***DESIGN AND USE OF THIS CASE RECORD FORM (CRF)***

This CRF has 2 parts. The “CORE” form with presentation (pages 1&2) and outcome (pages 3&4) data and the “DAILY” form (page 5 OR pages 6&7: choose the format you prefer) for daily laboratory and clinical data. There is also a set of “SUPPLEMENTARY” forms (pages 8-10), which are used only for overflow data from the CORE form.

For each patient, complete the CORE form at admission and discharge/death. Also complete the DAILY form for the first day of admission to the facility. Note that this day may be retrospective if data collection begins after admission.

Complete as many additional DAILY forms as local resources permit. If resources are limited, we suggest completing daily records on DAY 3 and DAY 9 of admission, or up to twice per week where possible/desired for more complete characterisation.

**GENERAL GUIDANCE**

* The CRF is designed to collect data obtained through patient examination, patient/relative interview and review of case notes.
* Patient numbers consist of a 3-digit site code and a 4 digit patient number. You will be assigned a site code or can obtain a site code by registering on the data management system at <https://www.cliresdms.org>. Patient numbers should be assigned sequentially for each site beginning with 0001. In the case of a single site recruiting patients on different wards, or where it is otherwise difficult to assign sequential numbers, it is acceptable to assign numbers in blocks. E.g. Out-patient ward will assign numbers from 0001 onwards. In-patient ward will assign numbers from 5001 onwards. Alpha characters can also be used. E.g. Out-patient ward will assign A001 onwards. In-patient ward will assign B001 onwards. Please enter the patient identification code at the top of each and every sheet.
* **Complete every line of every section**, except for where the instructions say to skip a section based on certain responses.
* Selections with square boxes (☐) are single selection answers (choose one answer only). Selections with circles () are multiple selection answers (choose as many answers as are applicable).
* It is important to know when the answer to a particular question is not known. Please mark the ‘Unknown’ box if this is the case. If an ‘Unknown’ box is not shown, please see the CRF Completion Guidelines for further guidance. For laboratory values, please enter “NA” in the data space when results are Not Available.
* Some sections have open areas where you can write in additional information. To permit standardised data entry, please avoid writing additional information outside of these areas.
* We recommend writing clearly in black or blue ink, using BLOCK-CAPITAL LETTERS.
* Place an (X) when you choose the corresponding answer. To make corrections, strike through (-------) the data you wish to delete and write the correct data above it. Please initial and date all corrections.
* Please keep all of the sheets for a single patient together e.g. with a staple or in a folder that is unique to the patient.
* **Please observe your local infection control policy on record keeping and movement of records in/out of clinical areas.**
* Please enter data on the electronic data capture system at <https://www.cliresdms.org>. If your site would like to collect data independently, we are happy to support the establishment of local databases (see contact below).
* Please contact us at [isaric@oucru.org](mailto:isaric@oucru.org) if we can help with databases, if you have comments and to let us know that you are using the forms.

**DEFINITIONS:**

*CORE – Section 5 – COMPLICATIONS – SHOCK:* Shock may be due to sepsis, intravascular volume depletion (including fluid loss and/or blood loss), myocardial dysfunction, or vasodilatation leading to poor end-organ perfusion. Cardinal features of shock include persistent hypotension, oliguria/anuria, prolonged capillary refill time, altered mental state, metabolic acidosis and sometimes cool and clammy skin. Only some of these features may be present. Hypotension may be absolute (systolic BP <90mmHg) or relative (a decrease in systolic BP >40mmHg).

CORE – Section 5 – COMPLICATIONS – MAJOR BLEEDING: Fatal bleeding or symptomatic bleeding in a critical area or organ, such as intracranial, intraspinal, intraocular, retroperitoneal, intraarticular or pericardial, or intramuscular with compartment syndrome, and/or bleeding causing a fall in haemoglobin level of 20 g/L (2g/dL or 1.24 mmol/L) or more, or leading to transfusion of two units of packed red blood cells.

OR Loss of more than blood volume within 24 hours (around 70mL/kg, equivalent to >5 L in a 70kg adult)

OR 50% of total blood volume lost in less than three hours

OR Bleeding in excess of 150 mL/minute

OR Bleeding which leads to a systolic blood pressure of <90 mmHg or a heart rate of >110 bpm.

*This is the CORE data set. Please complete for ALL patients. Complete sections 1-4 at admission. Enter data to https://www.cliresdms.org*

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| **1. DEMOGRAPHICS** |
| **Clinical centre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_** **Country**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of data collection (sections 1-4):** *(DD/MM/YYYY):* [\_\_\_\_][\_\_\_\_]/[\_\_\_\_][\_\_\_\_]/[\_\_2\_][\_\_0\_][\_\_\_\_][\_\_\_\_]  **Date of admission to this facility** (*DD/MM/YYYY)***:** [\_\_\_\_][\_\_\_\_]/[\_\_\_\_][\_\_\_\_]/[\_\_2\_\_][\_\_0\_\_][\_\_\_\_][\_\_\_\_]  **Sex at Birth:**  **☐**Male **☐**Female **Date of birth** *(DD/MM/YYYY):* [\_\_\_\_][\_\_\_\_]/[\_\_\_\_][\_\_\_\_]/[\_\_\_\_][\_\_\_\_][\_\_\_\_][\_\_\_\_]  **If date of birth unknown: Estimated age** [\_\_\_][\_\_\_][\_\_\_]years **OR** [\_\_\_][\_\_\_]months  **Date of onset of first/earliest symptom** *(DD/MM/YYYY):* [\_\_\_\_][\_\_\_\_]/[\_\_\_\_][\_\_\_\_]/[\_\_2\_\_][\_\_0\_\_][\_\_\_\_][\_\_\_\_]  **Pregnant? ☐**YES **☐**NO **☐**Unknown **☐**Not Applicable *If YES:* **Gestation age of fetus** *(nearest week)***:** [\_\_\_][\_\_\_]  **Transferred from another facility?** 🞎YES 🞎NO 🞎Unknown *If YES:* **Name of transferring facility**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *If YES:* **Date admitted to other facility** *(DD/MM/YYYY)*: [\_\_\_\_][\_\_\_\_]/[\_\_\_\_][\_\_\_\_]/[\_\_2\_\_][\_\_0\_\_][\_\_\_\_][\_\_\_\_] 🞎Unknown |

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| **2. VIRAL HAEMORRHAGIC FEVER DIAGNOSIS** |
| **Ebola virus (EBOV):**  🞎YES- Laboratory-confirmed 🞎YES- Probable 🞎NO  **Lassa virus (LASV):** 🞎YES- Laboratory Confirmed 🞎YES- Probable 🞎NO  **Crimean-Congo haemorrhagic fever virus (CCHF):** 🞎YES- Laboratory Confirmed 🞎YES- Probable 🞎NO  **Marburg virus (MARV):** 🞎YES- Laboratory Confirmed 🞎YES- Probable 🞎NO  **Other:** Name of virus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎YES- Laboratory Confirmed 🞎YES- Probable  **Unknown infection:** 🞎 |

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| **3. CO-MORBIDITIES & RISK FACTORS** |

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| **Does the patient have co-morbidities existing prior to admission that are active problems?** 🞎YES 🞎NO 🞎Unknown  *If YES, specify all: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  **Proven malaria since onset of symptoms?** 🞎YES 🞎NO 🞎Unknown  *If YES*: **Date of positive test** *(DD/MM/YYYY)* [\_\_\_\_][\_\_\_\_]/[\_\_\_\_][\_\_\_\_]/[\_\_2\_\_][\_\_0\_\_][\_\_\_\_][\_\_\_\_]  **Medications given for this illness episode PRIOR to admission?** 🞎YES 🞎NO 🞎Unknown  *If YES, complete the CORE – SECTION 3 – PRE-ADMISSION MEDICATIONS section of the SUPPLEMENTARY DATA FORM.* |
| **POST PARTUM?** 🞎YES 🞎NO or Not Applicable *(skip this section - go to INFANT)*  **Pregnancy Outcome:** 🞎Live birth 🞎Still birth 🞎Spontaneous abortion / miscarriage  **Delivery date** *(DD/MM/YYYY)* [\_\_\_\_][\_\_\_\_]/[\_\_\_\_][\_\_\_\_]/[\_\_2\_\_][\_\_0\_\_][\_\_\_\_][\_\_\_\_]  **Baby tested for mother’s infection?** 🞎YES 🞎NO 🞎Unknown **If YES:** 🞎Positive 🞎Negative  **Method:** 🞎PCR 🞎Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **INFANT – Less than 1 year old?** 🞎YES 🞎NO *(skip this section)* **Birth weight if known:** [\_\_\_][\_\_\_]**.**[\_\_\_]🞎kg or 🞎lbs🞎Unknown  **Gestation:**🞎 Term-born (≥37wk GA) 🞎Preterm(<37wk GA) 🞎Unknown  **Breastfed?** 🞎YES 🞎NO 🞎Unknown **If YES:** 🞎Still breastfeeding 🞎Discontinued at [\_\_\_][\_\_\_] weeks  **Development appropriate for age?** 🞎YES 🞎NO 🞎Unknown **Vaccinations appropriate for age/country?** 🞎YES 🞎NO 🞎Unknown  **Any other risk factor(s) considered relevant:** |

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| **4. SIGNS AND SYMPTOMS AT HOSPITAL ADMISSION** *(first available data at presentation/admission – within 24 hours)*  *(Mark units if choice is given. If Not Available write “NA”)* |
| **Temperature:** [\_\_\_][\_\_\_][\_\_\_]**.**[\_\_\_]🞎°C *or* 🞎°F **HR:** [\_\_\_][\_\_\_][\_\_\_]beats per minute **RR:** [\_\_\_][\_\_\_]breaths per minute  **Systolic BP:** [\_\_\_][\_\_\_][\_\_\_]mmHg **Diastolic BP:** [\_\_\_][\_\_\_][\_\_\_]mmHg  **Clinically dehydrated?** 🞎YES 🞎NO 🞎Unknown **Capillary refill time >2secs?** 🞎YES 🞎NO 🞎Unknown  **Capillary refill time tested on:** 🞎Sternum 🞎Nail bed  **O2 saturation:** [\_\_\_][\_\_\_][\_\_\_]% **On:** 🞎Room air 🞎Supplemental Oxygen 🞎Unknown |

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| **Admission signs and symptoms***(observed/reported at admission and associated with this episode of acute illness)* | | | |
| History of fever  Asthenia/lack of strength  Fatigue/malaise  Headache  Joint pain (arthralgia)  Muscle aches (myalgia)  Back pain  Chest pain  Loss of appetite  Difficulty swallowing  Nausea  Vomiting  Diarrhoea  Abdominal pain  Conjunctival injection  Skin rash  Hiccups/hiccoughs  Decreased urine output  Not passing urine (anuria)  Cough dry  Cough with sputum production  Cough bloody sputum/haemoptysis  Shortness of Breath  Lower chest wall indrawing | 🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown | Sore throat  Hearing impairment  Tinnitus  Altered consciousness/confusion  Seizures  Jaundice  Hepatomegaly  Splenomegaly  Lymphadenopathy  Minor bruising  Major bruising  Bleeding  *If YES, specify site(s) below:*  Gums  Mouth (palate)  Nose  Fresh red blood in vomit  Brown blood in vomit  (coffee grounds)  Fresh red blood in stool  Melaena blood in stool (tar black)  Venepuncture sites  Urine  Stool  Vagina | 🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown  🞎YES 🞎NO 🞎Unknown | |

*Complete OUTCOME sections 5-10 after discharge/death. Additional information can be recorded on the SUPPLEMENTARY DATA FORM. Daily information is recorded on the DAILY RECORD FORM.*

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| **5. COMPLICATIONS: At any time during hospitalisation did the patient experience** *(complete every line)***:** | | | |
| Shock | 🞎YES 🞎NO 🞎Unknown | Acute renal injury/failure | 🞎YES 🞎NO 🞎Unknown |
| Delirium/confusion | 🞎YES 🞎NO 🞎Unknown | Hepatic dysfunction | 🞎YES 🞎NO 🞎Unknown |
| Coma | 🞎YES 🞎NO 🞎Unknown | Hyperglycemia | 🞎YES 🞎NO 🞎Unknown |
| Seizure(s) | 🞎YES 🞎NO 🞎Unknown | Hypoglycemia | 🞎YES 🞎NO 🞎Unknown |
| Pulmonary oedma | 🞎YES 🞎NO 🞎Unknown | Hyperkalemia | 🞎YES 🞎NO 🞎Unknown |
| Bleeding | 🞎YES 🞎NO 🞎Unknown | Hypokalemia | 🞎YES 🞎NO 🞎Unknown |
| Gastrointestinal bleeding | 🞎YES 🞎NO 🞎Unknown | Hypokalemia | 🞎YES 🞎NO 🞎Unknown |
| Other bleeding, specify location(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Other(s) | 🞎YES 🞎NO 🞎Unknown |
| *Specify*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **6. VIRUS TESTING: Was virus testing performed during this illness episode\*?** 🞎YES *(complete below)* 🞎NO 🞎Unknown  \*If additional or serial viral testing is performed, complete the SERIAL VIRUS TESTING portion of the SUPPLEMENTARY FORM | | | | | |
| **Sample Collection Date** *(DD/MM/YYYY)*  \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ | **Local lab sample identifier** | **Sample Type** | **Method** | **Result** | **Pathogen Tested** |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive  🞎Negative  🞎Unknown | 🞎EBOV 🞎LASV 🞎CCHF 🞎MARV 🞎Other *Specify:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive 🞎Unknown  🞎Negative | 🞎EBOV 🞎LASV 🞎CCHF 🞎MARV 🞎Other, *Specify:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **7. OTHER INFECTIONS:****Did the patient test positive for any other infection?** 🞎YES 🞎NO 🞎Unknown *If YES, specify.* | | | |
| **Sample/Detection Date** *(DD/MM/YYYY)* | **Sample Type**  *(choose from list in #5 above)* | **Type of Infection** | **Pathogen** |
| \_\_\_\_ /\_\_\_\_ /20\_\_\_\_ | *Specify:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Bacterial 🞎 Viral 🞎 Fungal 🞎 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Specify:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_ /\_\_\_\_ /20\_\_\_\_ | *Specify:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Bacterial 🞎 Viral 🞎 Fungal 🞎 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Specify:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_ /\_\_\_\_ /20\_\_\_\_ | *Specify:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Bacterial 🞎 Viral 🞎 Fungal 🞎 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Specify:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_ /\_\_\_\_ /20\_\_\_\_ | *Specify:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Bacterial 🞎 Viral 🞎 Fungal 🞎 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Specify:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **8. TREATMENT: At ANY time during hospitalisation, did the patient receive** *(please complete every line)* |
| **Supplemental oxygen?** 🞎YES 🞎NO 🞎Unknown If YES, total number of days: \_\_\_\_\_\_\_\_\_days  **IV fluids?** 🞎YES 🞎NO 🞎Unknown If YES, total number of days: \_\_\_\_\_\_\_\_\_ days  **Oral rehydration therapy?** 🞎YES 🞎NO 🞎Unknown If YES, total number of days: \_\_\_\_\_\_\_\_\_days  **OTHER intervention(s)** *(please specify)***:** |

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| **9. MEDICATION: While hospitalised or at discharge, were any of the following administered**? |
| **Antibiotics?** 🞎YES 🞎NO 🞎Unknown **Antivirals?** 🞎YES 🞎NO 🞎Unknown **Antifungals?** 🞎YES 🞎NO 🞎Unknown  **Antimalarials?** 🞎YES 🞎NO 🞎Unknown **Antiemetics?** 🞎YES 🞎NO 🞎Unknown **Paracetamol?** 🞎YES 🞎NO 🞎Unknown  **NSAIDs\* (e.g. ibuprofen, aspirin)?** 🞎YES 🞎NO 🞎Unknown **Opiates (e.g. morphine)?** 🞎YES 🞎NO 🞎Unknown  **Anticonvulsants (e.g. phenytoin)?** 🞎YES 🞎NO 🞎Unknown **Sedatives/hypnotics (e.g. diazepam)?**  🞎YES 🞎NO 🞎Unknown  *If any of the medications listed above were administered, please complete the MEDICATION section (#9) of the SUPPLEMENTAL DATA FORM.*  *\*NOTE: It is recommended that NSAIDs are avoided in viral haemorrhagic fever patients* |

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| **10. OUTCOME** |
| **Date patient cleared infection\*:** *(DD/MM/YYYY)* [\_\_\_\_][\_\_\_\_]/[\_\_\_\_][\_\_\_\_]/[\_\_2\_\_][\_\_0\_\_][\_\_\_\_][\_\_\_\_] 🞎Unknown  \*Clearance criteria: 1. Clinically well and afebrile for 48 hours with repeat negative PCR for virus, *or*  2. On-going fever and symptoms thought not to be due to virus infection *and* 2 negative PCR results for virus on 2 consecutive days  **Transferred to another facility:** 🞎YES 🞎NO 🞎Unknown  If **YES**, name of new facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎Unknown  **Discharge date:** *(DD/MM/YYYY)* [\_\_\_\_][\_\_\_\_]/[\_\_\_\_][\_\_\_\_]/[\_\_2\_\_][\_\_0\_\_][\_\_\_\_][\_\_\_\_] 🞎Not discharged 🞎Unknown  **Mode of discharge:** 🞎Discharged by treating doctor 🞎Patient self-discharged 🞎Patient removed by family 🞎Unknown  If **discharged**, ability to self-care at discharge versus prior to illness:🞎Same as prior to illness 🞎Worse 🞎Better 🞎Unknown  **Deceased?** 🞎YES 🞎NO 🞎Unknown  If **YES**, date of death: *(DD/MM/YYYY)* [\_\_\_\_][\_\_\_\_]/[\_\_\_\_][\_\_\_\_]/[\_\_2\_\_][\_\_0\_\_][\_\_\_\_][\_\_\_\_] 🞎Unknown |
| **30-DAY FOLLOW-UP:**  Was attempt made to contact the patient for 30 Day Follow-Up? 🞎Yes – Alive 🞎Yes – Status Unknown/Lost to Follow-Up 🞎No  If **YES**, date of last contact: *(DD/MM/YYYY)* [\_\_\_\_][\_\_\_\_]/[\_\_\_\_][\_\_\_\_]/[\_\_2\_\_][\_\_0\_\_][\_\_\_\_][\_\_\_\_] 🞎Unknown |

*Complete the DAILY form OR the DAILY FLOW SHEET form – NOT BOTH. Complete on the first day of hospital/facility admission (DAY 1 - this may be retrospective if data is collected after admission). Complete as many additional DAILY forms as local resources permit. If resources are limited, we suggest completing daily records on DAY 3 and DAY 9 of admission, or up to twice per week where possible/desired for more complete characterisation. Enter data to the database at https://www.cliresdms.org*

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| **DATE OF ASSESSMENT** *(DD/MM/YYYY):* [\_\_\_\_][\_\_\_\_]/[\_\_\_\_][\_\_\_\_]/[\_\_2\_][\_\_0\_][\_\_\_\_][\_\_\_\_] *(may not be the date of completion)* |

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| **A) DAILY OBSERVATIONS AND TREATMENTS** *(complete every line)*: |
| **Record the most abnormal value in the previous 24 hours** *(if Not Available write “NA”)***:**  **Temperature:** [\_\_\_][\_\_\_][\_\_\_]**.**[\_\_\_]🞎°C *or* 🞎°F **SaO2** [\_\_\_][\_\_\_][\_\_\_]%  **RR:** [\_\_\_][\_\_\_]breaths per minute  **HR:** [\_\_\_][\_\_\_][\_\_\_]beats per minute **Systolic BP:** [\_\_\_][\_\_\_][\_\_\_]mmHg **Diastolic BP:** [\_\_\_][\_\_\_][\_\_\_]mmHg  **Level of consciousness (mark highest AVPU level, where A is the highest and U is the lowest level):**  **A – Patient is awake** 🞎  **V – Responds to verbal stimulation** 🞎  **P – Responds to painful stimulation** 🞎  **U – Completely unresponsive** 🞎  **Urine output in last 24 hours:** 🞎Normal 🞎Reduced 🞎None 🞎Unknown  **Number of bowel movements in last 24 hours**: **Severe diarrhoea?** 🞎YES 🞎NO 🞎Unknown  **Main stool type:** 🞎Formed 🞎Semi-formed 🞎 Liquid **Blood in stool?** 🞎YES 🞎NO 🞎Unknown  **Number of vomit episodes in last 24 hours:**  **Blood in vomit?** 🞎YES 🞎NO 🞎Unknown |
| **Is the patient currently receiving, or has s/he received in the past 24 hours:**  **Oral rehydration solution?** 🞎YES 🞎NO 🞎Unknown **Intravenous fluids?** 🞎YES 🞎NO 🞎Unknown  **If IV fluids given, state total volume in 24h** (Litres)  **Supplemental oxygen?** 🞎YES 🞎NO 🞎Unknown  **Other intervention:** 🞎YES 🞎NO 🞎UnknownIf **YES,** *specify***:** |

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| **B) DAILY LABORATORY RESULTS** *Mark the correct unit where indicated. If >1 test per day, use most abnormal value. Not Available =NA.* **Are results available for samples collected on *the date in section 1 above?***🞎YES *(complete below)* 🞎NO *(skip section below)* |

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| **Haemoglobin** \_\_\_\_\_\_\_ 🞎g/L *or*🞎g/dL **Haematocrit** \_\_\_\_\_\_\_\_\_\_\_ **% WBC count** \_\_\_\_\_\_\_\_\_\_\_ 🞎x109/L *or*🞎x103/µL  **Platelets** \_\_\_\_\_\_\_\_\_\_\_ 🞎x109/L *or* 🞎x103/μL **🞎APTT** \_\_\_\_\_\_\_\_\_ **🞎PT \_\_\_\_\_\_\_\_\_\_** seconds *or* **🞎INR** \_\_\_\_\_\_\_\_\_\_\_ |
| **Sodium** mEq/L **Glucose** \_\_\_\_\_\_\_\_\_\_\_🞎mmol/L *or* 🞎mg/dL **Bilirubin** \_\_\_\_\_\_\_\_\_\_🞎µmol/L *or*🞎mg/dL  **Potassium** mEq/L **Lactate** \_\_\_\_\_\_\_\_\_\_\_ 🞎mmol/L *or* 🞎mg/dL **AST/SGOT** \_\_\_\_\_\_\_\_\_U/L  **Chloride** mEq/L **Creatinine** \_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎μmol/L *or* 🞎mg/dL  **ALT/SGPT** \_\_\_\_\_\_\_\_\_ U/L  **Bicarbonate\_\_\_\_\_**\_**\_\_\_**mEq/L **Amylase**\_\_\_\_\_\_\_\_\_ U/L  **Creatine kinase (CPK)** \_\_\_\_\_\_\_\_U/L  **Blood Urea Nitrogen / Urea** \_\_\_\_\_\_\_\_\_\_\_\_ 🞎mmol/L *or*🞎mg/d **Albumin**\_\_\_\_\_\_\_\_\_ g/dL **Calcium**­\_\_\_\_\_\_\_\_ mmol/L |

*Complete the DAILY FLOW SHEET OR the DAILY FORM – NOT BOTH. Complete on the first day of hospital/facility admission (DAY 1 - this may be retrospective if data is collected after admission). Complete as many additional DAILY forms as local resources permit. If resources are limited, we suggest completing daily records on DAY 3 and DAY 9 of admission, or up to twice per week where possible/desired for more complete characterisation. Enter data to the database at https://www.cliresdms.org*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A) DAILY OBSERVATIONS AND TREATMENTS** *Complete all with the (most abnormal) value in the previous 24 hours.* | | | | | | | | |
| **DATE: DD/MM**  **YEAR 20\_\_ \_\_** | **\_ \_ / \_ \_** | | **\_ \_ / \_ \_** | **\_ \_ / \_ \_** | **\_ \_ / \_ \_** | **\_ \_ / \_ \_** | **\_ \_ / \_ \_** | **\_ \_ / \_ \_** |
| **Temperature**  🞎°C *or* 🞎°F |  | |  |  |  |  |  |  |
| **SaO2**  **%** |  | |  |  |  |  |  |  |
| **RR**  breaths/minute |  | |  |  |  |  |  |  |
| **HR**  beats/minute |  | |  |  |  |  |  |  |
| **Systolic BP**  mmHg |  | |  |  |  |  |  |  |
| **Diastolic BP**  mmHg |  | |  |  |  |  |  |  |
| **LOWEST Consciousness\***  A, V, P, U |  | |  |  |  |  |  |  |
| **HIGHEST Consciousness\***  A, V, P, U |  | |  |  |  |  |  |  |
| **Urine output**  **Norm**al, **Red**uced, **None**, **UK** |  | |  |  |  |  |  |  |
| **Number of bowel movements** |  | |  |  |  |  |  |  |
| **Severe diarrhoea**  **Y**es**, N**o**, U**n**K**nown |  | |  |  |  |  |  |  |
| **Main stool type**  **F**ormed, **S**emi**-F**ormed, **L**iquid |  | |  |  |  |  |  |  |
| **Blood in stool**  **Y**es**, N**o**, U**n**K**nown |  | |  |  |  |  |  |  |
| **Number of vomit episodes** |  | |  |  |  |  |  |  |
| **Blood in vomit**  **Y**es**, N**o**, U**n**K**nown |  | |  |  |  |  |  |  |
| **Is the patient currently receiving, or has s/he received in the past 24 hours:** | | | | | | | | |
| **Oral rehydration solution**  **Y**es**, N**o**, U**n**K**nown | |  |  |  |  |  |  |  |
| **Intravenous fluids**  **Y**es**, N**o**, U**n**K**nown | |  |  |  |  |  |  |  |
| IF YES**: IV fluid volume**  Litres/24 hours | |  |  |  |  |  |  |  |
| **Supplemental oxygen**  **Y**es**, N**o**, U**n**K**nown | |  |  |  |  |  |  |  |
| **Other intervention?**  **Y**es**, N**o**, U**n**K**nown | |  |  |  |  |  |  |  |
| **IF YES Specify:**  **Other intervention:**  (More space for ADDITIONAL INFORMATION on SUPPLEMENTAL FORM) | |  |  |  |  |  |  |  |

\*Level of consciousness (mark highest/lowest AVPU level, where A is the highest and U is the lowest level): **A** (Patient is awake); **V** (Responds to verbal stimulation); **P** (Responds to painful stimulation); **U** (Completely unresponsive)

*Complete the DAILY FLOW SHEET OR the DAILY FORM – NOT BOTH. Complete on the first day of hospital/facility admission (DAY 1 - this may be retrospective if data is collected after admission) and for as many additional days as local resources permit. If resources are limited, we suggest completing records on DAY 3 and DAY 9 of admission, or up to twice per week where possible/desired for more complete characterisation. Enter data to the database at https://www.cliresdms.org*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **B) DAILY LABORATORY RESULTS**  *Mark the correct unit where indicated. If >1 test per day, use most abnormal value. If Not Available enter “NA”.* | | | | | | | |
| **DATE: DD/MM**  **YEAR 20\_\_ \_\_** | **\_ \_ / \_ \_** | **\_ \_ / \_ \_** | **\_ \_ / \_ \_** | **\_ \_ / \_ \_** | **\_ \_ / \_ \_** | **\_ \_ / \_ \_** | **\_ \_ / \_ \_** |
| **Haemoglobin**  🞎g/L *or*🞎g/dL |  |  |  |  |  |  |  |
| **Haematocrit**  **%** |  |  |  |  |  |  |  |
| **WBC count**  🞎x109/L *or*🞎x103/µL |  |  |  |  |  |  |  |
| **Platelets**  🞎x109/L *or* 🞎x103/μL |  |  |  |  |  |  |  |
| **APTT** |  |  |  |  |  |  |  |
| **PT**  seconds |  |  |  |  |  |  |  |
| **INR** |  |  |  |  |  |  |  |
| **Sodium**  mEq/L |  |  |  |  |  |  |  |
| **Potassium**  mEq/L |  |  |  |  |  |  |  |
| **Chloride**  mEq/L |  |  |  |  |  |  |  |
| **Bicarbonate**  mEq/L |  |  |  |  |  |  |  |
| **Blood Urea Nitrogen**  🞎mmol/L *or*🞎mg/d |  |  |  |  |  |  |  |
| **Glucose**  🞎mmol/L *or* 🞎mg/dL |  |  |  |  |  |  |  |
| **Lactate**  🞎mmol/L *or* 🞎mg/dL |  |  |  |  |  |  |  |
| **Creatinine**  🞎μmol/L *or* 🞎mg/dL |  |  |  |  |  |  |  |
| **Amylase**  U/L |  |  |  |  |  |  |  |
| **Bilirubin**  🞎µmol/L *or*🞎mg/dL |  |  |  |  |  |  |  |
| **AST/SGOT**  U/L |  |  |  |  |  |  |  |
| **ALT/SGPT**  U/L |  |  |  |  |  |  |  |
| **Creatine kinase**  U/L |  |  |  |  |  |  |  |
| **Albumin**  g/dL |  |  |  |  |  |  |  |
| **Calcium**­  mmol/L |  |  |  |  |  |  |  |

**EXTRA SPACE FOR INFORMATION ON THE CORE DATA FORM**

*Use this form to record information that does not fit the space provided in the CORE CASE REPORT FORM. All information from this SUPPLEMENTARY CASE RECORD FORM should be entered into the appropriate sections of the electronic CORE CASE REPORT FORM at https://www.cliresdms.org*

|  |
| --- |
| **CORE - SECTION 3 – PRE-ADMISSION MEDICATIONS: List all medications (antibiotics, antifungals, antivirals, antimalarials, analgesics, antipyretics) given for this illness episode PRIOR to admission**: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of medication** *(generic name preferred)* | **Dose and frequency** | **Start date** *(DD/MM/YYYY)* | **End date**  *(DD/MM/YYYY)* | **Route of administration** |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CORE – SECTION 6 – (SERIAL) VIRUS TESTING: Enter results of serial viral testing below** | | | | |
| **Sample Collection Date** *(DD/MM/YYYY)*  \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ | **Local lab sample identifier** | **Sample Type** | **Method** | **Result** |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive  🞎Negative  🞎Unknown |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive 🞎Unknown  🞎Negative |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive  🞎Negative  🞎Unknown |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive 🞎Unknown  🞎Negative |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive  🞎Negative  🞎Unknown |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive 🞎Unknown  🞎Negative |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive  🞎Negative  🞎Unknown |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive 🞎Unknown  🞎Negative |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive  🞎Negative  🞎Unknown |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive 🞎Unknown  🞎Negative |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive  🞎Negative  🞎Unknown |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive 🞎Unknown  🞎Negative |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive  🞎Negative  🞎Unknown |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive  🞎Negative  🞎Unknown |
| \_\_ \_\_ /\_\_ \_\_ /20\_\_ \_\_ |  | 🞎**Blood**  🞎**Other,** *Specify:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎PCR  🞎IgM 🞎IgG  🞎Other\_\_\_\_\_\_\_\_\_ | 🞎Positive  🞎Negative  🞎Unknown |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CORE - SECTION 9 – MEDICATION** *– List all medications administered during hospitalisation and at discharge. Use as many additional pages as required.* | | | | |
| **Name of medication** *(generic name preferred)* | **Dose and frequency**  *(specify or unknown)* | **Start date** *(DD/MM/YYYY)* | **End date**  *(DD/MM/YYYY)* | **Route of administration** |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |
|  | 🞎unknown | \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎On-going  \_\_ \_\_ /\_\_ \_\_ /20 \_\_ \_\_ | 🞎IV 🞎oral 🞎inhaled 🞎other 🞎unknown |