Hantavirus Pulmonary Syndrome Case Report Form

Please return with Diagnostic Specimen Submission Form to: Special Pathogens Branch c/o DASH 1600 Clifton Rd. NE, Bldg 4, Rm. B-35

Atlanta, GA 30329-4018 Ph: 404-639-1510 Fax: 404-639-1509

Patient Identification											
	-FI	PS-	-Y	R-							

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

Patient's last name	First name	Middle initial		
Street Address	City	County	State	Zip
	,	·		Zip
Age: Sex: Male l				
Ethnicity: Hispanic or Latino	Not Hispanic or Latino	_ Unk		
	Native Asian Blacer Pacific Islander White		an	
History of any rodent exposure in	6 weeks prior to onset of illn	ess? Yes No	Unk	
If yes, type of rodent: Mouse	Rat Other Rode	nt nest Unk		
Place of contact (town, county, sta			_	
r face of contact (town, county, sta	<u></u>			
Symptom onset date:	Specimen acq	uisition date:		
G: 1.G				
Signs and Symptoms:				
Fever > 101 °F or > 38.3 °C		Unk		
Thrombocytopenia (platelets ≤ 1) Elevated Hematocrit (Hct)	150,000 mm) Yes No Yes No	Unk Unk		
Elevated creatinine	Yes No			
WBC Total: Total Neutrop	ohils:% Band Neutrophi	ls:% Lymphocy	ytes:%	
Supplemental oxygen required?	Yes No	0 Unk 0 Unk		
Was patient intubated?	Yes No	Unk		
CXR with unexplained bilateral infiltrates or suggestive of		Unk		
Outcome of illness?	Alive I	Dead Unk		
Was an autopsy performed?	Yes No	Dead Unk Unk		
Has specimen been tested for ham If yes, where?	tavirus at another laboratory? Type of specimen?			
State Health Dept. reporting case:		number:D	ate form completed:	
Person completing report:		Phone numl	ber	
Name of patients's physician:		Phone num	ber	
Centers for Disease Control and P	Prevention IInk=I	Inknown		

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 (0920-0009).