PARTICIPANT IDENTIFICATION #: [___][___][___][___][___]--[-][___][___][___][___]

COVID-19 CORE CASE REPORT FORM
ACUTE RESPIRATORY INFECTION CLINICAL CHARACTERISATION DATA TOOL

DESIGN OF THIS CASE REPORT FORM (CRF)
This CRF is set up in modules to be used for recording data on the ISARIC COVID-19 Core Database or for independent studies.

Module 1 and Module 2 complete on the first day of presentation/admission or on first day of COVID-19 assessment.
Module 2 also complete on first day of admission to ICU or high dependency unit, or if receiving critical care in any ward, and on any days that research specific samples are taken. In addition, complete daily if of interest for local, specific analysis. Continue to follow-up patients who transfer between wards.
Module 3 (Outcome) complete at discharge or death

GENERAL GUIDANCE
- The CRF is designed to collect data obtained through examination, interview and review of hospital notes. Data may be collected prospectively or retrospectively if the patient is enrolled after the admission date.
- For more detailed guidance on how to complete these forms, please refer to the CRF Completion Guideline.
- Participant Identification Numbers consist of a 3 or 5 digit site code and a 4 digit participant number. You can obtain a site code and register on the data management system by contacting ncov@isaric.org. Participant numbers should be assigned sequentially for each site beginning with 0001. In the case of a single site recruiting participants on different wards, or where it is otherwise difficult to assign sequential numbers, it is acceptable to assign numbers in blocks or incorporate alpha characters. E.g. Ward X will assign numbers from 0001 or A001 onwards and Ward Y will assign numbers from 5001 or B001 onwards. Enter the Participant Identification Number at the top of every page.
- Printed paper CRFs may be used for later transfer of the data onto the electronic database.
- For participants who return for re-admission to the same site, start a new form with a different Participant Identification Number. Please check “YES-admitted previously to this facility” in the RE-ADMISSION section. Enter as 2 separate entries in the electronic database.
- For participants who transfer between two sites that are both collecting data on this form, it is preferred to have the data entered by a single site as a single admission, under the same Participant Identification Number. When this is not possible, the first site should record “Transfer to other facility” as an OUTCOME, and the second site should start a new form with a new patient number and indicate “YES-transferred from other facility” RE-ADMISSION.
- Complete every line of every section, except where the instructions say to skip a section based on a response.
- Selections with circles () are single selection answers (choose one answer only). Selections with square boxes (☐) are multiple selection answers (choose as many answers as are applicable).
- Mark ‘Not done’ for any results of laboratory values that are not available, not applicable or unknown.
- Avoid recording data outside of the dedicated areas. Sections are available for recording additional information.
- If using paper CRFs, we recommend writing clearly in 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 participant together e.g. with a staple or participant-unique folder.
- Please transfer all paper CRF data to the electronic database. All paper CRFs needs to be stored locally, do not send any forms to us. Data are accepted only via secure electronic database.
- Please enter data on the electronic data capture system at https://ncov.medsci.ox.ac.uk/. If your site would like to collect data independently, we are happy to support the establishment of locally hosted databases.
- Please contact us at ncov@isaric.org if you need help with databases, if you have comments and to let us know that you are using the forms.
## MODULE 1: PRESENTATION/ADMISSION CASE REPORT FORM

### CLINICAL INCLUSION CRITERIA

Suspected or confirmed novel coronavirus (COVID-19) infection: **YES** **NO**

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Clinical centre name:</th>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enrolment date /first COVID-19 assessment date: [D]|[D]/[M]|[M]/[2]|[0]|[Y]|[Y]|

Ethnic group *(check all that apply)*: ❑Arab ❑Black ❑East Asian ❑South Asian ❑West Asian ❑Latin American ❑White ❑Aboriginal/First Nations ❑Other: ________________________ ❑Unknown

Employed as a Healthcare Worker? **YES** **NO** **Unknown**

Employed in a microbiology laboratory? **YES** **NO** **Unknown**

Sex at Birth: **Male** **Female** **Not specified/Unknown**

Age [___][___] years OR [___][___] months

Pregnant? **YES** **NO** **Unknown**

If YES:

Gestational weeks assessment: [___][___] weeks

Post Partum (within 6 weeks of delivery)? **YES** **NO** **Unknown** *(If NO or Unknown skip this section)*

Pregnancy Outcome: **Live birth** **Still birth**

Delivery date: [D]|[D]/[M]|[M]/[2]|[0]|[Y]|[Y]|

Baby tested for COVID-19/SARS-CoV-2 infection? **YES** **NO** **Unknown**

If YES, result of test: **Positive** **Negative** **Unknown** *(If Positive, complete a separate CRF for baby)*

Infant – Less than 1 year old? **YES** **NO** *(If NO skip this section)*

Birth weight: [___][___].[___] kg or [___] lbs ❑Unknown

Gestational outcome: **Term birth (≥37wk GA)** **Preterm birth (<37wk GA)** ❑Unknown

Breastfed? **YES-currently breastfeeding** **YES-breastfeeding discontinued** **NO** ❑Unknown

Vaccinations appropriate for age/country? **YES** **NO** ❑Unknown

### ONSET & ADMISSION

Onset date of first/earliest symptom: [D]|[D]/[M]|[M]/[2]|[0]|[Y]|[Y]|

Most recent presentation/admission date at this facility: [D]|[D]/[M]|[M]/[2]|[0]|[Y]|[Y]|

### RE-ADMISSION

Was the patient admitted previously or transferred from any other facility during this illness episode?

**YES-admitted previously to this facility** **YES–transferred from other facility** **NO** ❑Unknown

Has this patient’s data been previously collected under a different patient number? **YES** **NO** ❑Unknown

If YES, Participant Identification number (PIN): ________________________

Is the patient being re-admitted with or due to COVID-19? *(Please only add re-admission episodes for COVID related complications or patients remaining positive). Assign new subject ID* **YES** **NO** ❑Unknown

Previous participant ID: ________________________ ❑Unknown

Number of re-admissions: _____ *(record as a new patient for each re-admission)*

Please provide reason for readmission: ________________________
MODULE 1: PRESENTATION/ADMISSION CASE REPORT FORM

SIGNS AND SYMPTOMS AT HOSPITAL ADMISSION (first available data at presentation/admission – within 24 hours)

Temperature: [___][___][___][___]°C or O°F

HR: [___][___][___]beats/minute  RR: [___][___]breaths/minute

Systolic BP: [___][___][___]mmHg  Diastolic BP: [___][___][___]mmHg

Oxygen saturation: [___][___][___]%  On: ORoom air  O Oxygen therapy  O Unknown

Sternal capillary refill time >2sec.  O YES  O NO  O Unknown  Height: [___][___][___]cm  Weight: [___][___][___]kg

SIGNS AND SYMPTOMS ON ADMISSION  (Unk = Unknown)

History of fever  O YES  O NO  O Unk  Fatigue / Malaise  O YES  O NO  O Unk

Cough  O YES - non-productive  O YES - productive  Anorexia  O YES  O NO  O Unk

O YES - with haemoptysis  O NO  O Unk  Altered consciousness/confusion  O YES  O NO  O Unk

Sore throat  O YES  O NO  O Unk  Muscle aches (myalgia)  O YES  O NO  O Unk

Runny nose (rhinorrhoea)  O YES  O NO  O Unk  Joint pain (arthralgia)  O YES  O NO  O Unk

Wheezing  O YES  O NO  O Unk  Inability to walk  O YES  O NO  O Unk

Shortness of breath  O YES  O NO  O Unk  Abdominal pain  O YES  O NO  O Unk

Lower chest wall indrawing  O YES  O NO  O Unk  Diarrhoea  O YES  O NO  O Unk

Chest pain  O YES  O NO  O Unk  Vomiting / Nausea  O YES  O NO  O Unk

Conjunctivitis  O YES  O NO  O Unk  Skin rash  O YES  O NO  O Unk

Lymphadenopathy  O YES  O NO  O Unk  Bleeding (Haemorrhage)  O YES  O NO  O Unk

Headache  O YES  O NO  O Unk  If YES, specify site(s):______________________________

Loss of smell (Anosmia)  O YES  O NO  O Unk  Other symptom(s)  O YES  O NO  O Unk

Loss of taste (Ageusia)  O YES  O NO  O Unk  If YES, specify:______________________________

Seizures  O YES  O NO  O Unk

VACCINATIONS

COVID-19 vaccination:  O YES  O NO  O Unk

Date of first vaccine: [___][___][___][___]/[___][___][___][___]/[___][___][___][___] Date: O actual  O estimated

Type of first vaccine: O Pfizer/BioNTech  O AstraZeneca/Oxford (Covishield in India)  O Moderna  O Novavax

O Janssens (Johnson & Johnson)  O Sinopharm  O Sputnik V  O Covaxin  O CanSinoBIO

O Unknown  O Other, please specify ______________________________

Date of second vaccine: [___][___][___][___]/[___][___][___][___]/[___][___][___][___] Date: O actual  O estimated

Type of second vaccine: O Pfizer/BioNTech  O AstraZeneca/University of Oxford (Covishield in India)  O Moderna  O Novavax

O Janssens (Johnson & Johnson)  O Sinopharm  O Sputnik V  O Covaxin  O CanSinoBIO

O Unknown  O Other, please specify ______________________________

Date of third vaccine: [___][___][___][___]/[___][___][___][___]/[___][___][___][___] Date: O actual  O estimated

Type of third vaccine: O Pfizer/BioNTech  O AstraZeneca/University of Oxford (Covishield in India)  O Moderna  O Novavax

O Janssens (Johnson & Johnson)  O Sinopharm  O Sputnik V  O Covaxin  O CanSinoBIO

O Unknown  O Other, please specify ______________________________

Influenza vaccination within the last 6 months:  O YES  O NO  O Unknown

Date of influenza vaccine: [___][___][___][___]/[___][___][___][___]/[___][___][___][___] Date: O actual  O estimated
# MODULE 1: PRESENTATION/ADMISSION CASE REPORT FORM

## PRE-ADMISSION MEDICATION
(taken within 14 days prior to admission/presentation at healthcare facility)

<table>
<thead>
<tr>
<th>Steroids</th>
<th>YES</th>
<th>NO</th>
<th>Unk</th>
<th>If YES, Oral</th>
<th>Inhaled</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other immunosuppressant agents (not oral steroids)</td>
<td>YES</td>
<td>NO</td>
<td>Unk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibiotics</td>
<td>YES</td>
<td>NO</td>
<td>Unk</td>
<td>If YES, agent(s): ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antivirals</td>
<td>YES</td>
<td>NO</td>
<td>Unk</td>
<td>If YES, agent(s): ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other targeted COVID-19 Medications</td>
<td>YES</td>
<td>NO</td>
<td>Unk</td>
<td>If YES, agent(s): ____________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## CO-MORBIDITIES AND RISK FACTORS
(existing prior to admission and ongoing)

<table>
<thead>
<tr>
<th>Chronic cardiac disease (not hypertension)</th>
<th>YES</th>
<th>NO</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>YES</td>
<td>NO</td>
<td>Unk</td>
</tr>
<tr>
<td>Chronic pulmonary disease (not asthma)</td>
<td>YES</td>
<td>NO</td>
<td>Unk</td>
</tr>
<tr>
<td>Asthma (physician diagnosed)</td>
<td>YES</td>
<td>NO</td>
<td>Unk</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>YES</td>
<td>NO</td>
<td>Unk</td>
</tr>
<tr>
<td>Obesity (as defined by clinical staff)</td>
<td>YES</td>
<td>NO</td>
<td>Unk</td>
</tr>
<tr>
<td>Moderate or severe liver disease</td>
<td>YES</td>
<td>NO</td>
<td>Unk</td>
</tr>
<tr>
<td>Mild liver disease</td>
<td>YES</td>
<td>NO</td>
<td>Unk</td>
</tr>
<tr>
<td>Asplenia</td>
<td>YES</td>
<td>NO</td>
<td>Unk</td>
</tr>
<tr>
<td>Chronic neurological disorder</td>
<td>YES</td>
<td>NO</td>
<td>Unk</td>
</tr>
<tr>
<td>Malignant neoplasm</td>
<td>YES</td>
<td>NO</td>
<td>Unk</td>
</tr>
</tbody>
</table>
## MODULE 2: CASE REPORT FORM ON ADMISSION, CRITICAL CARE, RESEARCH SAMPLING

Complete on the day of admission or first COVID-19 investigation, and on the first day of ICU admission (if different from day of admission). In addition, complete for days when biochemical results are available.

### SIGNS AND SYMPTOMS  
(Record the worst value between 00:00 to 24:00 on day of assessment)  
(worst=furthest from normal range)

#### DATE OF ASSESSMENT (DD/MM/YYYY):

<table>
<thead>
<tr>
<th>Date components</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>[__]</td>
</tr>
<tr>
<td>Month</td>
<td>[__]</td>
</tr>
<tr>
<td>Year</td>
<td>[__]</td>
</tr>
</tbody>
</table>

**Highest temperature:** [___] [___] [___] [___] [___] °C or °F  
**HR:** [___] [___] [___] beats/minute  
**RR:** [___] [___] [___] breaths/minute  
**Systolic BP:** [___] [___] [___] mmHg  
**Diastolic BP:** [___] [___] [___] mmHg  
**Oxygen saturation SaO₂:** [___] [___] [___]%

- **Any supplemental oxygen:**  
  - YES  
  - NO  
  - Unknown  

  **FiO₂** (0.21-1.0)  
  [___] [___] [___] or [___] [___] % or [___] [___] L/min (Highest L/min)  

- **PaO₂** (at time nearest to the FiO₂ recorded at top of page)  
  [___] [___] [___] kPa or mmHg  
  - Not done

- **PaO₂** sample type:  
  - Arterial  
  - Capillary  
  - Venous  
  - Unknown

- **From same blood gas record as PaO₂:**  
  - PCO₂: [___] [___] kPa or mmHg  
  - pH: [___] [___]  
  - HCO₃⁻: [___] mEq/L  
  - Base excess: [___] mmol/L

- **Sternal capillary refill time >2seconds:**  
  - YES  
  - NO  
  - Unknown

- **AVPU:**  
  - Alert [___]  
  - Verbal [___]  
  - Pain [___]  
  - Unresponsive [___]  

- **Glasgow Coma Score (GCS / 15)** [___] [___]

- **Richmond Agitation-Sedation Scale (RASS)** [___]

- **Mean Arterial Blood Pressure:** [___] [___] [___] mmHg  
  - Unknown

- **Urine flow rate:** [___] [___] [___] [___] mL/24 hours  
  - Check if estimated  
  - Unknown

---

**Is the patient currently receiving, or has received** (between 00:00 to 24:00 on day of assessment)

- **Current admission to ICU/ITU/IMC/HDU?**  
  - YES  
  - NO  
  - Unknown

- **High-flow nasal cannula oxygen therapy?**  
  - YES  
  - NO  
  - Unknown

- **Non-invasive ventilation (Any)?**  
  - YES  
  - NO  
  - Unknown  
  - If YES:  
    - BIPAP  
    - CPAP  
    - Other  
    - Unknown

- **Invasive ventilation?**  
  - YES  
  - NO  
  - Unknown

- **Prone positioning?**  
  - YES  
  - NO  
  - Unknown if yes,  
  - during invasive ventilation  
  - whilst self-ventilating  
  - Unknown

- **Inhaled Nitric Oxide?**  
  - YES  
  - NO  
  - Unknown

- **Tracheostomy inserted?**  
  - YES  
  - NO  
  - Unknown

- **Extra corporeal life support (ECLS/ ECMO)?**  
  - YES  
  - NO  
  - Unknown  
  - If YES:  
    - VV  
    - VA  
    - Central  
    - Unknown

- **Renal replacement therapy (RRT) or dialysis?**  
  - YES  
  - NO  
  - Unknown

- **Any vasopressor/inotropic support?**  
  - YES  
  - NO  
  - Unknown  
  - (If NO, select NO for the next 3 questions)

  - Dopamine <5µg/kg/min OR Dobutamine OR milrinone OR levosimendan:  
    - YES  
    - NO

  - Dopamine 5-15µg/kg/min OR Epinephrine/Norepinephrine < 0.1µg/kg/min OR vasopressin OR phenylephrine:  
    - YES  
    - NO

  - Dopamine >15µg/k/min OR Epinephrine/Norepinephrine > 0.1µg/kg/min:  
    - YES  
    - NO

- **Neuromuscular blocking agents?**  
  - YES  
  - NO  
  - Unknown

- **Other intervention(s) or procedure(s)?**  
  - YES  
  - NO  
  - Unknown  
  - If YES, Specify: ____________________________________________

---
PARTICIPANT IDENTIFICATION #: [___][___][___][___][___]---[___][___][___][___][___]

MODULE 2: CASE REPORT FORM ON ADMISSION, CRITICAL CARE, RESEARCH SAMPLING

Complete on the day of admission or first COVID-19 investigation, and on the first day of ICU admission (if different from day of admission). In addition, complete for days when biochemical results are available.

LABORATORY RESULTS (on admission, on any admission to ICU, then daily) – complete every line

DATE OF ASSESSMENT (DD/MM/YYYY): [___][___]/[___]/[___]/[___]/[___]/[___]/[___]/[___]/[___]/[___]/[___]/[___]

LABORATORY RESULTS (*record units if different from those listed)
Record the worst value between 00:00 to 24:00 on day of assessment (if Not Available write ‘N/A’)

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value*</th>
<th>Not done</th>
<th>Parameter</th>
<th>Value*</th>
<th>Not done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemoglobin (g/L)</td>
<td></td>
<td></td>
<td>Urea (BUN) (mmol/L)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WBC count (x10⁹/L)</td>
<td></td>
<td></td>
<td>Lactate (mmol/L)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphocyte count (10⁹/L)</td>
<td></td>
<td></td>
<td>Creatinine (µmol/L)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutrophil count (10⁹/L)</td>
<td></td>
<td></td>
<td>Sodium (mmol/L)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haematocrit (%)</td>
<td></td>
<td></td>
<td>Potassium (mmol/L)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Platelets (x10⁹/L)</td>
<td></td>
<td></td>
<td>Procalcitonin (ng/mL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APTT (seconds)</td>
<td></td>
<td></td>
<td>CRP (mg/L)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APTR</td>
<td></td>
<td></td>
<td>LDH (U/L)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PT (seconds)</td>
<td></td>
<td></td>
<td>Creatine kinase (U/L)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INR</td>
<td></td>
<td></td>
<td>Troponin I (ng/mL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALT/SGPT (U/L)</td>
<td></td>
<td></td>
<td>D-dimer (mg/L)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total bilirubin (µmol/L)</td>
<td></td>
<td></td>
<td>Ferritin (ng/mL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AST/SGOT (U/L)</td>
<td></td>
<td></td>
<td>IL-6 (pg/mL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glucose (mmol/L)</td>
<td></td>
<td></td>
<td>Fibrinogen (mg/dl)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MODULE 3: OUTCOME CASE REPORT FORM

TREATMENT: At ANY time during hospitalisation, did the patient receive/undergo:

Any Oxygen therapy?  ○YES  ○NO  ○Unknown  If YES, total duration: _______ days  ○Unknown

Maximum O₂ flow volume:  ○<2 L/min  ○2-5 L/min  ○6-10 L/min  ○11-15 L/min  ○>15 L/min

Non-invasive ventilation? (Any)  ○YES  ○NO  ○Unknown  If YES, total duration: _______ days  ○Unknown

Invasive ventilation? (Any)  ○YES  ○NO  ○Unknown  If YES, total duration: _______ days  ○Unknown

High flow nasal oxygen  ○YES  ○NO  ○Unknown  If YES, total duration: _______ days  ○Unknown

Prone Positioning?  ○YES  ○NO  ○Unknown

Inhaled Nitric Oxide?  ○YES  ○NO  ○Unknown

Tracheostomy inserted?  ○YES  ○NO  ○Unknown

Extracorporeal support (ECMO)?  ○YES  ○NO  ○Unknown  If YES, total duration: _______ days  ○Unknown

Renal replacement therapy (RRT) or dialysis?  ○YES  ○NO  ○Unknown

Inotropes/vasopressors?  ○YES  ○NO  ○Unknown

ICU or High Dependency Unit admission?  ○YES  ○NO  ○Unknown  If YES, total duration: _______ days  ○Unknown

If YES, date of ICU admission: [___][___]/[___]/[___]/[___]/[___]/[___]/[___]/[___]/[___]/[___]/[___]/[___]  ○Unknown

If YES, date of ICU discharge: [___][___]/[___]/[___]/[___]/[___]/[___]/[___]/[___]/[___]/[___]/[___]/[___]  ○Unknown
## COMPLICATIONS: At any time during hospitalisation did the patient experience? (Unk = Unknown)

<table>
<thead>
<tr>
<th>Complication</th>
<th>OYES</th>
<th>ONO</th>
<th>Unk</th>
<th>OYES</th>
<th>ONO</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viral pneumonia/pneumonitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacterial pneumonia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Respiratory Distress Syndrome</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumothorax</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pleural effusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cryptogenic organizing pneumonia (COP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchiolitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac arrest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myocardial infarction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac ischaemia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac arrhythmia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myocarditis / Pericarditis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocarditis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke / Cerebrovascular accident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complication</th>
<th>OYES</th>
<th>ONO</th>
<th>Unk</th>
<th>OYES</th>
<th>ONO</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningitis / Encephalitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacteremia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coagulation disorder / DIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulmonary Embolism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deep Vein Thrombosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other thromboembolism (not PE or DVT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal haemorrhage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhabdomyolysis / Myositis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute renal injury/ Acute renal failure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver dysfunction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pancreatitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If YES, specify: ________________________________________

---

## DIAGNOSTICS

### Section 1: Respiratory Virus PCR Testing

<table>
<thead>
<tr>
<th>Virus</th>
<th>OPositive</th>
<th>ONegative</th>
<th>ONot done</th>
<th>OUnknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARS-CoV-2 (COVID-19)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory Syncytial Virus (RSV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adenovirus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 2: Bacterial Testing

<table>
<thead>
<tr>
<th>Bacteria</th>
<th>OPositive</th>
<th>ONegative</th>
<th>ONot done</th>
<th>OUnknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Positive, specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other pathogen/s detected</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 3: Radiology

<table>
<thead>
<tr>
<th>Clinical pneumonia diagnosed?</th>
<th>OYES</th>
<th>ONO</th>
<th>OUnknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest X-Ray performed?</td>
<td>OYES</td>
<td>ONO</td>
<td>OUnknown</td>
</tr>
<tr>
<td>CT performed?</td>
<td>OYES</td>
<td>ONO</td>
<td>OUnknown</td>
</tr>
</tbody>
</table>

---

If YES, Were infiltrates present?

---

Adapted from SPRINT SARI CRF by ISARIC. Licensed under a Creative Commons Attribution-ShareAlike 4.0 International License by ISARIC on behalf of Oxford University.
## DIAGNOSTICS continued

### Section 4: PATHOGEN TESTING DETAILS

<table>
<thead>
<tr>
<th>Collection Date (DD/MM/YYYY)</th>
<th>Biospecimen Type</th>
<th>Laboratory Test Method</th>
<th>Result</th>
<th>Pathogen Tested/Detected</th>
</tr>
</thead>
<tbody>
<tr>
<td>D  D  /   M  M  /  20  Y  Y</td>
<td>Nasal/NS swab</td>
<td>PCR</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Throat swab</td>
<td>Only</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Combined nasal/NS+throat swab</td>
<td>Only</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sputum BAL ETA</td>
<td>Only</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Feces/rectal swab</td>
<td>Only</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood</td>
<td>Only</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Other, Specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collection Date (DD/MM/YYYY)</th>
<th>Biospecimen Type</th>
<th>Laboratory Test Method</th>
<th>Result</th>
<th>Pathogen Tested/Detected</th>
</tr>
</thead>
<tbody>
<tr>
<td>D  D  /   M  M  /  20  Y  Y</td>
<td>Nasal/NS swab</td>
<td>PCR</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Throat swab</td>
<td>Only</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Combined nasal/NS+throat swab</td>
<td>Only</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sputum BAL ETA</td>
<td>Only</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Feces/rectal swab</td>
<td>Only</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood</td>
<td>Only</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Other, Specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collection Date (DD/MM/YYYY)</th>
<th>Biospecimen Type</th>
<th>Laboratory Test Method</th>
<th>Result</th>
<th>Pathogen Tested/Detected</th>
</tr>
</thead>
<tbody>
<tr>
<td>D  D  /   M  M  /  20  Y  Y</td>
<td>Nasal/NS swab</td>
<td>PCR</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Throat swab</td>
<td>Only</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Combined nasal/NS+throat swab</td>
<td>Only</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sputum BAL ETA</td>
<td>Only</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Feces/rectal swab</td>
<td>Only</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood</td>
<td>Only</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Other, Specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collection Date (DD/MM/YYYY)</th>
<th>Biospecimen Type</th>
<th>Laboratory Test Method</th>
<th>Result</th>
<th>Pathogen Tested/Detected</th>
</tr>
</thead>
<tbody>
<tr>
<td>D  D  /   M  M  /  20  Y  Y</td>
<td>Nasal/NS swab</td>
<td>PCR</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Throat swab</td>
<td>Only</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Combined nasal/NS+throat swab</td>
<td>Only</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sputum BAL ETA</td>
<td>Only</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Feces/rectal swab</td>
<td>Only</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood</td>
<td>Only</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Other, Specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MEDICATION: While hospitalised or at discharge, were any of the following administered? (Unk=Unknown)

**ANTIVIRAL OR COVID-19 TARGETED AGENT?**  
- **YES**  
- **NO**  
- **Unknown**  
  If YES, specify (all):

- **☐** Ribavirin  
  - Date commenced: [D][D]/[L][M][M]/[L][M]/[L][M]/[L][M]/[L][M]  
  - Duration: _______ days  
  - **Unk**

- **☐** Lopinavir/Ritonavir  
  - Date commenced: [D][D]/[L][M][M]/[L][M]/[L][M]/[L][M]/[L][M]  
  - Duration: _______ days  
  - **Unk**

- **☐** Remdesivir (Veklury)  
  - Date commenced: [D][D]/[L][M][M]/[L][M]/[L][M]/[L][M]/[L][M]  
  - Duration: _______ days  
  - **Unk**

- **☐** Interferon alpha  
  - Date commenced: [D][D]/[L][M][M]/[L][M]/[L][M]/[L][M]/[L][M]  
  - Duration: _______ days  
  - **Unk**

- **☐** Interferon beta  
  - Date commenced: [D][D]/[L][M][M]/[L][M]/[L][M]/[L][M]/[L][M]  
  - Duration: _______ days  
  - **Unk**

- **☐** Chloroquine/hydroxychloroquine:  
  - Date commenced: [D][D]/[L][M][M]/[L][M]/[L][M]/[L][M]/[L][M]  
  - Duration: _______ days  
  - **Unk**

- **☐** Interleukin-6 (IL-6) inhibitor  
  - IF YES which:  
    - **☐** Tocilizumab  
    - **☐** Sarilumab  
    - **☐** Other IL-6 inhibitor  
  - Date commenced: [D][D]/[L][M][M]/[L][M]/[L][M]/[L][M]/[L][M]  
  - Duration: _______ days  
  - **Unk**

- **☐** Convalescent plasma  
  - Date commenced: [D][D]/[L][M][M]/[L][M]/[L][M]/[L][M]/[L][M]  
  - Duration: _______ days  
  - **Unk**

- **☐** Anti-influenza anti-viral  
  - IF YES which:  
    - **☐** Oseltamivir (Tamiflu®)  
    - **☐** Zanamivir  
  - Date commenced: [D][D]/[L][M][M]/[L][M]/[L][M]/[L][M]  
  - Duration: _______ days  
  - **Unk**

- **☐** Other____________________  
  - Date commenced: [D][D]/[L][M][M]/[L][M]/[L][M]/[L][M]/[L][M]  
  - Duration: _______ days  
  - **Unk**
**MODULE 3: OUTCOME CASE REPORT FORM**

### MEDICATION (continued):

**ANTIBIOTIC?**  
- **YES**  
- **NO**  
- **Unknown**  
If yes, specify all:

<table>
<thead>
<tr>
<th>Agent 1:</th>
<th>Date commenced</th>
<th>Duration:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agent 2:</th>
<th>Date commenced</th>
<th>Duration:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agent 3:</th>
<th>Date commenced</th>
<th>Duration:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CORTICOSTEROID?**  
- **YES**  
- **NO**  
- **Unknown**
If YES:  
- **Dexamethasone?**  
  - **YES**  
  - **NO**  
  - **Unknown**
  
If YES, check all that apply:

- **6mg once per day (od)?**  
  - **YES**  
  - **NO**  
  - **Unknown**
  
If YES, **Route:**  
- **Oral**  
- **Intravenous**  
- **Unknown**

**OTHER treatments administered for COVID-19 including experimental or compassionate use?**  
- **YES**  
- **NO**  
- **Unknown**  
If YES, specify agent and timing of administration:

<table>
<thead>
<tr>
<th>Agent 1:</th>
<th>Date commenced</th>
<th>Duration:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agent 2:</th>
<th>Date commenced</th>
<th>Duration:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agent 3:</th>
<th>Date commenced</th>
<th>Duration:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# MODULE 3: OUTCOME CASE REPORT FORM

## OUTCOME

**Was patient diagnosed with Covid-19?** 
- **YES**
- **NO**
- **Unknown**

If yes, was the diagnosis based on: 
- Laboratory confirmation
- Clinical assessment

**Has a variant of concern (VOC) or variant of interest (VOI) been identified in this patient?**

- **Unknown**
- **Yes, a variant not listed below**
- **Alpha - B.1.1.7, identified in UK Sept 2020**
- **Beta - B.1.351, identified in South Africa May 2020**
- **Gamma - P.1, identified in Brazil Nov 2020**
- **Delta - B.1.617.2, identified in India Oct 2020**
- **Epsilon - B.1.427/B.1.429, identified in USA Mar 2021**
- **Zeta - P.2, identified in Brazil Apr 2020**
- **Eta - B.1.525, identified in Multiple Countries Dec 2020**
- **Theta - P.3, identified in Philippines Jan 2021**
- **Iota - B.1.526, identified in USA Nov 2020**
- **Kappa - B.1.617.1, identified in India Oct 2020**
- **Lambda - C.37, identified in Peru Dec 2020**

*Please check the REDCAP database for variants not listed above. New variants will be added to the database as they are identified.*

**Outcome:**
- Discharged alive
- Hospitalised
- Transfer to other facility
- Death
- Palliative discharge
- Unknown

**Outcome date:**
- Discharged alive
- Hospitalised
- Transfer to other facility
- Death
- Palliative discharge
- Unknown

If alive at outcome date:

**Ability to self-care at discharge versus before illness:**
- Same as before illness
- Worse
- Better
- Unknown

**Post-discharge treatment:**
- Oxygen therapy?
  - **YES**
  - **NO**
  - Unknown

**Ongoing health care needs relating to this admission for COVID-19:**
- **YES**
- **NO**
- Unknown

**Ongoing health care needs NOT related to COVID episode:**
- **YES**
- **NO**
- Unknown

**Medically fit for discharge (COVID-19 resolved) but remains in hospital for other reason (e.g. awaiting suitable care in community, resident in long term health care or mental health facility):**
- **YES**
- **NO**
- Unknown