Form Approved OMB No. 0920-0009

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

-FIPS- **-YR-**

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

Age:____ Sex: Male____ Female____ Occupation: _____

Ethnicity: Hispanic or Latino____ Not Hispanic or Latino____ Unk____

Race: American Indian/Alaska Native____ Asian____ Black or African American____
Native Hawaiian or Other Pacific Islander____ White____

History of any rodent exposure in 6 weeks prior to onset of illness? Yes____ No____ Unk____

If yes, type of rodent: Mouse____ Rat____ Other____ Rodent nest____ Unk____

Place of contact (town, county, state):

Symptom onset date:

Specimen acquisition date:

Signs and Symptoms:

Fever > 101 ˚F or > 38.3 ˚C	Yes____ No____ Unk____
Thrombocytopenia (platelets ≤ 150,000 mm)	Yes____ No____ Unk____
Elevated Hematocrit (Hct)	Yes____ No____ Unk____
Elevated creatinine	Yes____ No____ Unk____

WBC Total:____ Total Neutrophils:____% Band Neutrophils:____% Lymphocytes: ____%

Supplemental oxygen required?	Yes____ No____ Unk____
Was patient intubated?	Yes____ No____ Unk____
CXR with unexplained bilateral interstitial infiltrates or suggestive of ARDS?	Yes____ No____ Unk____
Outcome of illness?	Alive____ Dead____ Unk____
Was an autopsy performed?	Yes____ No____ Unk____

Has specimen been tested for hantavirus at another laboratory? Yes____ No____ Unk____
If yes, where?_____ Type of specimen?_____ Results (i.e. titer, OD)_____

State Health Dept. reporting case:_____ State/Local ID number:_____ Date form completed:_____

Person completing report: _____ Phone number _____

Name of patients's physician: _____ Phone number _____

Centers for Disease Control and Prevention Unk=Unknown