**Novel Coronavirus Infection Reporting Form**

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| **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:** |