Hantavirus Disease Case Report Form

Please return to: Centers for Disease Control and Prevention, Viral Special Pathogens Branch Ph: (470) 312-0094 Fax: (404) 471-2526 Email: spather@cdc.gov

Site: http://www.cdc.gov/hantavirus/health-care-workers/specimen-submission/index.html

VSPB EPI-Number: (CDC Internal Use Only)

Information below is required for identification and meaningful interpretation of laboratory diagnostic results. Hantavirus disease may not be confirmed without compatible clinical and/or exposure data.

PATIENT INFORMATION		PATIENT'S BAG	CKGROUN	ID AND EXPOSURE INFORMATION
Last name: MI: First name: MI: Age: Sex: City/town: Sex: City/town: County: State: ZIP: Choose one (if known): Hantavirus (Cardio) Pulmonary Syndrome Non-pulmonary Hantavirus Disease	Occupation: Ethnicity: History of roder If yes, type of ro Place of contact	nt exposure 8 we odent exposure: _ t (town, county, s red while <i>(Check all</i> Working	eks prior to	Race (Check all that apply): American Indian/Alaska Native Asian Black or African American
TIMELINE	CLINICAL INF	ORMATION		OUTCOME
Date symptom onset:	Fever > 101F (38.3C)? Fhrombocytopenia? (<150, Elevated hematocrit? Elevated creatinine? HOSPITAL (Supplemental oxygen requi Nas patient on ECMO? Nas patient intubated? EXR with unexplained bilatera nterstitial infiltrates or suggestive of ARDS? Iotes on clinical course of illness:	Yes Yes COURSE ired? Yes Yes Yes	No No No No No	Outcome of illness: Date of death: Autopsy performed? Yes Autopsy findings: Image: Image:
	FOR STATE HEALTH	DEPARTMEN	TS	
State Health Department reporting case:	State/local ID no.:			Date form completed:
Person completing Report:	Email:			Phone number:
Name of patient's physician:	Email:			Phone number:
Instructions : This case report form must be submitted electronically and a copy n files and to print the form. To submit to CDC, attach the form to an email addressee				

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0728).



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Exp. 3/31/26

TIMELINE					
Date symptom onset:		_			
Was patient hospitalized?	Yes	No			
Date of admission:					
Data of discharge:					