



# ANZDATA Registry COVID-19 (SARS-CoV-2) Survey Form

# Form CO

This form is additional to the main data form

REGISTRY NUMBER	SURNAME	GIVEN NAME	DOB	HOSPITAL
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## CLINICAL DETAILS

<b>Positive Test Date</b> / / Day    Month    Year	<b>Clinical Presentation</b> <i>(symptoms experienced)</i>			
<b>Vaccination Status</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Number of Vaccine Doses</b> One <input type="checkbox"/> Two <input type="checkbox"/> Booster <input type="checkbox"/>	<b>Vaccine Brand</b> <i>(can tick more than one if known)</i> Pfizer <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Moderna <input type="checkbox"/> Other <i>(Specify)</i> <input type="checkbox"/>		
<b>Source of infection</b> Overseas Contact <input type="checkbox"/> Quarantine Contact <input type="checkbox"/> Community Contact <input type="checkbox"/> Close Contact <input type="checkbox"/> Hospital Acquired <input type="checkbox"/>				
<b>Clinical Course</b>	Home Isolation Date			
	Hospital Admission Date			
	ICU Admission Date			
	Intubation Date			
	ICU Discharge Date			
	Hospital Discharge Date			
<b>Clinical Outcome</b>	Recovered	No <input type="checkbox"/> Yes <input type="checkbox"/>		
	Date of Death			
	Cause of Death			

## FOR TRANSPLANT PATIENT REPORTING ONLY

<b>Immunosuppression</b>	Pre-Infection	
	Adjustments	
<b>Acute Kidney Injury</b>	Dialysis Required    No <input type="checkbox"/> Yes <input type="checkbox"/>	Last Dialysis Date
<b>Serum Creatinine Levels</b>	Baseline Creatinine <i>(Level last taken pre-infection)</i>	
	Peak Creatinine <i>(Highest level during infection course)</i>	
	Post Recovery Creatinine <i>(Level post-discharge)</i>	
<b>Other Monoclonal Therapy</b> <i>(Please provide Drug, Date commenced &amp; Dose where applicable)</i>	e.g., Sotrovimab	

<b>Additional Comments</b>
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