

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

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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 ³)	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

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).