Middle East Respiratory Syndrome Coronavirus (MERS) Patient Under Investigation (PUI) Form Form Approved OMB 0920-0004, Exp Date 08/31/2014

For PUI, complete and send this form to <u>eocevent90@cdc.gov</u> (subject line: <u>MERS Form</u>) or fax to 770-488-7107. If you have questions contact the CDC Emergency Operations Center (EOC) at 770-488-7100.

STATE ID:			<u></u>		-	-	's Date: MM		County:		City:				State:
STATE ID: Interviewer's name:						Juuy		hone:	County.		Email	•			Jlate.
	Phone: Email: Email: Phone Pho														
		atien	t have		(Ple	ase o		-		gov/co	orona	virus/r	ner	s/cas	e-def.html)
PUI Definition—Does the patient have: (Please consult CDC website at http://www.cdc.gov/coronavirus/mers/case-def.html) 1. Acute respiratory infection with fever (≥ 38°C, 100.4°F) and cough? □ Yes □ No □ Unknown															
2. Clinical or radiographic evidence of pneumonia or acute respiratory distress syndrome (ARDS)? Ves No Unknown															
3. Travel from the Arabian Peninsula or neighboring countries [†] 14 days before illness onset?															
	If yes, which countries? Date of travel to/from the Middle East: MM/DD/YY														
	Patient Demographic Information														
	Patient Demographic Information 1. Sex: DM F 2. Age: Dyr Dmo 3. Residency: DUS resident Dnon US resident, country:														
	1. Sex: DM DF 2. Age: Dyr Dmo 3. Residency: DOS resident Dnon OS resident, country:														
4. Date of symptom onset: MM/DD/YY															
	ns (Check all that			Fever		[]] Drv		Droductive c	ough 🗆 Chills		ro thr	oot [٦н	eshee	he 🗌
						-	-		-		Cun	Uai ∟	111	Edua	
Muscle aches Shortness of breath Vomiting Abdominal pain Diarrhea Other															
	6. In the 14 days before symptom onset did the patient have close contact with a recent ill traveler from the Arabian Peninsula or peighboring countries ¹ ? Use Unknown If yes which countries ²														
-	neighboring countries [†] ? Yes No Unknown If yes, which countries? 7. Is the patient (Check all that apply): Health care worker (HCW) US military Flight crew Other														
-															
	8. Concurrent risk factors (Check all that apply): Immunocompromised Pregnant Unknown Other														
Clinical Ou	tcomes														
									10. ls/Has pa	tient r	eceivi	ing/rec	eiv	ed a d	liagnosis of:
	9. Is/Was the patient: 10. Is/Has patient receiving/received a diagnosis of: a. Hospitalized? Yes No Unknown If yes, date: MM/YY/DD Pneumonia? Yes														
									ARDS?						
	b. Admitted to ICU? Yes No Unknown ARDS? Yes No Unknown c. Intubated? Yes No Unknown Renal failure? Yes No Unknown														
	c. Intubated ? Yes INO Onknown Renal failure ? Yes INO Onknown 11. Does the patient have a non-MERS etiology for their respiratory illness but has not 12. Has the patient died?														
	to appropriate t						-	-				ο 🗆 ι			
Infection C			- ,	_								-	_		
	nospitalized, is/w	vas tł	ne pat	ient ir	n a:			14. Are/	/Were surgical m	asks b	eing	used by	v th	e pat	ient during
						∃Un	ıknown	transpo	-				•	•	
-	a. Negative pressure room? Yes No Unknown transport? b. Private room? Yes No Unknown Yes No														
	15. What personal protective equipment are/were being used by HCW when entering the patient's room (Check all that apply):														
_	Gowns 🗆 Ey						-								
	sk 🛛 Unknown								-		•		-		
Labaratam	▼														
Laboratory Testing															
lests	Performed	+ -			Results Pending (Pe)		Not done	lest	s Performed	+	6	Results Pending (Pe) No			Not done
Influenza		–	<u> </u>		• •	rej		Stroptococc	us pneumoniae		9		-	,rej	
			\vdash					-	-						
RSV			\vdash					Legionella pneumophila Blood culture							
Human metapneumovirus			──┼					lf positive							
Dereinfluon												_			
Parainfluenza											1 1				
Adenovirus								Other:		-					
	ıg					4-	· · · · · · · · · · · · · · · · · · ·	Other:		-				4-4-	
Adenovirus	ng ID #		Date		Sta		Sent to	Specimen [‡]	ID #	-	Date		S	tate	Sent to
Adenovirus MERS Testin Specimen [‡]		со	llected	1 +	Sta	Ре	Sent to CDC?	Specimen [‡]	ID#		ollect	ed in the second	S	୦ Pe	Sent to CDC?
Adenovirus MERS Testii		co MM		1 + Y	Sta		Sent to		ID #	M		ed r	S		Sent to CDC?

†Countries considered in the Arabian Peninsula and neighboring include: Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen.

Public reporting burden of this collection of information is estimated to average 25 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 Information Collection Review Office,1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0004). Version 5.5, 7/3/13

BAL	MM/DD/YY		Serum	MM/DD/YY		
ТА	MM/DD/YY			MM/DD/YY		

‡NP/OP, Nasopharyngeal/Oropharyngeal swab; BAL, Bronchoalveolar lavage; TA, Tracheal aspirate; PF, Pleural fluid