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## **ATTIRE Trial Investigators: Group Authorship**

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**Research Steering Committee**

Professor Mauro Bernardi (CHAIR), Paula Milton (Department of Health and Social Care representative) and Nicola Shepherd (Wellcome Trust representative).

**Microbiology and Adverse Event Review Panel**

Dr Indran Balakrishnan, Dr Mark McPhail, Dr Brian Hogan and Dr Jane Abbott.

**ATTIRE Site Investigators**

Professor Aftab Ala, Dr Richard Aspinall, Dr Andrew Austin, Dr C Lye Ch'ng, Dr Jeremy Cobbold, Dr Lynsey Corless, Dr Alexandra Daley, Professor Matthew Cramp, Dr Ahmed Elsharkawy, Dr Alex Evans, Prof Graham Foster, Dr Shaun Greer, Dr Mathis Heydtmann, Dr Coral Hollywood, Dr Peter Isaacs, Professor Rajiv Jalan, Dr Richard Keld, Dr Andrew King, Dr Stuart McPherson, Dr Judith Morris, Professor Jane Metcalf, Dr Richard Parker, Dr Janisha Patel, Dr Francisco Porraz-Perez, Dr Praveen Rajasekhar, Dr John Ramage, Dr Paul Richardson, Dr Dariush Sadigh, Dr Deepak Suri, Dr Esther Unit, Professor Sumita Verma and Dr Earl Williams.

**ATTIRE Clinical Trial Sites**

Basildon, Basingstoke, Berkshire, Birmingham, Blackpool, Bournemouth, Bristol, Brighton, Coventry, Derby, Durham, Glasgow RI, Glasgow QE, Glasgow RA, Gloucestershire, Heartlands, Hull, Leeds, Liverpool, Manchester, Newcastle, North Tees, North Tyneside, Nottingham, Oxford, Plymouth, Portsmouth, Royal Free, Royal London, South Tyneside, Southampton, Surrey, Swansea, Whittington and Wigan.

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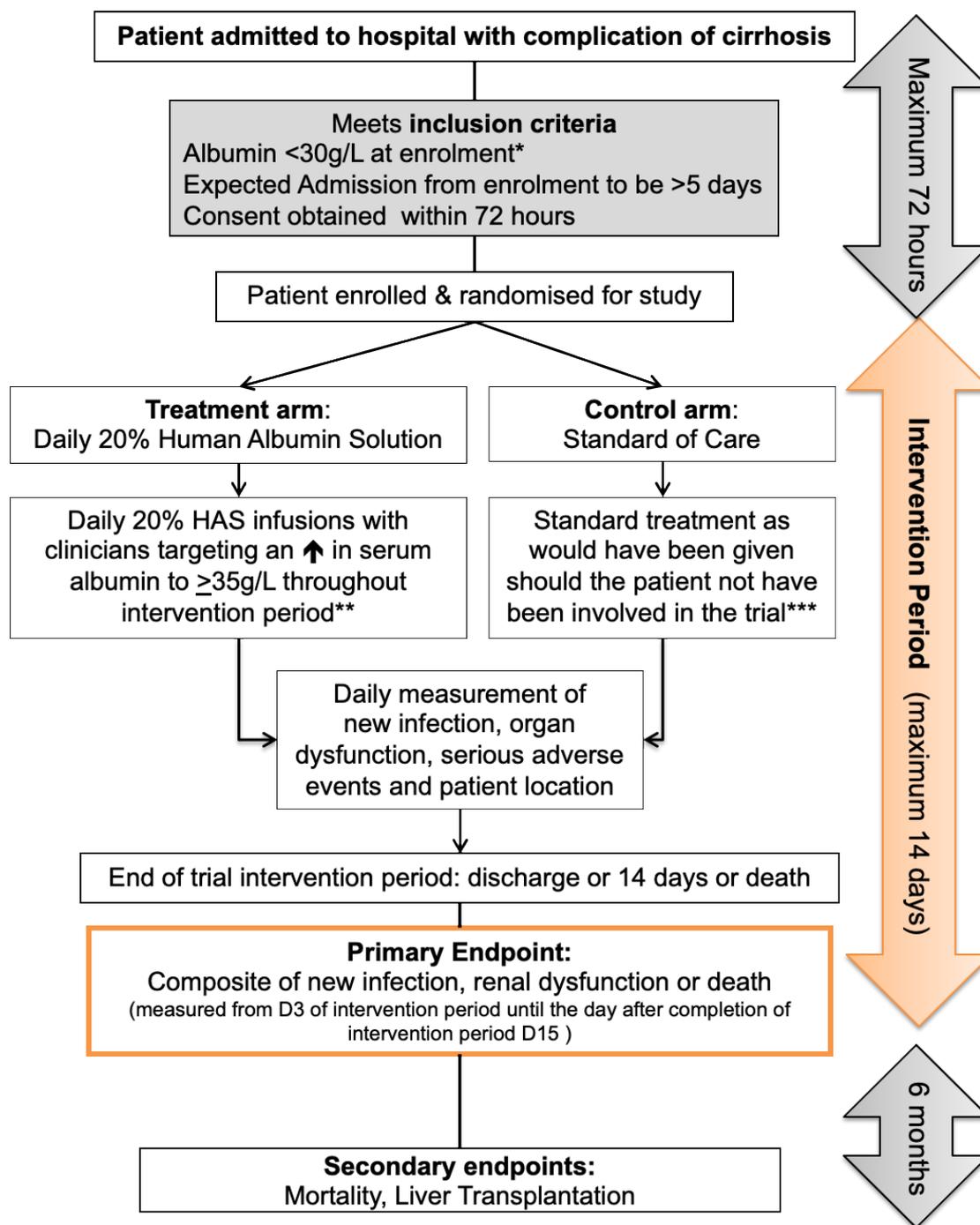
**Trial Conduct**

ATTIRE was conducted and reported according to the protocol, the Medicines for Human Use (Clinical Trials) Regulations 2004, (amended 2006), the European Union Clinical Trials Directive (2001/20/EC) guidelines, the principles of the International Conference on Harmonisation Good Clinical Practice under oversight of the University College London Comprehensive Clinical Trials Unit (UCL CCTU) and provisions of the Declaration of Helsinki.

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## ATTIRE Study Protocol



\* Which could be any time point on days 1-3 (72 hours) of admission.

\*\* See table S2 for infusion protocol. The study aim was for treatment arm patients to achieve and sustain a serum albumin  $\geq 30\text{g/L}$ . This was achieved by asking site clinicians to target a serum albumin of  $\geq 35\text{g/L}$ .

\*\*\* This can only include albumin as recommended in international evidence based guidance: LVP, SBP & HRS.