**Novel Coronavirus Infection Reporting Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. Reporter** | | | | | | | | | | | | |
| Hospital name: | |  | | | | | Physician name: |  | | | | |
| Date of reporting: | | **|\_\_\_\_|\_\_\_\_|\_\_\_\_\_\_\_\_\_\_|** | | | | | Mobile phone: |  | | | | |
| **B.** **Patient information** | | | | | | | | | | | | |
| Name: | |  | | | | | Gender: | □M □F | | | | |
| Date of Birth: | | **|\_\_\_\_|\_\_\_\_|\_\_\_\_\_\_\_\_\_\_|** | | | | | Nationality: |  | | | | |
| Caza of residence: | |  | | | | | Residence: | □ Resident □ Visitor □ Refugee | | | | |
| Locality of residence: | |  | | | | | Occupation: |  | | | | |
| Phone number: | |  | | | | | Institution: |  | | | | |
| **C. Signs and symptoms** | | | | | | | | | | | | |
| Symptoms onset: |\_\_\_\_|\_\_\_\_|\_\_\_\_\_\_\_\_\_\_| | | | | | | |  | | | | | |
|  | □ Fever (≥38°C) | | | | | | □ Dyspnea | | | | □ Sore throat | |
|  | □ Cough | | | | | | □ Sneezing | | | | □ Pathologic chest X-ray | |
|  | □ If other, specify | | | | | |  | | | | |  |
| **D. Hospitalization** | | | | | | | | | | | |  |
|  | □ Hospitalized for this illness? | | | | | | Since **|\_\_\_\_|\_\_\_\_|\_\_\_\_\_\_\_\_\_\_|** | | | | | |
|  | □ Patient admitted to ICU? | | | | | | Since **|\_\_\_\_|\_\_\_\_|\_\_\_\_\_\_\_\_\_\_|** | | | | | |
|  | □ Mechanical ventilation? | | | | | | Since **|\_\_\_\_|\_\_\_\_|\_\_\_\_\_\_\_\_\_\_|** | | | | | |
|  | □ Isolated? | | | | | | Since **|\_\_\_\_|\_\_\_\_|\_\_\_\_\_\_\_\_\_\_|** | | | | | |
| **E. Clinical and paraclinical presentation** | | | | | | | | | | | | |
|  | □ Diagnosis of pneumonia | | | | | | □Cardiac arrest | | | | |  |
|  | □ Acute Respiratory Distress Syndrome (ARDS) | | | | | | □Hypotension requiring vasopressors | | | | |  |
|  | □ Acute Renal Failure | | | | | | □Multi-organ failure | | | | |  |
|  | □ Other, specify | | | | | |  | | | | | |
| **F. Risk factors/Exposure in the 14 days prior to illness onset** | | | | | | | | | | | | |
|  | □ Travel, where: | |  | | | | Travel date|\_\_\_|\_\_\_|\_\_\_\_\_\_\_| Date back |\_\_|\_\_\_|\_\_\_\_\_\_\_\_| | | | | | |
|  | □ Travel of family member, where: | | | | |  | Travel date|\_\_\_|\_\_\_|\_\_\_\_\_\_\_| Date back |\_\_|\_\_\_|\_\_\_\_\_\_\_\_| | | | | | |
|  | □ Contact with confirmed CoV cases | | | | | | Who: | | | | | |
|  | □ Contact with Severe Acute Respiratory Case | | | | | | Who: | | | | | |
|  | □ Health Care worker | | | | | | Where: | | | | | |
|  | □ Contact with animal | | | | | | Specify animal species:……………………….Setting………………………… | | | | | |
| **G. Underlying conditions** | | | | | | | | | | | | |
|  | □Cancer | | | | □Kidney Failure | | | | □Pregnancy | | | |
|  | □Diabetes | | | | □Chronic liver disease | | | | □Post-partum < 6 weeks | | | |
|  | □Chronic lung disease | | | | □Heart disease | | | | □Hematological disorder | | | |
|  | □Asthma | | | | □Deficient immune | | | | □ Other, specify: | | | |
| **H. Outcome** | | | | | | | | | | | | |
|  | □Remission | | | □ Still Ill | | | □Death, date of death|\_\_\_\_|\_\_\_\_|\_\_\_\_\_\_\_\_\_\_| | | | | | |
| **I. Specimens** | | | | | | | | | | | | |
| Sputum | | □ date |\_\_\_\_|\_\_\_\_|\_\_\_\_\_\_\_\_\_| | | | | | Bronchoalveolar lavage | | | □ date |\_\_\_\_|\_\_\_\_|\_\_\_\_\_\_\_\_\_\_| | | |
| Tracheal aspirate | | □ date|\_\_\_\_|\_\_\_\_|\_\_\_\_\_\_\_\_\_| | | | | | Nasal/throat swab | | | □ date |\_\_\_\_|\_\_\_\_|\_\_\_\_\_\_\_\_\_\_| | | |
| Serum (paired sera) | | □ date|\_\_\_\_|\_\_\_\_|\_\_\_\_\_\_\_\_\_| | | | | | Blood EDTA | | | □ date |\_\_\_\_|\_\_\_\_|\_\_\_\_\_\_\_\_\_\_| | | |
| Urine | | □ date |\_\_\_\_|\_\_\_\_|\_\_\_\_\_\_\_\_\_| | | | | | Other specify | | | □ date |\_\_\_\_|\_\_\_\_|\_\_\_\_\_\_\_\_\_\_| | | |
| **J. Date and signature:** | | | | | | | | | | | | |