World Health Organization

WHO Global Clinical Platform for COVID-19
CORE CASE REPORT FORM (CRF)

INTRODUCTION

In response to the COVID-19 pandemic, the World Health Organization (WHO) has launched a global COVID-19 anonymized clinical data platform (the "COVID-19 Clinical Platform") to enable State Parties to the International Health Regulations (IHR) (2005) to share with WHO anonymized clinical data related to patients with suspected or confirmed infections with SARS-CoV-2 (collectively "anonymized COVID-19 data"). The anonymized COVID-19 data received by WHO will remain the property of the contributing Entity and will be used by WHO for purposes of verification, assessment and assistance pursuant to the IHR (2005), including to inform the public health and clinical operation response in connection with the COVID-19 outbreak. To help achieve these objectives, WHO has established an independent Clinical Advisory Group to advise WHO on global reporting and analysis of the anonymized clinical COVID-19 data. State Parties and other entities are invited to contact WHO to obtain more information about how to contribute anonymized clinical COVID-19 data to the WHO Clinical Platform. To preserve the security and confidentiality of the anonymized COVID-19 data, State Parties and other entities are respectfully requested to take all necessary measures to protect their respective log-in credentials and passwords to the COVID-19 Clinical Platform.

The anonymized COVID-19 data will be stored in the WHO COVID-19 Clinical Platform, which is a secured, access-limited, password protected electronic platform. WHO will (i) protect the confidentiality and prevent the unauthorized disclosure of the anonymized COVID-19 data; (ii) implement and maintain appropriate technical and organizational security measures to protect the security of the anonymized COVID-19 data and the COVID-19 Clinical Platform. In accordance with Article 11(4) of the IHR (2005), WHO will not make the anonymized COVID-19 data generally available to other State Parties or entities until such time as any of the conditions set forth in paragraph 2 of Article 11 are first met, and following consultation with affected countries/entities. Pursuant to that same Article 11, WHO will not make the anonymized COVID-19 data available to the public, unless and until the anonymized COVID-19 data have already been made available to State Parties, and provided that other information about the COVID-19 epidemic has already become publicly available and there is a need for the dissemination of authoritative and independent information.

To contribute data to the WHO COVID-19 Clinical Platform or to receive more information, please contact: COVID_ClinPlatform@who.int

CASE REPORT FORM (CRF)

The Core CRF is designed to collect data obtained through examination, interview and review of hospital notes. Data may be collected prospectively or retrospectively. The data collection period is defined as the period from hospital admission to discharge, transfer, death, or continued hospitalization without possibility of continued data collection.

This CRF has 4 modules:

Module 1: to be completed on admission to the health centre (within 24 hours of admission).

Module 2: to be completed on ICU admission or ICU transfer (within 24 hours of admission/transfer).

Module 3: to be completed at discharge or death.

Pregnancy Module: to be completed if: currently pregnant or <=21 days from pregnancy outcome

GENERAL GUIDANCE

- Participant identification numbers consist of a site code and a participant number. You can register on the data management system by contacting COVID_ClinPlatform@who.int and our data management team will contact you with instructions for data entry and will assign you a 5-digit site code at that time.
- Please contact us at COVID_ClinPlatform@who.int for any information.

WHO reference number: WHO/2019-nCoV/Clinical_CRF/2021.1

MODULE 1. Complete on hospital admission (within 24 hrs from hospital admission)

Facility name _____ **Country** _____

Date of admission [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

1a. INCLUSION CRITERIA

Presence of signs or symptoms suggestive of COVID-19 ☐Yes ☐No ☐Unknown

Laboratory confirmation of COVID-19 (antigen test or molecular test) ☐Yes ☐No ☐Unknown

If positive, date of most recent test [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

1b. DEMOGRAPHICS

Sex at birth ☐Male ☐Female ☐Intersex ☐Unknown **Date of birth** [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

If date of birth is unknown, record: **Age** [_____][____][____] years OR [_][_] months OR [_][_] days

If child < 5 years, specify age: [_][_] months

If infant < 12 months of age, were they born preterm (<37 weeks' gestation)? ☐Yes ☐No ☐Unknown

If infant < 12 months of age, were they born low birth weight (<2.5 kg)? ☐Yes ☐No ☐Unknown

If infant with low birth weight, specify weight at birth: [_][_] kg

Race/ethnicity (tick all that apply) ☐Asian ☐African/Black ☐Caucasian/White ☐Hispanic/Latino ☐Other ☐Unknown

Health worker in contact with patients? ☐Yes ☐No ☐Unknown

Currently pregnant? ☐Yes ☐No ☐Unknown; **If Yes, also complete Pregnancy Module.**

If No, was she pregnant within ≤ 21 days of pregnancy outcome from admission? ☐Yes ☐No ☐Unknown.
If Yes, also complete Pregnancy Module.

If No, was she pregnant within 22-42 days from admission? ☐Yes ☐No ☐Unknown

If currently or recently pregnant within≤ 21 days, gestational age: [__][__] weeks.

1c. VACCINATION STATUS FOR COVID-19

Did the patient receive a COVID-19 vaccine? ☐Yes ☐No ☐Unknown

Source of information ☐Documented evidence (vaccine card/vaccine passport/facility-based record/other) ☐Recall

If yes, number of doses received ☐1 ☐2 ☐3 ☐Unknown

Dose 1, specify ☐Pfizer ☐Moderna ☐Janssen ☐AZ ☐Sinovac ☐Sinopharm ☐Bharat (Covaxin) ☐Sputnik ☐Other ☐Unknown
Date of the 1st dose [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Dose 2, specify ☐Pfizer ☐Moderna ☐Janssen ☐AZ ☐Sinovac ☐Sinopharm ☐Bharat (Covaxin) ☐Sputnik ☐Other ☐Unknown
Date of the 2nd dose [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Dose 3, specify ☐Pfizer ☐Moderna ☐Janssen ☐AZ ☐Sinovac ☐Sinopharm ☐Bharat (Covaxin) ☐Sputnik ☐Other ☐Unknown
Date of the 3rd dose [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

1d. DATE OF ONSET AND ADMISSION VITAL SIGNS *(first available data at presentation/admission)*

Symptom onset (date of first/earliest symptom) [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Admission date at this facility [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Was the patient transferred to this facility from another facility during this illness? ☐Yes ☐No ☐Unknown

Temperature [_][].[_]°C **Heart rate** [___][___][_]beats/min **Respiratory rate** [_][___]breaths/min
Blood pressure [_] [_] [_](systolic) [___][_][_](diastolic) mmHg

Oxygen saturation: [__][ ][__]% on ☐Room air ☐Oxygen therapy ☐Unknown **A V P U** (circle one)

Mid-upper arm circumference [_][_][___]mm **Height** [___] [___][___]cm **Weight** [_][_][___]kg

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1e. CO-MORBIDITIES *(existing at admission) (Unk = Unknown)*							
Chronic cardiac disease *(not hypertension)*	☐Yes	☐No	☐Unk	Diabetes mellitus	☐Yes	☐No	☐Unk
Hypertension	☐Yes	☐No	☐Unk	Current smoking	☐Yes	☐No	☐Unk
Chronic pulmonary disease	☐Yes	☐No	☐Unk	Tuberculosis (active)	☐Yes	☐No	☐Unk
Asthma	☐Yes	☐No	☐Unk	Tuberculosis (previous)	☐Yes	☐No	☐Unk
Chronic kidney disease	☐Yes	☐No	☐Unk	Cerebrovascular disease	☐Yes	☐No	☐Unk
Chronic liver disease	☐Yes	☐No	☐Unk	Malignant neoplasm (active, past 6 months)	☐Yes	☐No	☐Unk
Autoimmune disease	☐Yes	☐No	☐Unk	Malignant neoplasm (remission, > 6 months)	☐Yes	☐No	☐Unk
				(active, past 6 months)	☐Yes	☐No	☐Unk
Chronic neurological disorder	☐Yes	☐No	☐Unk	Mental health disorder	☐Yes	☐No	☐Unk
Immunodeficiency	☐Yes	☐No	☐Unk	Other	☐Yes	☐No	☐Unk
Dementia	☐Yes	☐No	☐Unk	If yes, specify: _____			
HIV ☐No ☐Yes (on antiretroviral therapy/ART) ☐Yes (not on antiretroviral therapy/ART) ☐Unknown							

1f. REINFECTION WITH COVID-19

Did the patient have another episode of COVID-19 before? ☐Yes ☐No ☐Unknown
If yes, specify the following:
Date of onset of previous episode [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Was the previous episode of COVID-19 confirmed by a laboratory test? ☐Yes ☐No ☐Unknown
Was the patient admitted to a hospital during the previous episode? ☐Yes ☐No ☐Unknown
If yes, specify date of hospital admission for the previous episode [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

1g. SIGNS AND SYMPTOMS ON ADMISSION *(Unk = Unknown)*							
History of fever	☐Yes	☐No	☐Unk	Lower chest indrawing	☐Yes	☐No	☐Unk
Cough	☐Yes	☐No	☐Unk	Headache	☐Yes	☐No	☐Unk
with sputum production	☐Yes	☐No	☐Unk	Altered consciousness/confusion	☐Yes	☐No	☐Unk
with haemoptysis	☐Yes	☐No	☐Unk	Seizures	☐Yes	☐No	☐Unk
Sore throat	☐Yes	☐No	☐Unk	Vomiting/nausea	☐Yes	☐No	☐Unk
Runny nose (rhinorrhea)	☐Yes	☐No	☐Unk	Diarrhoea	☐Yes	☐No	☐Unk
Wheezing	☐Yes	☐No	☐Unk	Conjunctivitis	☐Yes	☐No	☐Unk
Chest pain	☐Yes	☐No	☐Unk	Skin rash	☐Yes	☐No	☐Unk
Muscle aches (myalgia)	☐Yes	☐No	☐Unk	Intracerebral haemorrhage	☐Yes	☐No	☐Unk
Joint pain (arthralgia)	☐Yes	☐No	☐Unk	Ischaemic stroke	☐Yes	☐No	☐Unk
Fatigue/malaise	☐Yes	☐No	☐Unk	Lymphadenopathy	☐Yes	☐No	☐Unk
Loss of taste	☐Yes	☐No	☐Unk	Inability to walk	☐Yes	☐No	☐Unk
Loss of smell	☐Yes	☐No	☐Unk	Blurry vision	☐Yes	☐No	☐Unk
Shortness of breath	☐Yes	☐No	☐Unk	Peeling or swelling of oral mucosa hands/feet	☐Yes	☐No	☐Unk
Other: ☐Yes ☐No ☐Unk If yes, specify: _____							

1h. PRE-ADMISSION AND CHRONIC MEDICATION taken within 14 days of admission

Oxygen therapy ☐Yes ☐No ☐Unknown
Colchicine ☐Yes ☐No ☐Unknown
Hydroxychloroquine ☐Yes ☐No ☐Unknown
Ivermectin ☐Yes ☐No ☐Unknown
Systemic corticosteroids ☐Yes ☐No ☐Unknown
Antifungals ☐Yes ☐No ☐Unknown

Antivirals ☐Yes ☐No ☐Unknown
If yes, specify the drug:
☐Fluvoxamine ☐Molnupinavir ☐Oseltamivir ☐Other ☐Unknown

Antibiotics ☐Yes ☐No ☐Unknown
If yes, specify the drug:
☐Azithromycin ☐Ciprofloxacin/Levofloxacin
☐Amoxicillin/Clavulanic acid ☐Other ☐Unknown

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1i. MEDICATION On the day of admission, did the patient receive any of the following:

Blood-derived products received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐IV immune globulin ☐Convalescent plasma ☐Other_____;
Hydroxychloroquine received? ☐Yes ☐No ☐Unknown **Ivermectin** ☐Yes ☐No ☐Unknown
Experimental agents received?
Phytotherapy received?☐Yes ☐No ☐Unknown
IL-1 antagonists received?☐Yes ☐No ☐Unknown
If yes, specify: ☐Anakinra ☐Canakinumab ☐Other IL-1 antagonist ☐Unknown
IL-6 antagonists received?☐Yes ☐No ☐Unknown
If yes, specify: ☐Siltuximab ☐Sarilumab ☐Tocilizumab ☐Other IL-6 antagonist ☐Unknown
Janus kinase inhibitors received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐Acalabrutinib ☐Ibrutinib ☐Zanubrutinib ☐Baricitinib ☐Ruxolitinib ☐Tofacitinib ☐Other kinase inhibitors ☐Unknown
Neutralizing monoclonal antibodies received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐Casirivimab and Imdevimab ☐Sotrovimab ☐Bamlanivimab and Etesevimab ☐ Other ☐Unknown
Steroids received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐Dexamethasone ☐Hydrocortisone ☐Prednisone ☐Methylprednisolone ☐Unknown
Antithrombotic/anticoagulation drugs received? ☐Yes ☐No ☐Unknown
If yes, specify**:** ☐Unfractionated heparin ☐Low molecular weight heparin ☐Warfarin ☐Direct oral anticoagulant ☐Other ☐Unknown
Antiviral drugs received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐Remdesivir ☐Lopinavir/Ritonavir ☐Molnupiravir ☐Favipiravir ☐Acyclovir/Ganciclovir ☐Fluvoxamine ☐Other ☐Unknown
If HIV positive, ART received ☐Yes ☐No ☐Unknown
If yes, specify: ☐2 NRTI + Dolutegravir ☐2 NRTI + NNRTIs ☐2 NRTI + Raltegravir ☐2 NRTI + protease inhibitor ☐ Unknown
Antibiotic received? ☐Yes ☐No ☐Unknown
If yes, specify:

☐ Macrolides (e.g. Azithromycin, Clarithromycin)
☐ Fluoroquinolones (e.g. Ciprofloxacin, Levofloxacin, Moxifloxacin)
☐ 3rd and 4th generation Cephalosporin (e.g. Ceftriaxone, Cefotaxime, Ceftazidime, Cefepime)
☐ 5th generation Cephalosporin (e.g. Ceftolozane/Tazobactam)
☐ Ceftazidime/Avibactam
☐ Carbapenems (e.g. Imipenem, Meropenem)
☐ Piperacillin-Tazobactam
☐ Amoxicillin-Clavulanic acid
☐ Cotrimoxazole
☐ Colistin
☐ Gentamicin or Amikacin
☐ Vancomycin or Teicoplanin
☐ Daptomycin
☐ Linezolid or Tedizolid
☐ Other
☐ Unknown

Antifungal received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐Amphotericin B ☐Fluconazole ☐Itraconazole ☐Flucytosine ☐Other ☐Unknown

1j. SUPPORTIVE CARE On the day of admission, did the patient undergo any of the following:

ICU or high dependency unit admission? ☐Yes ☐No ☐Unknown
Source of oxygen: ☐Piped ☐Cylinder ☐Concentrator ☐Unknown
Oxygen therapy? ☐Yes ☐No ☐Unknown **If yes**, mark the highest care received below:
Interface: ☐Nasal prongs ☐HF nasal cannula ☐Simple face mask ☐Venturi mask ☐Mask with reservoir ☐CPAP/BiPAP ☐Intubated ☐Unknown
If using any of the following: nasal prongs; or simple face mask; or venturi mask; or mask with reservoir: specify:
max O_2 flow: ☐1–5 L/min ☐6–10 L/min ☐11–15 L/min ☐> 15 L/min ☐Unknown
If HF nasal cannula, specify: **max FiO_2** _____ **max O_2 flow rate**_____
If non-invasive ventilation (e.g. BiPAP/CPAP), specify: **max IPAP**_____ **max EPAP**_____ **max FiO_2**_____
If invasive ventilation, specify: **max PEEP**_____ **max FiO_2**_____

Extracorporeal (ECMO) support?	☐Yes ☐No ☐Unknown	**Prone position?**	☐Yes ☐No ☐Unknown
Inotropes/vasopressors?	☐Yes ☐No ☐Unknown	**Renal replacement therapy**	☐Yes ☐No ☐Unknown
Blood transfusion	☐Yes ☐No ☐Unknown	**Plasma exchange therapy**	☐Yes ☐No ☐Unknown

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1k. LABORATORY RESULTS ON ADMISSION								
Parameter	**Value**	**Units**			**Parameter**	**Value***	**Units**	
Haemoglobin		☐ g/L	☐ g/dL		**Creatinine**		☐ mg/dL	☐µmol/L
WBC count		☐ /mm^3	☐ G/L (= x10^9/L)		**Sodium**		☐ mEq/L = mmol/L	
Haematocrit		☐ %			**Potassium**		☐ mEq/L = mmol/L	
Neutrophils		☐ /mm^3	☐ G/L (= x10^9/L)		**Fibrinogen**		☐ mg/dL	
Platelets		☐ /mm^3	☐ G/L (= x10^9/L)		**Procalcitonin**		☐ ng/mL	☐ µg/L
APTT/APTR		☐ seconds			**CRP**		☐ mg/L	☐ mg/dL
PT		☐ seconds			**LDH**		☐ IU/L	
INR					**Creatine kinase**		☐ IU/L	☐UKAT/L
ALT/SGPT		☐ IU/L			**Troponin**		☐ ng/mL	☐ µg/L
AST/SGOT		☐ IU/L			**ESR**		☐ mm/hour	
Total bilirubin		☐ mg/dL	☐ µmol/L		**D-dimer**		☐ ng/mL	☐ µg/L
Urea (BUN)		☐ mg/dL	☐ µmol/L	☐ mmol/L	**Ferritin**		☐ ng/mL	☐µg/L
Lactate		☐ mg/dL	☐ mmol/L		**IL-6**		☐ pg/mL	

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MODULE 2. ICU admission or ICU transfer (within 24 hours of ICU admission/transfer)

Date of follow up [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Was the patient transferred to the ICU on this day? ☐Yes ☐No ☐Unknown

2a. VITAL SIGNS *(record most abnormal value between 00:00 to 24:00)*

Temperature [_][_____].[_]°C **Heart rate** [___][___][_]beats per min **Respiratory rate** [_][___]breaths/min

Blood pressure [_] [_] [_](systolic) [___][_][_](diastolic) mmHg **A V P U** (circle one)

Oxygen saturation on ☐Room air ☐Oxygen therapy ☐Unknown

2b. LABORATORY RESULTS ON ADMISSION

Parameter	Value	Units			Parameter	Value*	Units	
Haemoglobin		☐ g/L	☐ g/dL		**Creatinine**		☐ mg/dL	☐µmol/L
WBC count		☐ /mm^3	☐ G/L (= x10^9/L)		**Sodium**		☐ mEq/L = mmol/L	
Haematocrit		☐ %			**Potassium**		☐ mEq/L = mmol/L	
Neutrophils		☐ /mm^3	☐ G/L (= x10^9/L)		**Fibrinogen**		☐ mg/dL	
Platelets		☐ /mm^3	☐ G/L (= x10^9/L)		**Procalcitonin**		☐ ng/mL	☐ µg/L
APTT/APTR		☐ seconds			**CRP**		☐ mg/L	☐ mg/dL
PT		☐ seconds			**LDH**		☐ IU/L	
INR					**Creatine kinase**		☐ IU/L	☐UKAT/L
ALT/SGPT		☐ IU/L			**Troponin**		☐ ng/mL	☐ µg/L
AST/SGOT		☐ IU/L			**ESR**		☐ mm/hour	
Total bilirubin		☐ mg/dL	☐ µmol/L		**D-dimer**		☐ ng/mL	☐ µg/L
Urea (BUN)		☐ mg/dL	☐ µmol/L	☐ mmol/L	**Ferritin**		☐ ng/mL	☐µg/L
Lactate		☐ mg/dL	☐ mmol/L		**IL-6**		☐ pg/mL	

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2c. MEDICATION On the day of admission, did the patient receive any of the following:

Blood-derived products received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐IV immune globulin ☐Convalescent plasma ☐Other_____;
Hydroxychloroquine received? ☐Yes ☐No ☐Unknown **Ivermectin** ☐Yes ☐No ☐Unknown
Experimental agents received?
Phytotherapy received?☐Yes ☐No ☐Unknown
IL-1 antagonists received?☐Yes ☐No ☐Unknown
If yes, specify: ☐Anakinra ☐Canakinumab ☐Other IL-1 antagonist ☐Unknown
IL-6 antagonists received?☐Yes ☐No ☐Unknown
If yes, specify: ☐Siltuximab ☐Sarilumab ☐Tocilizumab ☐Other IL-6 antagonist ☐Unknown
Janus kinase inhibitors received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐Acalabrutinib ☐Ibrutinib ☐Zanubrutinib ☐Baricitinib ☐Ruxolitinib ☐Tofacitinib ☐Other kinase inhibitors ☐Unknown
Neutralizing monoclonal antibodies received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐Casirivimab and Imdevimab ☐Sotrovimab ☐Bamlanivimab and Etesevimab ☐ Other ☐Unknown
Steroids received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐Dexamethasone ☐Hydrocortisone ☐Prednisone ☐Methylprednisolone ☐Unknown
Antithrombotic/anticoagulation drugs received? ☐Yes ☐No ☐Unknown
If yes, specify**:** ☐Unfractionated heparin ☐Low molecular weight heparin ☐Warfarin ☐Direct oral anticoagulant ☐Other ☐Unknown
Antiviral drugs received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐Remdesivir ☐Lopinavir/Ritonavir ☐Molnupiravir ☐Favipiravir ☐Acyclovir/Ganciclovir ☐Fluvoxamine ☐Other ☐Unknown
If HIV positive, Antiretroviral Therapy received ☐Yes ☐No ☐Unknown
If yes, specify: ☐2 NRTI + Dolutegravir ☐2 NRTI + NNRTIs ☐2 NRTI + Raltegravir ☐2 NRTI + protease inhibitor ☐Unknown

Antibiotic received? ☐Yes ☐No ☐Unknown
If yes, specify:

☐ Macrolides (e.g. Azithromycin, Clarithromycin)
☐ Fluoroquinolones (e.g. Ciprofloxacin, Levofloxacin, Moxifloxacin)
☐ 3rd and 4th generation Cephalosporin (e.g. Ceftriaxone, Cefotaxime, Ceftazidime, Cefepime)
☐ 5th generation Cephalosporin (e.g. Ceftolozane/Tazobactam)
☐ Ceftazidime/Avibactam
☐ Carbapenems (e.g. Imipenem, Meropenem)
☐ Piperacillin-Tazobactam
☐ Amoxicillin-Clavulanic acid
☐ Cotrimoxazole
☐ Colistin
☐ Gentamicin or Amikacin
☐ Vancomycin or Teicoplanin
☐ Daptomycin
☐ Linezolid or Tedizolid
☐ Other
☐ Unknown

Antifungal received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐Amphotericin B ☐Fluconazole ☐Itraconazole ☐Flucytosine ☐Other ☐Unknown

2d. SUPPORTIVE CARE On the day of admission, did the patient receive any of the following:

ICU or high dependency unit admission? ☐Yes ☐No ☐Unknown
Source of oxygen: ☐Piped ☐Cylinder ☐Concentrator ☐Unknown
Oxygen therapy? ☐Yes ☐No ☐Unknown **If yes**, mark the highest care received below:
Interface: ☐Nasal prongs ☐HF nasal cannula ☐Simple face mask ☐Venturi mask ☐Mask with reservoir ☐CPAP/BiPAP ☐Intubated ☐Unknown
If using any of the following: nasal prongs/simple face mask/venturi mask/mask with reservoir, max O_2 flow: ☐1–5 L/min ☐6–10 L/min ☐11–15 L/min ☐> 15 L/min ☐Unknown
If HF nasal cannula, specify: max FiO_2 _____ max O_2 flow rate_____
If non-invasive ventilation (e.g. BiPAP/CPAP), specify: max IPAP_____ max EPAP_____ max FiO_2_____
If invasive ventilation, specify: max PEEP_____ max FiO_2_____

Extracorporeal (ECMO) support?	☐Yes ☐No ☐Unknown	**Prone position?**	☐Yes ☐No ☐Unknown
Inotropes/vasopressors?	☐Yes ☐No ☐Unknown	**Renal replacement therapy**	☐Yes ☐No ☐Unknown
Blood transfusion	☐Yes ☐No ☐Unknown	**Plasma exchange therapy**	☐Yes ☐No ☐Unknown

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MODULE 3. Complete at discharge/death

3a. DIAGNOSTIC/PATHOGEN TESTING during hospitalization

Chest X-ray/CT performed? ☐Yes ☐No ☐Unknown **If yes, infiltrates present?** ☐Yes ☐No ☐Unknown

Was pathogen testing done during this illness episode? ☐Yes ☐No ☐Unknown **If yes**, complete all below:

SARS-CoV-2 tests done at any time during hospital stay ☐Yes ☐No ☐Unknown

Was sequencing of SARS-CoV-2 performed? ☐Yes ☐No ☐Unknown

Is the patient infected with a variant of concern (VOC) ? ☐Yes ☐No ☐Unknown **If No VOC**, indicate variant: _____

If VOC is identified , indicate the variant: ☐ Alpha - B.1.1.7, designated Dec 2020; ☐ Beta - B.1.351, designated Dec 2020; ☐ Gamma - P.1, designated Jan 2021; ☐ Delta - B.1.617.2, designated May 2021; ☐ Omicron, B.1.1.529, designated Oct 2021; ☐ Other, specify:_____

If VOC is identified, select method used: ☐ Sequencing ☐Proxy marker.

If proxy marker is used, select method: ☐S-gene target failure (SGTF) by PCR ☐ PCR-based Single-Nucleotide Polymorphism (SNP) assay, ☐ Other, specify:_____

Other virus detected? ☐Yes ☐No ☐Unknown **If yes, specify:** ☐Influenza ☐HIV ☐RSV ☐HBV ☐HCV ☐Other ☐Unknown

If HIV virus detected, specify: Last viral load: _____ Last CD4: _____

Was a culture to identify bacteria performed? ☐Yes ☐No ☐Unknown

If a culture was performed, specify bacteria below:

***Pseudomonas aeruginosa* detected?** ☐Yes ☐No ☐Unknown

If pseudomonas detected, body site of culture ☐ Blood ☐Lungs ☐Soft tissue ☐Urinary tract ☐Other ☐Unknown

If yes, Pseudomonas Carbapenem resistant (CRPA) ☐Yes ☐No ☐Unknown

If yes, Pseudomonas Colistin resistant? ☐Yes ☐No ☐Unknown

***Acinetobacter baumannii* detected?** ☐Yes ☐No ☐Unknown

If Acinetobacter detected, body site of culture ☐ Blood ☐Lungs ☐Soft tissue ☐Urinary tract ☐Other ☐Unknown

If yes, *Acinetobacter baumannii* Carbapenem resistant? ☐Yes ☐No ☐Unknown

If yes, *Acinetobacter baumannii* Colistin resistant? ☐Yes ☐No ☐Unknown

Enterobacteriaceae (e.g. *Escherichia coli, Klebsiella, Proteus*) detected? ☐Yes ☐No ☐Unknown

If yes, body site of culture ☐ Blood ☐Lungs ☐Soft tissue ☐Urinary tract ☐Other ☐Unknown

If yes, Enterobacteriaceae resistant to 3rd and 4th generation Cephalosporin (e.g. Ceftriaxone, Cefotaxime, Ceftazidime, Cefepime) ☐Yes ☐No ☐Unknown

If yes, Enterobacteriaceae Carbapenem resistant (CRE)? ☐Yes ☐No ☐Unknown

If yes, Enterobacteriaceae Colistin resistant? ☐Yes ☐No ☐Unknown

***Staphylococcus aureus* detected?** ☐Yes ☐No ☐Unknown

If yes, *Staphylococcus aureus* Methicillin resistant (MRSA)? ☐Yes ☐No ☐Unknown

If yes, *Staphylococcus aureus* Vancomycin resistant? ☐Yes ☐No ☐Unknown

***Enterococcus faecium* or *E. faecalis* detected?** ☐Yes ☐No ☐Unknown

If yes, Enterococcus Vancomycin resistant (VRE)? ☐Yes ☐No ☐Unknown

***Haemophilus influenzae* detected?** ☐Yes ☐No ☐Unknown

If yes, *Haemophilus influenzae* Ampicillin resistant? ☐Yes ☐No ☐Unknown

Helicobacter pylori* detected*? ☐Yes ☐No ☐Unknown

If yes, Helicobacter clarithromycin resistant ☐Yes ☐No ☐Unknown

***Streptococcus pneumoniae* detected**? ☐Yes ☐No ☐Unknown

If yes, Streptococcus penicillin resistant ☐Yes ☐No ☐Unknown

Total number of body sites where bacteria were cultured during hospital stay (e.g. blood, etc)

☐1 ☐2 ☐3 ☐4 ☐>4 ☐Unknown

Was bacterial colonization (without signs of infection) by multi drug resistant organisms identified during hospital stay? ☐Yes ☐No ☐Unknown

If yes, Pseudomonas Carbapenem resistant? ☐Yes ☐No ☐Unknown

If yes, *Acinetobacter baumannii* Carbapenem resistant? ☐Yes ☐No ☐Unknown

If yes, Enterobacteriaceae (*E. Coli, Klebsiella, Proteus*) Carbapenem resistant (CRE)? ☐Yes ☐No ☐Unknown

If yes, *Staphylococcus aureus* Methicillin resistant (MRSA)? ☐Yes ☐No ☐Unknown

If yes, Enterococci Vancomycin resistant (VRE)? ☐Yes ☐No ☐Unknown

If yes, Multi-drug Resistant (MDR) Tuberculosis detected? ☐Yes ☐No ☐Unknown

Fungi detected? ☐Yes ☐No ☐Unknown

If yes, site of detection of the fungal pathogen ☐ Blood ☐Lungs ☐Soft tissue ☐Urinary tract ☐Other ☐Unknown

If yes, was Candida resistant to Fluconazole, Amphotericin B or Voriconazole? ☐Yes ☐No ☐Unknown

Aspergillus detected? ☐Yes ☐No ☐Unknown

Mucorales detected? ☐Yes ☐No ☐Unknown

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3b. COMPLICATIONS During hospitalization, did the patient experience:			
Shock	☐Yes ☐No ☐Unknown	Bacteraemia	☐Yes ☐No ☐Unknown
Seizure	☐Yes ☐No ☐Unknown	Bleeding	☐Yes ☐No ☐Unknown
Meningitis/encephalitis	☐Yes ☐No ☐Unknown	Endocarditis	☐Yes ☐No ☐Unknown
Pulmonary embolism	☐Yes ☐No ☐Unknown	Myocarditis/pericarditis	☐Yes ☐No ☐Unknown
Cardiac arrhythmia	☐Yes ☐No ☐Unknown	Acute renal injury	☐Yes ☐No ☐Unknown
Cardiac arrest	☐Yes ☐No ☐Unknown	Pancreatitis	☐Yes ☐No ☐Unknown
Deep vein thrombosis	☐Yes ☐No ☐Unknown	Liver dysfunction	☐Yes ☐No ☐Unknown
Bronchiolitis	☐Yes ☐No ☐Unknown	Cardiomyopathy	☐Yes ☐No ☐Unknown
Acute respiratory distress syndrome (ARDS)	☐Yes ☐No ☐Unknown	Transfusion	☐Yes ☐No ☐Unknown
Stroke: ischaemic stroke	☐Yes ☐No ☐Unknown	Mental health disorder	☐Yes ☐No ☐Unknown
Stroke: intracerebral haemorrhage	☐Yes ☐No ☐Unknown	Other If yes, specify:	☐Yes ☐No ☐Unknown

Infections

Was the patient diagnosed with an infection during hospital stay ☐Yes ☐No ☐Unknown If yes, indicate if:

Upper respiratory infection	☐Yes ☐No ☐Unknown	Bloodstream infections	☐Yes ☐No ☐Unknown
Lower respiratory infection	☐Yes ☐No ☐Unknown	Gastrointestinal infections	☐Yes ☐No ☐Unknown
Urinary tract infection	☐Yes ☐No ☐Unknown	Intraabdominal infections	☐Yes ☐No ☐Unknown
Skin and soft tissue infection	☐Yes ☐No ☐Unknown	Cardiovascular infections	☐Yes ☐No ☐Unknown
Bone and joint infections	☐Yes ☐No ☐Unknown	Central nervous system infections	☐Yes ☐No ☐Unknown

Co-diagnoses at the time of discharge

ICD-10 code _____ ICD-10 code _____ ICD-10 code _____	ICD-10 code _____ ICD-10 code _____ ICD-10 code _____

3c. MEDICATION During hospitalization, did the patient receive any of the following:

Blood-derived products received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐IV immune globulin ☐Convalescent plasma ☐Other_____;

Hydroxychloroquine received? ☐Yes ☐No ☐Unknown

Ivermectin ☐Yes ☐No ☐Unknown

Experimental agents received? Phytotherapy received? ☐Yes ☐No ☐Unknown

IL-1 antagonists received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐Anakinra ☐Canakinumab ☐Other IL-1 antagonist ☐Unknown

IL-6 antagonists received?☐Yes ☐No ☐Unknown
If yes, specify: ☐Siltuximab ☐Sarilumab ☐Tocilizumab ☐Other IL-6 antagonist ☐Unknown

Janus kinase inhibitors received? ☐Yes ☐No ☐Unknown If yes, specify: ☐Acalabrutinib ☐Ibrutinib ☐Zanubrutinib ☐Baricitinib ☐Ruxolitinib ☐Tofacitinib ☐Other kinase inhibitors ☐Unknown

Neutralizing monoclonal antibodies received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐Casirivimab and Imdevimab ☐Sotrovimab ☐Bamlanivimab and Etesevimab ☐ Other ☐Unknown

Steroids received? ☐Yes ☐No ☐Unknown
If yes, specify type: ☐Dexamethasone ☐Hydrocortisone ☐Prednisone ☐Methylprednisolone ☐Unknown
If yes, specify dose: ☐High dose (dexamethasone 20 mg/day x 5 days and 10 mg/day x 5 days; OR methyprednisolone 80 mg/day x 5 days)
☐Low dose (dexamethasone 6 mg/day; OR hydrocortisone 200 mg/day x 7 days, then 100 mg/day x 4 days, then 50 mg/day for 2/3 days)

Antithrombotic/anticoagulation drugs received? ☐Yes ☐No ☐Unknown
If yes, specify**:** ☐Unfractionated heparin ☐Low molecular weight heparin ☐Warfarin ☐ Direct oral anticoagulant ☐Other ☐Unknown

Antiviral drugs received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐Remdesivir ☐Lopinavir/Ritonavir ☐Oseltamivir ☐Molnupiravir ☐Favipiravir ☐Acyclovir/Ganciclovir ☐Fluvoxamine ☐Other ☐Unknown

If HIV positive, ART received ☐Yes ☐No ☐Unknown
If yes, specify: ☐2 NRTI + Dolutegravir ☐2 NRTI + NNRTIs ☐2 NRTI + Raltegravir ☐2 NRTI + protease inhibitor ☐Unknown

Antibiotic received? ☐Yes ☐No ☐Unknown
If yes, specify type of therapy: ☐Empiric ☐Targeted ☐Unknown

Antifungal received? ☐Yes ☐No ☐Unknown
If yes, specify: ☐Amphotericin B ☐Fluconazole ☐Itraconazole ☐Flucytosine ☐Other ☐Unknown

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Antibiotics received during hospitalization

Antibiotic agent known?
☐Yes ☐No ☐Unknown If yes, specify drug:

Macrolides (e.g. Azithromycin, Clarithromycin)?
☐Yes ☐No ☐Unknown

If macrolides administered, specify type of therapy:
☐Empiric ☐Targeted ☐Unknown

Macrolides administered for > 72 hrs?
☐Yes ☐No ☐Unknown

Fluoroquinolones (e.g. Ciprofloxacin, Levofloxacin, Moxifloxacin)?
☐Yes ☐No ☐Unknown

If Floroquinolones administered, specify type of therapy:
☐Empiric ☐Targeted ☐Unknown

Floroquinolones administered for > 72 hrs?
☐Yes ☐No ☐Unknown

3rd and 4th generation Cephalosporin (e.g. Ceftriaxone, Cefotaxime, Ceftazidime, Cefepime)?
☐Yes ☐No ☐Unknown
If yes, specify type of therapy: ☐Empiric ☐Targeted ☐Unknown

3rd and 4th generation Cephalosporin administered for > 72 hrs?
☐Yes ☐No ☐Unknown

5th generation Cephalosporin (e.g. Ceftolozane/Tazobactam)?
☐Yes ☐No ☐Unknown

If yes, specify type of therapy: ☐Empiric ☐Targeted ☐Unknown

5th generation Cephalosporin administered for > 72 hrs?
☐Yes ☐No ☐Unknown

Ceftazidime/Avibactam? ☐Yes ☐No ☐Unknown
If yes, specify type of therapy: ☐Empiric ☐Targeted ☐Unknown

Carbapenems (Imipenem/Meropenem)? ☐Yes ☐No ☐Unknown
If yes, specify type of therapy ☐Empiric ☐Targeted ☐Unknown

Piperacillin-Tazobactam? ☐Yes ☐No ☐Unknown I
f yes, specify type of therapy: ☐Empiric ☐Targeted ☐Unknown

Amoxicillin-Clavulanic acid? ☐Yes ☐No ☐Unknown
If yes, specify type of therapy: ☐Empiric ☐Targeted ☐Unknown

Cotrimoxazole? ☐Yes ☐No ☐Unknown
If yes, specify type of therapy: ☐Empiric ☐Targeted ☐Unknown

Colistin? ☐Yes ☐No ☐Unknown
If yes, specify type of therapy: ☐Empiric ☐Targeted ☐Unknown

Gentamicin or Amikacin? ☐Yes ☐No ☐Unknown
If yes, specify type of therapy: ☐Empiric ☐Targeted ☐Unknown

Vancomycin or Teicoplanin? ☐Yes ☐No ☐Unknown
If yes, specify type of therapy: ☐Empiric ☐Targeted ☐Unknown

Daptomycin? ☐Yes ☐No ☐Unknown
If yes, specify type of therapy: ☐Empiric ☐Targeted ☐Unknown

Linezolid or Tedizolid? ☐Yes ☐No ☐Unknown
If yes, specify type of therapy: ☐Empiric ☐Targeted ☐Unknown

Other antibiotics? ☐Yes ☐No ☐Unknown

3d. SUPPORTIVE CARE During hospital stay, did the patient undergo:

ICU or high dependency unit admission? ☐Yes ☐No ☐Unknown

If yes, total duration:_____days

Date of ICU admission [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐N/A

Date of ICU discharge [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐N/A

Oxygen therapy? ☐Yes ☐No ☐Unknown **If yes,** complete all: Total duration:____days

O_2 flow: ☐1–5 L/min ☐6–10 L/min ☐11–15 L/min ☐> 15 L/min

Source of oxygen: ☐Piped ☐Cylinder ☐Concentrator

Interface: ☐Nasal prongs ☐HF nasal cannula ☐Mask ☐Mask with reservoir ☐CPAP/NIV mask

Non-invasive ventilation? (e.g. BiPAP, CPAP) ☐Yes ☐No ☐Unknown **If yes,** total duration: :_____days

Invasive ventilation (any)? ☐Yes ☐No ☐Unknown **If yes,** total duration:_days **Extracorporeal**

(ECMO) support? ☐Yes ☐No ☐Unknown **If yes,** total duration:_days

Prone position? ☐Yes ☐No ☐Unknown **If yes,** total duration:_days

Inotropes/vasopressors? ☐Yes ☐No ☐Unknown **If yes,** total duration:_____days

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

3e. OUTCOME

Outcome: ☐Discharged ☐Transferred to other facility of higher level of care ☐Transferred to other facility of lower level of care ☐Palliative discharge ☐Unknown ☐In-hospital death ☐Still hospitalized **Outcome date:** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

If discharged, impairment compared with before current illness (tick all that apply):
☐Physical ☐Cognitive ☐Mental ☐Swallowing ☐None ☐Unknown

If discharged, ability to self-care at discharge compared with before illness:
☐Same as before illness ☐Worse ☐Better ☐Unknown

If discharged, referred to outpatient rehabilitation: ☐Yes ☐No ☐Unknown

Were there any sequelae present at the time of discharge: ☐Yes ☐No ☐Unknown

PREGNANCY MODULE

To be completed for women who are either currently pregnant, or recently pregnant (within 21 days of pregnancy outcome from admission)

Complete within 24 hrs from hospital admission

P-1a. PREGNANCY STATUS UPON ADMISSION	
Pregnant not in labour	☐
Pregnant in labour	☐
Postpartum [days]*	☐ [days] **Breastfeeding?** ☐Yes ☐No
Best estimate of gestational age in completed weeks:	[__][_ _] weeks
Post-abortion/miscarriage	☐
Number of foetuses	☐Singleton ☐Twin ☐Triplet ☐Other [number] ☐Unknown
Was this an IVF pregnancy?	☐Yes ☐No ☐Unknown

P-1b. ABORTION OR MISCARRIAGE *(prior to admission)*	
Date of induced abortion or spontaneous abortion/miscarriage?	[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Were symptoms of COVID-19 disease present at the time?	☐Yes ☐No ☐Unknown

P-1c. OBSTETRIC HISTORY	
Number of previous pregnancies beyond 22 weeks gestation	[number]
Number of previous vaginal deliveries	[number]
Number of previous cesarean deliveries	[number]

P-1d. Please tick any which apply to previous deliveries:	
Preterm birth (< 37 weeks' gestation)	☐Yes ☐No ☐Unknown
Congenital anomaly	☐Yes ☐No ☐Unknown
Stillborn	☐Yes ☐No ☐Unknown
Neonatal death (<=7 days)	☐Yes [day] ☐No ☐Unknown
Weight < 2500g	☐Yes ☐No ☐Unknown
Weight > 4500g	☐Yes ☐No ☐Unknown

P-1e. ALCOHOL, DRUGS – RISK FACTORS DURING THIS PREGNANCY	
Alcohol consumption	☐Yes ☐No ☐Unknown
Illicit/recreational drug use	☐Yes ☐No ☐Unknown

P-1f. MEDICATIONS DURING THIS PREGNANCY *(Prior to onset of current illness episode)*		
Fever or pain treatment	**Acetaminophen/paracetamol** ☐Yes ☐No ☐Unknown	
	NSAIDs ☐Yes ☐No ☐Unknown	
	Others (specify):	
Anticonvulsants	☐Yes ☐No ☐Unknown	**If yes, specify generic name:**
Anti-nausea	☐Yes ☐No ☐Unknown	**If yes, specify generic name:**
Prenatal vitamins and micronutrients	☐Yes ☐No ☐Unknown	**If yes, specify generic name:**
Antivirals	☐Yes ☐No ☐Unknown	**If yes, specify generic name:**
Antibiotics	☐Yes ☐No ☐Unknown	**If yes, specify generic name:**

P-1g. FETAL HEART RATE *(first available data at presentation/admission)*	
Fetal heart rate	**(FHR):** [_ _][_ _][_ _] beats/min

Complete at discharge/death

P-3a. DELIVERY, PREGNANCY AND MATERNAL CHARACTERISTICS	
Delivery during admission	☐Yes ☐No
Delivery date	[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Mode of delivery	☐ **Vaginal delivery** ☐ **Caesarean section** Reason for c-section: ☐ Prolonged labor ☐ Abnormal positioning ☐ Fetal distress ☐ Birth defects ☐ Repeat cesarean ☐ Chronic health condition ☐ Cord prolapse ☐ Cephalopelvic disproportion (CPD) ☐ Unknown
Onset of labour	☐ Spontaneous ☐ Cesarean section before labour ☐ Induced ☐ Unknown
Fetal presentation at delivery	☐ Cephalic ☐ Transverse ☐ Breech
Amniotic fluid at delivery	☐ Clear ☐ Meconium stained ☐ Unknown

P-3b. PREGNANCY OUTCOME OTHER THAN LIVE BIRTH AT DISCHARGE	
Pregnancy outcome	☐Undelivered/intact pregnancy ☐Spontaneous abortion* ☐Induced abortion* ☐Missed abortion* ☐Macerated stillbirth* ☐Fresh stillbirth* ☐Post-abortion/postpartum on admission* *Date of Pregnancy outcome: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Maternal death	☐Yes ☐No **If yes, what was the underlying cause of death?** ☐Abortive outcome ☐Hypertensive disorders in pregnancy, childbirth and the puerperium ☐Obstetric haemorrhage ☐Pregnancy-related infection ☐Other obstetric complication not included in above causes ☐Unanticipated complications of management (e.g. anaesthesia-related complications) ☐Indirect maternal death ☐Obstetric death of unspecified cause ☐Deaths from a coincidental cause (e.g. motor vehicle accident)

P-3c. COMPLICATIONS		
Complications during the course of pregnancy	Gestational diabetes	☐Yes ☐No ☐Unknown
	Gestational hypertension	☐Yes ☐No ☐Unknown
	Anaemia (Hb < 11 g/dL)	☐Yes ☐No ☐Unknown
	Obstetric infections	☐Yes ☐No ☐Unknown
	Intrauterine growth restriction	☐Yes ☐No ☐Unknown
	Bleeding	☐Yes ☐No ☐Unknown
Acute or late stage pregnancy complications	Placental previa/accreta/percreta	☐Yes ☐No ☐Unknown
	Pre-eclampsia/eclampsia	☐Yes ☐No ☐Unknown
	Placental abruption	☐Yes ☐No ☐Unknown
	Preterm contractions	☐Yes ☐No ☐Unknown
	Preterm labour	☐Yes ☐No ☐Unknown
	Preterm rupture of membranes	☐Yes ☐No ☐Unknown
	Puerperal septicemia or severe infection	☐Yes ☐No ☐Unknown
	Haemorrhage	☐Yes ☐No ☐Unknown
	If haemorrhage, which type: ☐ Antepartum/intrapartum ☐ Postpartum haemorrhage ☐ Abortion-related	
	Embolic disease	☐Yes ☐No ☐Unknown
	Anesthetic complication	☐Yes ☐No ☐Unknown

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P-3d. TREATMENT DURING HOSPITALIZATION At ANY time during hospitalization, did the patient receive/undergo:	
Tocolysis	☐Yes ☐No ☐Unknown
Induction of labour	☐Yes ☐No ☐Unknown

P-3e. SAMPLE COLLECTION for COVID-19 Testing				
Any sampling conducted? If so, please describe the test and the results	☐Amniotic fluid	[_test description__] ☐ PCR ☐ Other [specify]	[_date of collection__] [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	[_____result_____] ☐ Positive ☐ Negative ☐ Undetermined
	☐Placenta	[_test description__] ☐ PCR ☐ Other [specify]	[_date of collection__] [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	[_____result_____] ☐ Positive ☐ Negative ☐ Undetermined
	☐Cord blood	[_test description__] ☐ PCR ☐ Other [specify]	[_date of collection__] [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	[_____result_____] ☐ Positive ☐ Negative ☐ Undetermined
	☐Vaginal swab	[_test description__] ☐ PCR ☐ Other [specify]	[_date of collection__] [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	[_____result_____] ☐ Positive ☐ Negative ☐ Undetermined
	☐Faeces/rectal swab	[_test description__] ☐ PCR ☐ Other [specify]	[_date of collection__] [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	[_____result_____] ☐ Positive ☐ Negative ☐ Undetermined
	☐Pregnancy tissue in the case of fetal demise/ induced abortion	[_test description__] ☐ PCR ☐ Other [specify]	[_date of collection__] [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	[_____result_____] ☐ Positive ☐ Negative ☐ Undetermined
	☐Breastmilk	[_test description__] ☐ PCR ☐ Other [specify]	[_date of collection__] [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	[_____result_____] ☐ Positive ☐ Negative ☐ Undetermined

P-3f. NEONATAL OUTCOMES	
Date of birth [DD/MM/YYYY] **Time of birth** [e.g. 14:21]	[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] [____:____]
Participant ID of the mother:	[___][___][___][___][___]-- [___][___][___][___] – [_Single digit Baby ID_] **Please complete one form per neonate**
COVID-19 lab test of neonate	☐Performed ☐Not performed ☐Unknown If yes: [_sample collected__] [_test description__][_date of collection__] [_____result_____]
Gestational age	Weeks: [___][___] Days: [_____]
Apgar score at 5 minutes	Score: [___][___]
Birth weight	Grams: [___][___][___][___]
Respiratory distress syndrome	☐Yes ☐No ☐Unknown
Admission to NICU	☐Yes ☐No ☐Unknown

Neonatal outcome	☐Discharged healthy ☐Discharged with complications/sequelae Details: [_____] ☐Clinical referral to specialist ward /other hospital Details: [_____] ☐Death Date of death: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_] ☐Unknown

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If neonate died, primary cause of death	☐Preterm/low birth weight ☐Congenital/birth defects	☐Birth asphyxia ☐Other	☐Infection☐Birth trauma ☐Unknown
Any congenital anomalies	☐Neural tube defects ☐Congenital malformations of ear ☐Congenital malformations of digestive system ☐Congenital malformations of genital organs ☐Chromosomal abnormalities ☐Reduction defects of upper and lower limbs		☐Microcephaly ☐Congenital heart defects ☐Orofacial clefts ☐Abdominal wall defects ☐Talipes equinovarus/clubfoot

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