ISARIC

DAILY RECORD FORM for Cases of Human Infection with the Novel Coronavirus – 15/03/2013

Please complete daily during hospital admission. Any additional information can be added on paper to the SUPPLEMENTARY DATA FORM, Section 7–Any other additional information or directly to the electronic CRF on the CliRes database, Section 11-Additional Information.

1. Date and Demographics

Date *(DD/MM/YYYY)*: ____/____/20____ **Study Day: [____][____][____] or ☐3 months ☐6 months**

Patient identification code: ___ ___ - ___ ___ ___ **Date of birth** *(DD/MM/YYYY):* ___ /___ /____ OR **Estimated age** ____

2. Daily Treatment: *(please complete every line daily during admission)*:

Is the patient currently receiving, or has s/he received in the past 24 hours (since the last report from was completed):

Care on ICU/ITU/IMC/HDU? ☐Yes ☐No ☐Unknown **Supplemental oxygen?** ☐Yes ☐No ☐Unknown

Non-invasive mechanical ventilation? (eg. BIPAP, CPAP) ☐Yes ☐No ☐Unknown

Invasive mechanical ventilation? ☐Yes ☐No ☐Unknown **Oscillatory Ventilation?** ☐Yes ☐No ☐Unknown

Extracorporeal membrane oxygenation (ECMO) or interventional lung-assist therapy (iLA)? ☐ECMO ☐iLA ☐None ☐Unknown

Renal replacement therapy (RRT) or dialysis? ☐Yes ☐No ☐Unknown

Plasmapheresis? ☐Yes ☐No ☐Unknown **Inotropes/vasopressors?** ☐Yes ☐No ☐Unknown

Oral rehydration only? ☐Yes ☐No ☐Unknown **Intravenous Immunoglobulin?** ☐Yes ☐No ☐Unknown

Blood transfusion or products? ☐Yes ☐No ☐Unknown

OTHER intervention *(please specify)*: _____

_____

3. Daily Laboratory Results – *for samples collected on the date listed above*

Please circle the unit used for each parameter, where appropriate. Enter "NM" if not measured.

Biochemistry & Haematology

☐No results available

Haemoglobin _____ **g/L,** g/dL **Haematocrit** _____**%** **WBC count** _____ **x 10^9/L,** x10^3/µL

Platelets _____ **x 10^9/L,** x10^3/µL **APTT/INR** *(circle)* _____ **PT** _____ **seconds**

ALT/SGPT _____ **U/L** **Bilirubin** _____**µmol/L,** mg/dL **C-reactive protein** _____ **mg/L**, nmol/L

AST/SGOT _____ **U/L** **Glucose** _____**mmol/L,** mg/dL **Erythrocyte Sed Rate** _____**mm/h**

Blood Urea Nitrogen _____ **mmol/L,** mg/dL **LDH** _____ **U/L** **Creatine kinase (CPK)** _____**U/L**

Creatinine _____ **µmol/L,** mg/dL **Lactate** _____ **mmol/L,** mg/dL

Blood Gas

☐Blood gas not performed

Sample taken on: ☐ Room air ☐Supplemental O_2 ☐Unknown **If receiving O_2, specify:** _____**%** **or** _____**l/min**

Sample type: ☐ Arterial ☐ Venous ☐ Capillary ☐Unknown

PO_2_____**kPa**, mmHg **pH**_____ **HCO_3-** _____**mEq/L**

PCO_2_____**kPa**, mmHg **Base excess** _____**mmol/L** **Lactate**_____**mmol/L**, mg/dL

Any other significant laboratory results:_____

4. Novel Coronavirus Testing

Was testing for novel coronavirus infection performed on the date above? ☐Yes ☐No ☐Unknown *If YES, complete each line.*

Sample Type	Result	Method
Flocked nasal + throat swab	☐Positive ☐Negative ☐Not Done	☐PCR ☐other_____
Nasal/NP swab	☐Positive ☐Negative ☐Not Done	☐PCR ☐other_____
Throat swab	☐Positive ☐Negative ☐Not Done	☐PCR ☐other_____
Sputum	☐Positive ☐Negative ☐Not Done	☐PCR ☐other_____
BAL	☐Positive ☐Negative ☐Not Done	☐PCR ☐other_____
ETA	☐Positive ☐Negative ☐Not Done	☐PCR ☐other_____
Stool	☐Positive ☐Negative ☐Not Done	☐PCR ☐other_____
Urine	☐Positive ☐Negative ☐Not Done	☐PCR ☐other_____
Blood	☐Positive ☐Negative ☐Not Done	☐PCR ☐other_____
Other (specify): _____	☐Positive ☐Negative ☐Not Done	☐PCR ☐other_____
Serology	☐Positive ☐Negative ☐Not Done	