

HOSPITAL PATIENT REGISTRATION. iPROVE-EAL	
STUDY ID: iPROVE-EAL	CENTER:
SPONSOR: Department of Anesthesia and Critical Care. Hospital Clinic of Barcelona	LOCAL IP:

It is the investigator's obligation to keep this document in custody. At the end of the study some of these data will be requested for the CONSORT Flowchart

Number	Subject identification	Subject included* (Y or N)	Subject randomized** (Y or N)	Anonymized code

*All of the inclusion and none of the exclusion criteria
**Postinduction positive Air-Test or evidences of lung collapse by imaging techniques