

### **IS THIS A CASE I NEED TO REPORT TO PUBLIC HEALTH?**

Please confirm answers to these three questions before proceeding.

1. Does the patient have a history of vaping in the 90 days before onset of illness?  Yes (If "no", not a case)
2. Is there evidence of pulmonary infiltrates (opacities or ground-glass opacities) on any imaging?  Yes (If "no", not a case)
3. Is there any evidence that the disease is due to an alternative plausible diagnosis (e.g., cardiac, rheumatologic or neoplastic processes)?  No (If "yes", not a case)

### **DEMOGRAPHICS**

- Patient Last Name \_\_\_\_\_ Patient First Name \_\_\_\_\_
- Patient Sex \_\_\_\_\_ Patient DOB \_\_\_\_\_
- Patient Address \_\_\_\_\_
- Patient City \_\_\_\_\_ Patient ZIP \_\_\_\_\_
- Patient County \_\_\_\_\_ Patient Phone \_\_\_\_\_
- Is patient deceased?  Yes (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)  No

### **REPORTING**

- Provider Name \_\_\_\_\_
- Provider Email \_\_\_\_\_ Provider Phone Number \_\_\_\_\_

Please provide a specific phone number for public health staff to conduct follow-up with reporting provider

### **INITIAL CLINICAL INFORMATION**

- When did respiratory symptoms begin? (If before July 1, 2019, **not** part of this investigation) \_\_\_\_/\_\_\_\_/\_\_\_\_
- **Imaging:**
  - Chest Radiograph performed?  Yes  No
  - Chest CT performed?  Yes  No
  - Location of abnormal findings?  Bilateral  Right  Left  Normal (no findings)
  - Sub-pleural sparing on CT?  Yes  No  Unknown
  - Comments about imaging or other abnormal findings:
- **Ruling out infectious causes:**
  - Respiratory viral panel:  Any Positive  All Negative  Not Done  Pending
    - Please describe any positive results: \_\_\_\_\_
  - Influenza:
    - PCR test:  Positive  Negative  Not Done  Pending
    - Rapid flu test:  Positive  Negative  Not Done  Pending
  - Blood cultures:  Positive  Negative  Not Done  Pending
    - If positive, specify organisms: \_\_\_\_\_
  - *Legionella* urinary antigen:  Positive  Negative  Not Done  Pending
  - *Strep pneumoniae* urinary antigen:  Positive  Negative  Not Done  Pending
  - *Mycoplasma pneumoniae*:  Positive  Negative  Not Done  Pending
  - Please describe any other infectious disease tests performed and their results:  
\_\_\_\_\_
  - **If positive for any infectious agents**, does the provider believe the infectious agent is the sole cause of the respiratory disease process?  Yes  No  Not applicable (no positive infectious agents)  
Comments:

**CLINICAL LABORATORY FINDINGS**

- Bronchoalveolar lavage performed?  Yes, date of sample \_\_\_\_\_  No
  - If yes, lipid staining?  Yes  No
  - If yes, lipid-laden macrophages seen?  Yes  No
  
- Lung biopsy performed?  Yes, date of sample \_\_\_\_\_  No
  - If yes, lipid staining?  Yes  No
  - If yes, lipid-laden macrophages seen?  Yes  No
  - If yes, findings consistent with acute lung injury?  Yes  No If no, specify findings
  - If yes, other significant findings: \_\_\_\_\_

***TDH can coordinate additional testing of BAL (paired with or without blood and/or urine) specimens at CDC if desired. If a BAL has already been performed and at least 2 mL (7 mL preferred) of fluid is remaining for additional testing, please provide contact information to coordinate specimen collection and shipping.***

- Use contact information provided above for reporting provider to coordinate specimen collection and shipping
- Use contact information for person below to coordinate specimen collection and shipping

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

- Non-applicable (BAL not performed/not enough fluid remaining/not interested in additional testing)