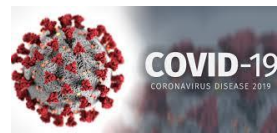


SARS-CoV-2 Reporting



COVID-19 Form CO

Please provide the below details for patients who have tested positive for COVID-19. First positive result (RAT or PCR) for initial and subsequent infections.

Centre Code	
ANZDATA Registry ID	
Patient Name	
Date of Birth	
Positive Test Date	

Centre Code	
ANZDATA Registry ID	
Patient Name	
Date of Birth	
Positive Test Date	

Centre Code	
ANZDATA Registry ID	
Patient Name	
Date of Birth	
Positive Test Date	

Centre Code	
ANZDATA Registry ID	
Patient Name	
Date of Birth	
Positive Test Date	