

| | A | B | C |
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| 1 | Label/Short Name | Description | Value Set Code |
| 2 | HAB CDC Report ID | CDC assigned report ID. | (ALPHANUMERIC) |
| 3 | HAB State Report ID | State assigned human case ID. | (ALPHANUMERIC) |
| 4 | CDC Case ID | CDC assigned case ID. | (ALPHANUMERIC) |
| 5 | Report Date | The date when the report was created. | (DATE) |
| 6 | General Information: Human Description | | |
| 7 | Sex | The sex of the human case. | (SELECT FROM LIST) |
| 8 | Age (years) | The age (in years) of the human case. | (NUMERIC) |
| 9 | State of residence | The state of residence of the human case. | (SELECT FROM LIST) |
| 10 | General Information: Dates | | |
| 11 | Date of Exposure | Did the person have an exposure on a single date or multiple dates? | (SELECT FROM LIST) Single date/Multiple dates/Unknown |
| 12 | Date of First Exposure | When was the first exposure? | (DATE) |
| 13 | Time of First Exposure | What time did the person have their first exposure? | (TIME) |
| 14 | Date of Last Exposure | When was the last exposure? | (DATE) |
| 15 | Time of Last Exposure | What time did the person have their last exposure? | (TIME) |
| 16 | Date of Illness Onset | When did illness begin? | (DATE) |
| 17 | Time of Illness Onset | What time did the illness onset begin? | (TIME) |
| 18 | Date of Illness Recovery | When did illness end? | (DATE) |
| 19 | Time of Illness Recovery | What time did the illness end? | (TIME) |
| 20 | Date of Death | When did the patient die? | (DATE) |
| 21 | Time of Death | What time did the death occur? | (TIME) |
| 22 | Date of Notification to Authorities | When were State, Territories, Local, or Tribal Health Authorities notified? | (DATE) |
| 23 | Date of Interview | When did the interview occur? | (DATE) |
| 24 | Time of Interview | What time did the interview occur? | (TIME) |
| 25 | Human Exposure Information: Exposure Description | | |
| 26 | Exposure State(s) | What state the did the exposure occur in? | (MULTISELECT) |
| 27 | Exposure Count(ies) | What county the did the exposure occur in? | (MULTISELECT) |
| 28 | Exposure Setting(s) | What setting the did the exposure occur in? | (MULTISELECT) e.g. State Park/Private Residence |
| 29 | Specific Location Name(s) | What is the specific name of the location where the exposure occurred? | (FREE TEXT) e.g. Cook's beach |
| 30 | Exposure Source | What medium was the exposure source? | (SELECT FROM LIST) e.g. Food/Water/Air/Other/Unknown |
| 31 | Exposure Activity | What activities may have been associated with exposure? | (SELECT FROM LIST) e.g. Recreation activities/Personal use/Commerical agriculture/Farming/Non-personal use/Aquaculture/Other/None/Unknown |
| 32 | Exposure Activity Description | Description of exposure activity. | (FREE TEXT) |
| 33 | Water Type | Type of water body if applicable. | (SELECT FROM LIST) e.g. Lake/Beach/Community water system/Other/Unknown |
| 34 | Food Type | Type of food if applicable. | (SELECT FROM LIST) e.g. Shellfish/Mussels/Finfish/Other/Unknown |
| 35 | Activity Duration | How long did the activity last? | (NUMERIC) |
| 36 | Activity Duration Unit | What was the unit of time of the activity? | (SELECT FROM LIST) Minutes/Hours/Days |
| 37 | Routes of Exposure | What were the routes of exposure? | (MULTISELECT) e.g. Ingestion/Inhalation/Skin Contact/Other/Unknown |
| 38 | Exposure Remarks | Any additional information regarding the exposure(s)? | (FREE TEXT) |
| 39 | Illness and Health Outcomes: Signs and Symptoms of Illness | | |
| 40 | Signs or symptoms | What signs or symptoms of illness were experienced? | (SELECT FROM LIST) e.g. Lethargy/Ear Discharge/Rash/Other/Unknown |
| 41 | Time to Onset | What was the time to illness onset? | (NUMERIC) |
| 42 | Onset Unit | What was the unit of time? | (SELECT FROM LIST) Minutes/Hours/Days |
| 43 | Duration of Symptoms | How long did the symptom(s) last? | (NUMERIC) |
| 44 | Duration Unit | What is the unit of time? | (SELECT FROM LIST) Minutes/Hours/Days |
| 45 | Recurrence Following Multiple Exposures | Did the symptom reoccur after secondary, tertiary, etc exposures? | Yes No Unknown (YNU) |
| 46 | Signs/Symptoms Consistent with Exposure | Was the sign/symptom consistent with the route of exposure? | Yes No Unknown (YNU) |
| 47 | Signs/Symptoms Consistent with Food Item | If food was implicated, were the signs/symptoms consistent with foodborne fish/shellfish poisoning? | Yes No Unknown (YNU) |

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| 48 | Poisoning Description | Characterization of foodborne poisoning symptoms. | (SELECT FROM LIST) <i>e.g. PSP/Ciguatera/Other</i> |
| 49 | Signs/Symptoms Remarks | Additional comments for signs/symptoms. | (FREE TEXT) |
| 50 | Illness and Health Outcomes: Medical Care and Health Outcomes | | |
| 51 | Care from Non-medical Provider | Did the person receive first aid care from a non-medical provider? | Yes No Unknown (YNU) |
| 52 | Healthcare Visit | Did the person visit a healthcare provider? | Yes No Unknown (YNU) |
| 53 | Emergency Department Visit | Did the person go to an emergency department? | Yes No Unknown (YNU) |
| 54 | Poison Control Contact | Was a poison control center contacted? | Yes No Unknown (YNU) |
| 55 | Death | Did the person die? | Yes No Unknown (YNU) |
| 56 | Additional Medical/Health Outcome Information | Do you have additional information about medical care or health outcomes for this person? | Yes No Indicator (HL7) |
| 57 | Medical Care and Health Outcome Remarks | Additional comments for medical care and health outcomes. | (FREE TEXT) |
| 58 | Illness and Health Outcomes: Health History and Differential Diagnosis | | |
| 59 | Chronic Respiratory Disease | Does the person have a history of chronic respiratory disease <i>e.g. asthma, COPD</i> ? | Yes No Unknown (YNU) |
| 60 | Tobacco Use | Does the person have a history of tobacco use? | Yes No Unknown (YNU) |
| 61 | Chronic Skin Disease | Does the person have a history of skin disease <i>e.g. psoriasis, eczema</i> ? | Yes No Unknown (YNU) |
| 62 | Allergies | Does this person have a history of allergies to food, medication, or other substances? | Yes No Unknown (YNU) |
| 63 | Chronic Gastrointestinal Disease | Does this person have a history of chronic gastrointestinal disease <i>e.g. Crohn's disease</i> ? | Yes No Unknown (YNU) |
| 64 | Chronic Kidney Disease | Does this person have a history of chronic kidney disease <i>e.g. caused by hypertension, diabetes, extended use of NSAIDs</i> ? | Yes No Unknown (YNU) |
| 65 | Liver Disease | Does this person have a history of liver disease <i>e.g. hepatitis or cirrhosis</i> ? | Yes No Unknown (YNU) |
| 66 | Chronic Neurologic Disease | Does this person have a history of chronic neurologic disease <i>e.g. caused by diabetes</i> ? | Yes No Unknown (YNU) |
| 67 | Immunocompromised | Was the person immunocompromised due to medication or illness <i>e.g. transplant recipient, diabetic</i> ? | Yes No Unknown (YNU) |
| 68 | Alcohol Consumption within 24 Hours | Did the person drink any alcohol within 24 hours prior to symptoms? | Yes No Unknown (YNU) |
| 69 | Pregnant | Was the person pregnant? | Yes No Unknown (YNU) |
| 70 | Skin Sensitivity due to Medication | Was the person taking medications that increased skin sensitivity to the sun <i>e.g. acne treatment, antibiotics</i> ? | Yes No Unknown (YNU) |
| 71 | OTC Pain Medication | Did the person frequently take over the counter (OTC) pain medication <i>e.g. more than 5 times a week</i> ? | Yes No Unknown (YNU) |
| 72 | Open Wounds | Did the person have an open wound, sores, or broken skin at the time of exposure? | Yes No Unknown (YNU) |
| 73 | Communicable Diseases | Had the person recently been exposed to any communicable diseases that cause similar signs or symptoms? | Yes No Unknown (YNU) |
| 74 | Environmental Irritants | Had the person recently been exposed to any environmental irritants that cause similar signs or symptoms <i>e.g. poison ivy/oak</i> ? | Yes No Unknown (YNU) |
| 75 | Other Causes Investigated | Were other causes of the illness investigated? | Yes No Unknown (YNU) |
| 76 | Other Environmental Sample Testing | Were environmental samples tested to rule out other possible causes <i>e.g. mushrooms</i> ? | Yes No Unknown (YNU) |
| 77 | Clinical Testing | | |
| 78 | Clinical Specimen Testing | Were clinical specimens tested? | Yes No Unknown (YNU) |
| 79 | Type of Clinical Testing | What type of clinical testing was performed to diagnose the illness or rule out other causes? | (MULTISELECT) <i>e.g. Bloodwork/Culture/Fecal analysis/Histopathology/Skin biopsy/Stomach content analysis/Toxicology/Urinalysis/X-ray/Other/Unknown</i> |
| 80 | Classification | What broad category of pathogen/toxin does the test result fall within? | (SELECT FROM LIST) |
| 81 | Genus or Toxin | What is the genus or toxin name? | (SELECT FROM LIST) |
| 82 | Species | What is the species name? | (SELECT FROM LIST) |
| 83 | Subspecies/Serotype/Genotype | What is the subspecies, serotype, or genotype? | (SELECT FROM LIST) |
| 84 | Specimen Detection | What type of clinical specimen tested positive? | (SELECT FROM LIST) <i>e.g. Blood/Stool/Tissue/Stomach Contents/Other</i> |
| 85 | Concentration | What was the concentration of the test result? | (NUMERIC) |
| 86 | Concentration Unit | What is the test result unit of concentration? | (SELECT FROM LIST) |

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| 87 | Test Type | What was the type of test that was performed? | (SELECT FROM LIST) |
| 88 | Clinical Testing Remarks | Additional remarks regarding clinical testing? | (FREE TEXT) |
| 89 | Supplemental Information | | |
| 90 | General Remarks | Additional remarks regarding the human case. | (FREE TEXT) |
| 91 | Attachments | Additional attachments regarding the human case. | (UPLOAD) <i>e.g. word document, excel spreadsheet, image</i> |
| 92 | Report Administration | | |
| 93 | Report Author | Who is the author of the report? | (FREE TEXT) |
| 94 | Reporting Site Name | What is the name of the reporting site? | (FREE TEXT) |
| 95 | Agency Name | What is the name of the agency? | (FREE TEXT) |
| 96 | Agency Contact Name | Who is the agency contact? | (FREE TEXT) |
| 97 | Agency Contact Title | What is the agency contact's title? | (FREE TEXT) |
| 98 | Agency Contact Phone | What is the agency contact's phone number? | (FREE TEXT) |
| 99 | Agency Contact Fax | What is the agency contact's fax number? | (FREE TEXT) |
| 100 | Agency Contact Email | What is the agency contact's email address? | (FREE TEXT) |

| Label/Short Name | Description | Value Set Code |
|---|--|--|
| HAB CDC Report ID | CDC assigned report ID. | (ALPHANUMERIC) |
| HAB State Report ID | State assigned animal case ID. | (ALPHANUMERIC) |
| CDC Case ID | CDC assigned case ID. | (ALPHANUMERIC) |
| Report Date | The date when the report was created. | (DATE) |
| General Information: Animal Description | | |
| Animal Category | What is the category of animal(s) being reported? | (SELECT FROM LIST) <i>e.g. Domestic pet/Livestock/Wildlife/Other/Unknown</i> |
| Animal Type | What type of animal(s) are you reporting? | (SELECT FROM LIST) Animal Type (FDD) |
| Animal Description | Additional animal(s) description. | (FREE TEXT) <i>e.g. dog breed, cat breed, type of bird, amphibian, reptile, other, or other mammal</i> |
| Single/Group of Animal(s) | Does this illness report describe a single animal or a group of animals <i>e.g. school of fish, flocks, herds?</i> | (SELECT ONE) Single Animal/Group of Animals |
| Single Animal Age | What is the age of the animal? | (NUMERIC) |
| Single Animal Weight | What is the weight of the animal (kg/lb)? | (NUMERIC) |
| Single Animal Death | Did the animal die? | Yes No Unknown (YNU) |
| Single Animal Condition | What condition was the animal found in? | (MULTISELECT) <i>e.g. Alive/Fresh/Scavenged/Decomposed/Unknown/Not applicable</i> |
| Group Animals Affected | How many animals were affected? | (NUMERIC) |
| Group Animal Deaths | Did any animals die? | Yes No Unknown (YNU) |
| Group Animal Death Count | How many dead animals were counted? | (NUMERIC) |
| Group Animal Condition | What condition were the animals found in? | (MULTISELECT) <i>e.g. Alive/Fresh/Scavenged/Decomposed/Unknown/Not applicable</i> |
| General Information: Dates | | |
| Date of Exposure | Did the person have an exposure on a single date or multiple dates? | (SELECT FROM LIST) Single date/Multiple dates/Unknown |
| Date of First Exposure | When was the first exposure? | (DATE) |
| Time of First Exposure | What time did the first exposure occur? | (TIME) AM/PM |
| Date of Last Exposure | When was the last exposure? | (DATE) |
| Time of Last Exposure | What time did the last exposure occur? | (TIME) AM/PM |
| Date of Discovery | When was the animal discovered? | (DATE) |
| Time of Discovery | What time was the animal discovered? | (TIME) AM/PM |
| Date of Illness Onset | When did the illness begin? | (DATE) |
| Time of Illness Onset | What time did the illness begin? | (TIME) AM/PM |
| Date of Death | When did the animal(s) die? | (DATE) |
| Time of Death | What time did the animal(s) die? | (TIME) AM/PM |
| Date of Notification to Authorities | When were State, Territories, Local, or Tribal Health Authorities notified? | (DATE) |
| Date Remarks | Additional remarks regarding the date. | (FREE TEXT) |
| Animal Exposure Information: Exposure Description | | |
| Exposure State(s) | What state did the exposure occur in? | (MULTISELECT) |
| Exposure Count(ies) | What county did the exposure occur in? | (MULTISELECT) |
| Exposure Setting(s) | What setting did the exposure occur in? | (MULTISELECT) <i>e.g. State Park/National Park/Private Residence</i> |
| Specific location name(s) | What is the specific name of the location where the exposure occurred? | (FREE TEXT) <i>e.g. Cook's beach</i> |
| Exposure Activity | What activities may have been associated with exposure? | (SELECT FROM LIST) <i>e.g. Recreation activities/Swimming/Other/None/Unknown</i> |
| Exposure Activity Description | Description of exposure activity. | (FREE TEXT) |
| Water Type | Type of water body if applicable. | (SELECT FROM LIST) <i>e.g. Lake/Beach/Community water system/Other/Unknown</i> |
| Food Type | Type of food if applicable. | (SELECT FROM LIST) <i>e.g. Shellfish/Mussels/Finfish/Other/Unknown</i> |
| Activity Duration | How long did the activity last? | (Minutes/Hours/Days) |
| Routes of Exposure | What were the routes of exposure? | (MULTISELECT) <i>e.g. Ingestion/Inhalation/Skin Contact/Other/Unknown</i> |
| Exposure Remarks | Any additional information regarding the exposure(s)? | (FREE TEXT) |
| Signs of Illness and Health Outcomes: Signs of Illness | | |
| Signs | What signs of illness were observed? | (SELECT FROM LIST) <i>e.g. Lethargy/Ear Discharge/Rash/Other/Unknown</i> |
| Time to Onset | What was the time to illness onset? | (NUMERIC) |
| Onset Unit | What was the unit of time? | (SELECT FROM LIST) Minutes/Hours/Days |
| Duration of Signs | How long did the sign(s) last? | (NUMERIC) |
| Duration Unit | What is the unit of time? | (SELECT FROM LIST) Minutes/Hours/Days |
| Recurrence Following Multiple Exposures | Did the sign reoccur after secondary, tertiary, etc exposures? | Yes No Unknown (YNU) |
| Signs Consistent with Exposure | Was the sign consistent with the route of exposure? | Yes No Unknown (YNU) |
| Signs of Illness and Health Outcomes: Medical Care and Health Outcomes | | |
| Veterinary Treatment | Did the animal(s) receive veterinary medical care or treatment? | Yes No Unknown (YNU) |

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| Veterinary Admission | Did the animal(s) get admitted to a veterinary facility? | Yes No Unknown (YNU) |
| Additional Medical/Health Outcome Information | Do you have additional information about medical care or health outcomes for the animal(s)? | Yes No Indicator (HL7) |
| Medical Care and Health Outcome Remarks | Additional information regarding the animal(s) medical care and health outcome. (FREE TEXT) | |

Signs of Illness and Health Outcomes: Health History and Differential Diagnosis

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| Pre-existing Conditions | Did the animal(s) have any pre-existing conditions or disabilities? | Yes No Unknown (YNU) |
| Medications | Did the animal(s) receive any medications in the month before illness onset? | Yes No Unknown (YNU) |
| Other Causes Investigated | Were other causes of illness investigated? | Yes No Unknown (YNU) |
| Other Environmental Sample Testing | Were environmental samples tested to rule out other possible causes e.g. mushrooms? | Yes No Unknown (YNU) |
| Health History and Differential Diagnosis Remarks | Additional remarks regarding the animal(s) health history and differential diagnosis. (FREE TEXT) | |

Clinical Testing

| | | |
|------------------------------|---|--|
| Clinical Specimen Testing | Were clinical specimens tested? | Yes No Unknown (YNU) |
| Type of Clinical Testing | What type of clinical testing was performed to diagnose the illness or rule out other causes? | (MULTISELECT) e.g. <i>Bloodwork/Culture/Fecal analysis/Histopathology/Skin biopsy/Stomach content analysis/Toxicology/Urinalysis/X-ray/Other/Unknown</i> |
| Classification | What broad category of pathogen/toxin does the test result fall within? | (SELECT FROM LIST) |
| Genus or Toxin | What is the genus or toxin name? | (SELECT FROM LIST) |
| Species | What is the species name? | (SELECT FROM LIST) |
| Subspecies/Serotype/Genotype | What is the subspecies, serotype, or genotype? | (SELECT FROM LIST) |
| Specimen Detection | What type of clinical specimen tested positive? | (SELECT FROM LIST) e.g. <i>Blood/Stool/Tissue/Stomach Contents/Other</i> |
| Concentration | What was the concentration of the test result? | (NUMERIC) |
| Concentration Unit | What is the test result unit of concentration? | (SELECT FROM LIST) |
| Test Type | What was the type of test that was performed? | (SELECT FROM LIST) |
| Clinical Testing Remarks | Additional remarks regarding clinical testing? (FREE TEXT) | |

Supplemental Information

| | | |
|-----------------|---|--|
| General Remarks | Additional remarks regarding the animal case. | (FREE TEXT) |
| Attachments | Additional attachments regarding the animal case. | (UPLOAD) e.g. <i>word document, excel spreadsheet, image</i> |

Report Administration

| | | |
|----------------------|---|-------------|
| Report Author | Who is the author of the report? | (FREE TEXT) |
| Reporting Site Name | What is the name of the reporting site? | (FREE TEXT) |
| Agency Name | What is the name of the agency? | (FREE TEXT) |
| Agency Contact Name | Who is the agency contact? | (FREE TEXT) |
| Agency Contact Title | What is the agency contact's title? | (FREE TEXT) |
| Agency Contact Phone | What is the agency contact's phone number? | (FREE TEXT) |
| Agency Contact Fax | What is the agency contact's fax number? | (FREE TEXT) |
| Agency Contact Email | What is the agency contact's email address? | (FREE TEXT) |

| Label/Short Name | Description | Value Set Code |
|--|---|---|
| HAB CDC Report ID | CDC assigned report ID. | (ALPHANUMERIC) |
| HAB State Report ID | State assigned animal case ID. | (ALPHANUMERIC) |
| CDC Case ID | CDC assigned case ID. | (ALPHANUMERIC) |
| Report Date | The date when the report was created. | (DATE) |
| General Information: Dates | | |
| Date of First Bloom | When was the bloom first observed? | (DATE) |
| Other Event | Reason for report, if no date of first bloom. | (SELECT FROM LIST) <i>e.g. Foodborne intoxication/Other evidence of Harmful algal toxicity</i> |
| Date of Notification to Authorities | When were State,Territories,Local, or Tribal Health Authorities notified? | (DATE) |
| Date Remarks | Additional information regarding dates. | (FREE TEXT) |
| General Information: Geographic Description | | |
| State/Jurisdiction | What state(s)/jurisdiction(s) did the event occur in? | (SELECT FROM LIST) |
| Count(ies) | What count(ies) did the event occur in? | (MULTISELECT) |
| Other States Affected | Did an algal bloom impact water quality in any other states? | Yes No Unknown Not applicable |
| Other States | What other states were affected? | (SELECT FROM LIST) |
| Official Name of Water Body | What is the official name of the water body? | (FREE TEXT) |
| Common Name of Water Body | What is the common name of the water body? | (FREE TEXT) |
| Specific Location Name(s) | What is the specific name of the location? | (FREE TEXT) <i>e.g. Cook's beach</i> |
| Nearest City/Town | What is the nearest City/Town? | (FREE TEXT) |
| Latitude | What is the latitude of the event? | (NUMERIC) |
| Longitude | What is the longitude of the event? | (NUMERIC) |
| Hydrologic Unit Code | What is the hydrologic unit code? | (MULTISELECT) |
| Water Type | What water type did the event occur in? What was the type of water body? | (SELECT FROM LIST) |
| Water Salinity | What salinity was the water body? | (SELECT FROM LIST) <i>e.g. Fresh/Brackish/Salt</i> |
| Water Body of Bloom | What is the water body, or if applicable, the area of the water body where the bloom was located, used for? | (MULTISELECT) <i>e.g. Agriculture/Aquaculture/Industrial-Occupational/Public drinking water system/Raw water, non-potable/Recreation/Other/None/Unknown</i> |
| Geographic Description Remarks | Additional information regarding geographic description. | (FREE TEXT) |
| Bloom Description: Health Advisories/Warnings | | |
| Type of Advisory/Warning | If an advisory/warning was issued, what was type of advisory/warning? | (SELECT FROM LIST) <i>e.g. Health advisory/No contact warning/Water body closure (recreational activity)/Water body closure (fish/shellfish)/Other</i> |
| Advisory/Warning Response | Was there a response issued for the type of advisory/warning? | Yes No Unknown Not applicable |
| Advisory/Warning Agency | What agency if applicable issued the advisory/warning? | (FREE TEXT) |
| Advisory Criteria/Reason | What criteria/reason was the advisory issued for? | (FREE TEXT) |
| Advisory/Warning Start Date | What date did the advisory/warning begin? | (DATE) |
| Advisory/Warning End Date | What date did the advisory/warning end? | (DATE) |
| Bloom Description: Observational Data | | |
| Date Documented | What day did the event occur? | (DATE) |
| Documented By | Who documented the event? | (SELECT FROM LIST) <i>e.g. General public, State, Local, other</i> |
| Scum/Algal Matter Observed | Was any scum or algal matter observed? | Yes No Unknown (YNU) |
| Water Color | What color was the water? | (SELECT FROM LIST) <i>e.g. Red/Yellow/Green</i> |
| Water Clarity | What was the water clarity? | (SELECT FROM LIST) <i>e.g. Clear/Muddy</i> |
| Water Odors | Did the water have an odor? | Yes No Unknown (YNU) |
| Water Flow | Was there water flow? | (SELECT FROM LIST) Moving/Stagnant/Unknown |
| Tidal Conditions | Were there tidal conditions? | (SELECT FROM LIST) High tide/Low Tide/Not applicable |
| Laboratory Testing: Algae, Algal Toxins or Components Testing | | |
| Samples Tested | What was tested for algae, algal toxins or components? | (MULTISELECT) <i>e.g. Air/Algae/Finished drinking water/Food/Raw water, ambient/No testing/Other/Unknown</i> |
| Reason Samples Tested | If testing was conducted, why was it tested? | (MULTISELECT) <i>e.g. Fish illness,kill/Animal health event response/Citizen complaint/Human health event response/Monitoring/Odor/Other/Unknown</i> |
| Water Testing | If water testing was performed, were any of the following tests conducted? | (MULTISELECT) <i>e.g. Algae/Algal toxins/Chlorophyll/Copper sulfate/Enterococci/Fecal coliforms/Other</i> |
| Laboratory Testing: Laboratory Results | | |
| Classification | What broad category of pathogen/toxin does the test result fall within? | (SELECT FROM LIST) |
| Genus or Toxin | What is the genus or toxin name? | (SELECT FROM LIST) |
| Species | What is the species name? | (SELECT FROM LIST) |
| Subspecies | What is the subspecies? | (SELECT FROM LIST) |
| Sample Detection | What type of environmental sample tested positive? | (SELECT FROM LIST) <i>e.g. Blood/Stool/Tissue/Stomach Contents/Other</i> |
| Sample Description | Description of the environmental sample that tested positive. | (FREE TEXT) |
| Concentration | What was the concentration of the test result? | (NUMERIC) |
| Concentration Unit | What was the test result unit of concentration? | (SELECT FROM LIST) |
| Test Type | What was the type of test that was performed? | (SELECT FROM LIST) |
| Sample Collection Date | What date were the samples collected? | (DATE) |
| Sample Collection Time | What time were the samples collected? | (TIME) |

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| Laboratory Testing Remarks | Additional remarks regarding laboratory testing? | (FREE TEXT) |
| Links to Other Systems: Links to Other Data Systems Containing Information About the Bloom | | |
| System Type | What the type of system? | (SELECT FROM LIST) Federal/State |
| System Name | What is the system name? | (SELECT FROM LIST) e.g. NPS HAB surveillance/NORS |
| System Report ID Number | What is the system report ID number? | (FREE TEXT) |
| Brief Description of Linked Information | Descripton of linked information. | (FREE TEXT) |
| Supplemental Information | | |
| General Remarks | Additional remarks regarding the environmental event. | (FREE TEXT) |
| Attachments | Additional attachments regarding the environmental event. | (UPLOAD) e.g. word document, excel spreadsheet, image |
| Report Administration | | |
| Report Author | Who is the author of the report? | (FREE TEXT) |
| Reporting Site Name | What is the name of the reporting site? | (FREE TEXT) |
| Agency Name | What is the name of the agency? | (FREE TEXT) |
| Agency Contact Name | Who is the agency contact? | (FREE TEXT) |
| Agency Contact Title | What is the agency contact's title? | (FREE TEXT) |
| Agency Contact Phone | What is the agency contact's phone number? | (FREE TEXT) |
| Agency Contact Fax | What is the agency contact's fax number? | (FREE TEXT) |
| Agency Contact Email | What is the agency contact's email address? | (FREE TEXT) |