delivery and protecting the rights and safety of trial participants. Meetings will be formally minuted and stored in the TMF. On occasion, observers may be invited and in attendance at TSC meetings, such as the Sponsor or Funder representatives or the Trial Manager to provide input on behalf of the CTU.

9.2 Data Monitoring and Ethics Committee (DMEC)

An independent Data Monitoring and Ethics Committee (DMEC) will be convened, comprising two independent clinicians with experience in undertaking clinical trials in paediatrics, an independent expert in evidence synthesis and an independent statistician. The DMEC's overarching responsibility is to safeguard the interests of trial participants, in particular with regard to safety, and assist and advise the TSC so as to protect the validity and credibility of the trial. The membership, the role of the DMEC and the frequency of meetings will be listed in the DMEC Charter. Meetings will be formally minuted and stored in the TMF. Following recommendations from the DMEC, the TSC will decide what actions, if any, are required. It will be the responsibility of the TSC to inform the Sponsor if concerns exist about participant safety, following which the Sponsor will take appropriate action.

If a trial extension and/or funding is required above the level originally requested, the independent DMEC may be asked by the CI, TSC, Sponsor or Funder to provide advice and, where appropriate, information on the data gathered to date in a way that will not compromise the trial.

10. REFERENCES

1. Umana E, Mills C, Norman-Bruce H, et al. Applying clinical decision aids for the assessment and management of febrile infants presenting to emergency care in the UK and Ireland: Febrile Infant Diagnostic Assessment and Outcome (FIDO) Study protocol. BMJ Open. 2023 Sep 20;13(9):e075823.

2. Pathan N, Woolfall K, Popa M, et al. Selective digestive tract decontamination to prevent healthcare associated infections in critically ill children: the PICNIC multicentre randomised pilot clinical trial. Sci Rep. 2023 Dec 7;13(1):21668.

3. Peters MJ, Khan I, Woolfall K, et al. Different temperature thresholds for antipyretic intervention in critically ill children with fever due to infection: the FEVER feasibility RCT. Health Technol Assess. 2019 Feb;23(5):1-148.

4. Inwald D, Canter RR, Woolfall K, et al. Restricted fluid bolus versus current practice in children with septic shock: the FiSh feasibility study and pilot RCT. Health Technol Assess. 2018 Sep;22(51):1-106.

5. Eldridge, S.M., Chan, C.L., Campbell, M.J. et al. CONSORT 2010 statement: extension to randomised pilot and feasibility trials. Pilot Feasibility Stud 2, 64 (2016).

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11. SIGNATURES OF APPROVAL

Date: 14th Jan 2026
Version: 1.0
This document has completed a final review and is understood and approved by the following:

Tom Waterfield		
Tom Waterfield.		05/02/2026
Chief Investigator Name	*Chief Investigator Signature*	Date dd/mm/yyyy
Cliona McDowell		
C. McDowell		11/02/2026
Senior Statistician or designee Name	*Senior Statistician or designee Signature*	Date dd/mm/yyyy
Cliona McDowell		
C. McDowell		11/02/2026
Study Statistician Name	*Study Statistician Signature*	Date dd/mm/yyyy

APPENDIX 1: EXAMPLE SUMMARY TABLES

Table x. Screening Information

Screening Characteristics	**n=<n>**
Total Number eligible children	**n=<n>**
Participant care setting	
Emergency Department	n (%)
Assessment Unit	n (%)
Inpatient Ward	n (%)
Outpatient Clinic	n (%)
Reason why the child cannot provide a midstream urine sample	
Too Young (not potty trained)	n (%)
Other	n (%)
Age in Days for those <=12 weeks	x.xx(x.xx)
Age in Months for those >12 weeks and <1 year	x.xx(x.xx)
Age in Years for those > 1 year	x.xx(x.xx)
Ethnicity	
White	n (%)
Mixed or multiple ethnic groups	n (%)
Asian or Asian British	n (%)
Black, Black British, Caribbean or African	n (%)
Any other ethnic group	n (%)
Sex	
Female	n (%)
Male	n (%)
Was the Parent/Guardian/Child asked for their consent/assent?	
No	n (%)
Yes	n (%)
If not asked for consent, please provide reason:	
Research staff were unavailable	n (%)
The Parent/Guardian/Child was not contacted about the study in error	n (%)
Clinical reason/decision made not to approach Parent/Guardian/Child	n (%)
Ineligible as per protocol	n (%)
Other (with reasons)	n (%)
Did the Parent/Guardian/Child provide consent/assent?	
No	n (%)
Yes	n (%)
Not applicable	n (%)
If consent/assent was not provided or no longer applicable please select the reason which best describes why the Parent/Guardian/Child did not provide consent/assent.	
The Parent/Guardian/Child does not want to take part in research	n (%)
The Parent/Guardian/Child felt they required additional time to make a decision	n (%)
No reason given/ reason unknown	n (%)
Other (with reasons)	n (%)
Please specify which language the PIS/CF was provided in	
Arabic	n (%)
English	n (%)
Polish	n (%)

Romanian	n (%)
Somali	n (%)
Urdu/Hindi	n (%)
Was the QR code for the explainer video provided to the parent/guardian/child?	
No	n (%)
Yes	n (%)
Urine sampling methods available at site on the day of recruitment? n(%)	
CCU AND TUBC AND SPA	n (%)
CCU AND SPA	n (%)
CCU AND TUBC	n (%)

Table x. Recruitment/Consent and Randomisation

Has consent to take part been obtained?	
No	n (%)
Yes	n (%)
Who provided consent to take part?	
Parent	n (%)
Guardian	n (%)
Parent/Guardian and Child	n (%)
Has consent for randomisation been obtained?	
No	n (%)
Yes	n (%)
If Yes, who provided consent for randomisation?	
Parent	n (%)
Guardian	n (%)
Parent/Guardian and Child	n (%)
Has randomisation allocation been completed?	
No	n (%)
Yes	n (%)
Reasons why randomisation allocation was not completed	
Which urine sampling methods were available at site on the day of recruitment?	
CCU AND TUBC AND SPA	n (%)
CCU AND SPA	n (%)
CCU AND TUBC	n (%)

Table x. Baseline Characteristics at trial entry by urine collection method used

Baseline Characteristics	**Urine Collection Method**			**Total**
	CCU	**SPA**	**TUBC**	
	n=<n>	n=<n>	n=<n>	n=<n>
Sex				
Male	n (%)	n (%)	n (%)	n (%)
Female	n (%)	n (%)	n (%)	n (%)
Age (days)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Ethnic Group				
White	n (%)	n (%)	n (%)	n (%)
Mixed	n (%)	n (%)	n (%)	n (%)

Asian	n (%)	n (%)	n (%)	n (%)
Black	n (%)	n (%)	n (%)	n (%)
Other	n (%)	n (%)	n (%)	n (%)
Participant Care Setting				
ED	n (%)	n (%)	n (%)	n (%)
Assessment Unit	n (%)	n (%)	n (%)	n (%)
Inpatient Ward	n (%)	n (%)	n (%)	n (%)
Outpatient Clinic	n (%)	n (%)	n (%)	n (%)
Was the participant admitted as an inpatient?				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Already an inpatient	n (%)	n (%)	n (%)	n (%)
Has the participant had a fever in the preceding 24 hours prior to recruitment?				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Measurement of fever				
Recorded fever	n (%)	n (%)	n (%)	n (%)
Subjective fever	n (%)	n (%)	n (%)	n (%)
If a fever was recorded, please provide the highest temperature recorded in the preceding 24 hours prior to recruitment	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Temperature (current/prior to recruitment) (°C)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Heart Rate (BPM)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Respiratory Rate (BPM)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Systolic BP (mmHg)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Capillary refill (Seconds)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Oxygen Saturation (%)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Signs of Sepsis				
No	n (%)	n (%)	n (%)	n (%)
Yes, without shock	n (%)	n (%)	n (%)	n (%)
Yes, with shock	n (%)	n (%)	n (%)	n (%)
Signs of Meningitis				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Painful Urination (dysuria)				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
More Frequent Urination				

No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
New Bedwetting				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Not applicable	n (%)	n (%)	n (%)	n (%)
Foul Smelling (malodorous) Urine				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Darker Urine				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Cloudy Urine				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Frank Haematuria (visible blood in urine)				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Reduced Fluid Intake				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Fever Reported or Measured (in physical examination)				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Shivering				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Abdominal Pain				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Loin Tenderness or Suprapubic Tenderness				
No	n (%)	n (%)	n (%)	n (%)

Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Decreased Feeding/Reduced Appetite				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Vomiting				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Other				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)

Mean (SD) or median and interquartile range, where appropriate, are presented for continuous variables and no. (%) for all categorical variables.

Table x. Baseline Characteristics at trial entry by urine collection method for those randomised

Baseline Characteristics	Urine Collection Method			Total
	CCU	SPA	TUBC	
	n=<n>	n=<n>	n=<n>	n=<n>
Sex				
Male	n (%)	n (%)	n (%)	n (%)
Female	n (%)	n (%)	n (%)	n (%)
Age (days)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Ethnic Group				
White	n (%)	n (%)	n (%)	n (%)
Mixed	n (%)	n (%)	n (%)	n (%)
Asian	n (%)	n (%)	n (%)	n (%)
Black	n (%)	n (%)	n (%)	n (%)
Other	n (%)	n (%)	n (%)	n (%)
Participant Care Setting				
ED	n (%)	n (%)	n (%)	n (%)
Assessment Unit	n (%)	n (%)	n (%)	n (%)
Inpatient Ward	n (%)	n (%)	n (%)	n (%)
Outpatient Clinic	n (%)	n (%)	n (%)	n (%)
Was the participant admitted as an inpatient?				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Already an inpatient	n (%)	n (%)	n (%)	n (%)
Has the participant had a fever in the preceding 24 hours prior to recruitment?				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Measurement of fever				
Recorded fever	n (%)	n (%)	n (%)	n (%)
Subjective fever	n (%)	n (%)	n (%)	n (%)
If a fever was recorded, please provide the highest temperature recorded in the preceding 24 hours prior to recruitment	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Temperature (current/prior to recruitment) (°C)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Heart Rate (BPM)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Respiratory Rate (BPM)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Systolic BP (mmHg)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Capillary refill (Seconds)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Oxygen Saturation (%)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)
Signs of Sepsis				

No	n (%)	n (%)	n (%)	n (%)
Yes, without shock	n (%)	n (%)	n (%)	n (%)
Yes, with shock	n (%)	n (%)	n (%)	n (%)
Signs of Meningitis				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Painful Urination (dysuria)				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
More Frequent Urination				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
New Bedwetting				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Not applicable	n (%)	n (%)	n (%)	n (%)
Foul Smelling (malodorous) Urine				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Darker Urine				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Cloudy Urine				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Frank Haematuria (visible blood in urine)				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Reduced Fluid Intake				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Fever Reported or Measured (in physical examination)				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)

Shivering				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Abdominal Pain				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Loin Tenderness or Suprapubic Tenderness				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Decreased Feeding/Reduced Appetite				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Unknown	n (%)	n (%)	n (%)	n (%)
Vomiting				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Other				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)

Mean (SD) or median and interquartile range, where appropriate, are presented for continuous variables and no. (%) for all categorical variables.

Table x.x.x. Medical History

	Urine Collection Method			Total
	CCU	SPA	TUBC	
	n=<n>	n=<n>	n=<n>	n=<n>
Previous History of UTI?				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Number of Previous UTI's				
1	n (%)	n (%)	n (%)	n (%)
>1	n (%)	n (%)	n (%)	n (%)
Have they ever been on antibiotic prophylaxis?				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Have they ever had any renal imaging?				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Renal USS	n (%)	n (%)	n (%)	n (%)
MCUG	n (%)	n (%)	n (%)	n (%)
DMSA	n (%)	n (%)	n (%)	n (%)
MAG3	n (%)	n (%)	n (%)	n (%)
Do they have a structurally normal renal tract?				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Do they have evidence of renal scaring?				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Does the participant have any risk factors?				
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Family history of vesicoureteral reflux (VUR) or renal disease	n (%)	n (%)	n (%)	n (%)
Neuropathic bladder	n (%)	n (%)	n (%)	n (%)
Intermittent catheterisation	n (%)	n (%)	n (%)	n (%)
Spinal Lesion	n (%)	n (%)	n (%)	n (%)
Other Risk Factors	n (%)	n (%)	n (%)	n (%)

Table x.x.x. Bloods

	Urine Collection Method			Total
	CCU	SPA	TUBC	
	n=<n>	n=<n>	n=<n>	n=<n>
C-Reactive Protein (mg/L) Normal Range Status				
L	n (%)	n (%)	n (%)	n (%)
N	n (%)	n (%)	n (%)	n (%)
H	n (%)	n (%)	n (%)	n (%)
Sodium (mmol/l) Normal Range Status				
L	n (%)	n (%)	n (%)	n (%)
N	n (%)	n (%)	n (%)	n (%)
H	n (%)	n (%)	n (%)	n (%)
Potassium (mmol/l) Normal Range Status				
L	n (%)	n (%)	n (%)	n (%)
N	n (%)	n (%)	n (%)	n (%)
H	n (%)	n (%)	n (%)	n (%)
Plasma Creatinine (mmol/l) Normal Range Status				
L	n (%)	n (%)	n (%)	n (%)
N	n (%)	n (%)	n (%)	n (%)
H	n (%)	n (%)	n (%)	n (%)
Blood Urea Nitrogen (BUN) (mmol/l) Normal Range Status				
L	n (%)	n (%)	n (%)	n (%)
N	n (%)	n (%)	n (%)	n (%)
H	n (%)	n (%)	n (%)	n (%)
Lactate (Lactic Acid) (mmol/l) Normal Range Status				
L	n (%)	n (%)	n (%)	n (%)
N	n (%)	n (%)	n (%)	n (%)
H	n (%)	n (%)	n (%)	n (%)
Hb (g/L) Normal Range Status				
L	n (%)	n (%)	n (%)	n (%)
N	n (%)	n (%)	n (%)	n (%)
H	n (%)	n (%)	n (%)	n (%)
White Cell Count (x10*9/L) Normal Range Status				
L	n (%)	n (%)	n (%)	n (%)
N	n (%)	n (%)	n (%)	n (%)
H	n (%)	n (%)	n (%)	n (%)

Absolute Neutrophil Count (x10*9/L) Normal Range Status				
L	n (%)	n (%)	n (%)	n (%)
N	n (%)	n (%)	n (%)	n (%)
H	n (%)	n (%)	n (%)	n (%)
Lymphocyte Count (x10*9/L Normal Range Status				
L	n (%)	n (%)	n (%)	n (%)
N	n (%)	n (%)	n (%)	n (%)
H	n (%)	n (%)	n (%)	n (%)
Platelet count (x10*9/L) Normal Range Status				
L	n (%)	n (%)	n (%)	n (%)
N	n (%)	n (%)	n (%)	n (%)
H	n (%)	n (%)	n (%)	n (%)

Table x.x.x. Treatment after Trial Entry

	Urine Collection Method			
	CCU	**SPA**	**TUBC**	**Total**
	n=<n>	n=<n>	n=<n>	n=<n>
Received the urine sampling method as randomised	n (%)	n (%)	n (%)	n (%)
Reasons why participants didn't receive the urine sampling method as randomised				
Prior to acquiring the urine sample, was another urine sampling method(s) attempted without success?	n (%)	n (%)	n (%)	n (%)
No	n (%)	n (%)	n (%)	n (%)
Yes	n (%)	n (%)	n (%)	n (%)
Proportion of participants where a sample was not obtained				n (%)
Reason for Off Study				
Study Completed as per Protocol	n (%)	n (%)	n (%)	n (%)
Withdrawal of Parent/Guardian/Child Consent	n (%)	n (%)	n (%)	n (%)
Clinician Decision	n (%)	n (%)	n (%)	n (%)
Lost to Follow Up	n (%)	n (%)	n (%)	n (%)
Adverse Event (AE)	n (%)	n (%)	n (%)	n (%)
Serious Adverse Event (SAE)	n (%)	n (%)	n (%)	n (%)
Protocol Deviation	n (%)	n (%)	n (%)	n (%)
Other	n (%)	n (%)	n (%)	n (%)

Mean (SD) presented by treatment arm for continuous variables.
No. (%) presented by treatment arm for categorical variables.

Table x.x.x Protocol Deviations

	Number of Events				Number of Patients			
	Total	CCU	SPA	TUBC	Total	CCU	SPA	TUBC
Eligibility	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
Consent	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
Randomisation/Sampling Allocation	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
SAE reporting	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
Follow up (outside schedule)	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
Other	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)

No. (%) presented

Table x.x.x Main Consent Outcomes

Outcome	n (%)
Proportion of participants who are offered the study who consent to randomisation	[a]
Proportion of participants who consent to randomisation to CCU, TUBC or SPA	[b]
Proportion of participants who consent to randomisation to CCU or TUBC only	[b]
Proportion of participants who consent to randomisation to CCU or SPA only	[b]

[a] Denominator from Screening (Was the Parent/Guardian/Child asked for their consent/assent minus those where consent was no longer applicable)
[b] Denominator is no. of recruits.

Table x.x.x Sensitivity Analysis for Main Consent Outcomes

Outcome	n (%)
Proportion of participants who are offered the study who consent to randomisation	[a]
High Risk	
Low Risk	
Proportion of participants who consent to randomisation to CCU, TUBC or SPA	[b]
High Risk	
Low Risk	
Proportion of participants who consent to randomisation to CCU or TUBC only	[b]
High Risk	
Low Risk	
Proportion of participants who consent to randomisation to CCU or SPA only	[b]
High Risk	
Low Risk	

[a] Denominator from Screening (Was the Parent/Guardian/Child asked for their consent/assent minus those where consent was no longer applicable)
[b] Denominator is no. of recruits.
High risk is defined as having any of the following:

- Age under 3 months
- Fever >39°C within the past 24 hours
- Fever >38°C at presentation/recruitment
- Clinical signs of sepsis (sepsis or septic shock)
- Heart rate >150 bpm
- Capillary refill time >2 seconds
- History of previous UTI

Table x.x.x Secondary Outcomes

	Urine Collection Method			Total	Difference (95% CI)
	CCU	SPA	TUBC		
	n=<n>	n=<n>	n=<n>	n=<n>	
Proportion of participants in each randomised group who received the allocated intervention	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)		
Rates of contamination[a]	n (%)	n (%)	n (%)	n (%)	
Time Taken to acquire the urine sample (Minutes), mean (SD) [b]	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	
Pain score (FLACC score), mean(SD) [b]	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	
Distress Score (SUDS Scale), mean(SD)[b]	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	
Pain Score (WONG BAKER Scale), mean (SD) [b]	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	xx.x (xx.x)	
No hurt	n (%)	n (%)	n (%)	n (%)	
Hurts a little bit	n (%)	n (%)	n (%)	n (%)	
Hurts little more	n (%)	n (%)	n (%)	n (%)	
Hurts even more	n (%)	n (%)	n (%)	n (%)	
Hurts Whole Lot	n (%)	n (%)	n (%)	n (%)	
Hurts Worst	n (%)	n (%)	n (%)	n (%)	
Final diagnosis of UTI	n (%)	n (%)	n (%)	n (%)	

Mean (SD) presented by treatment arm for continuous variables.
No. (%) presented by treatment arm for categorical variables.
[a] Difference in proportions between CCU and TUBC and 95% CI presented [b] Difference in means between CCU and TUBC and 95% CI presented.

Table x.x.x. Safety by Treatment Group

	Number of Events				Number of Patients			
	Total	CCU	SPA	TUBC	Total	CCU	SPA	TUBC
Adverse Events	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
Adverse Reactions	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
Unexpected Adverse Reactions	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
Serious Adverse Events	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
Serious Adverse Reactions	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
Suspected Unexpected Serious Adverse Reactions	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
Fatal Serious Adverse Events	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)

No. (%) presented by treatment arm for categorical variables

Table x.x.x Safety Outcomes by system organ class and treatment group

		Number of Events				Number of Patients			
		Total	CCU	SPA	TUBC	Total	CCU	SPA	TUBC
Adverse Events	Cardiac Arrhythmia	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
	Cardiac General	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
	Gastrointestinal	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
	Etc…..	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
Adverse Reactions	Cardiac Arrhythmia	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
	Cardiac General	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
	Gastrointestinal	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
	Etc…..	n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
Unexpected Adverse Reactions		n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
Serious Adverse Events		n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
Serious Adverse Reactions		n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
Suspected Unexpected Serious Adverse Reactions		n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)
Fatal Serious Adverse Events		n=<n>	n (%)	n (%)	n (%)	n=<n>	n (%)	n (%)	n (%)

No. (%) presented by treatment arm for categorical variables