**Attachment 3: Zika Virus Disease Enhanced Surveillance – Neurologic symptoms associated with Zika virus disease**

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| **Demographic Information** |
| Case ID (ArboNET):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Control for Case ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State of residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ 🞏 Years 🞏 Months 🞏 Days Sex: 🞏 Male 🞏 Female Pregnant: 🞏 Yes 🞏 No 🞏 Unknown Est Date Delivery: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Last Menstrual Period: \_\_\_\_/\_\_\_\_/\_\_\_\_Race (*Select all appropriate):*  🞏 American Indian or Alaska Native 🞏 Asian 🞏 Black or African American  🞏 Native Hawaiian or Other Pacific Islander 🞏 White 🞏 Other 🞏 Unknown Ethnicity: 🞏 Hispanic or Latino 🞏 Not Hispanic or Latino 🞏 UnknownImported From: 🞏 Not Imported 🞏 Acquired Out of State 🞏 Acquired Out of Country 🞏 Unknown  Country of Origin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Origin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other possible exposures: 🞏 Sexual 🞏 Breastfeeding 🞏 Blood products 🞏 Organs |
| **Past Medical History** |
| Hypertension | 🞏 Yes 🞏 No 🞏 Unk  |
| Heart disease | 🞏 Yes 🞏 No 🞏 Unk  |
| Diabetes mellitus | 🞏 Yes 🞏 No 🞏 Unk  |
| Asthma/respiratory disease | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| COPD | 🞏 Yes 🞏 No 🞏 Unk  |
| Autoimmune disorder | 🞏 Yes 🞏 No 🞏 Unk  |
| Cancer | 🞏 Yes 🞏 No 🞏 Unk  |
| Other immune deficiency | 🞏 Yes 🞏 No 🞏 Unk  |
| Liver/hepatic disease | 🞏 Yes 🞏 No 🞏 Unk  |
| Kidney/renal disease | 🞏 Yes 🞏 No 🞏 Unk  |
| Thyroid disease | 🞏 Yes 🞏 No 🞏 Unk  |
| Seizure disorder | 🞏 Yes 🞏 No 🞏 Unk  |
| Other neurologic disease | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tobacco use | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Current 🞏 Past  |
| Alcoholism | 🞏 Yes 🞏 No 🞏 Unk  |
| Intravenous drug use | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Current 🞏 Past  |
| Other medically important condition | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Pre-existing Medications and Treatments** |
| Medications to treat hypertension | 🞏 Yes 🞏 No 🞏 Unk  |
| Medications to treat coronary heart disease | 🞏 Yes 🞏 No 🞏 Unk  |
| Medications to treat congestive heart failure | 🞏 Yes 🞏 No 🞏 Unk  |
| Chemotherapy | 🞏 Yes 🞏 No 🞏 Unk  |
| Other treatments for cancer | 🞏 Yes 🞏 No 🞏 Unk  |
| Medications that suppress the immune system | 🞏 Yes 🞏 No 🞏 Unk  |
| Insulin or other meds to treat diabetes | 🞏 Yes 🞏 No 🞏 Unk  |
| Hemodialysis | 🞏 Yes 🞏 No 🞏 Unk  |
| Other treatments for kidney disease | 🞏 Yes 🞏 No 🞏 Unk  |
| Oral or injected steroids  | 🞏 Yes 🞏 No 🞏 Unk  |
| **Clinical Information** |
| Illness onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  |
| Clinical syndrome: 🞏 Febrile illness 🞏 Encephalitis/meningoencephalitis 🞏 Meningitis 🞏 Acute flaccid paralysis  🞏 Guillain-Barré syndrome 🞏 Other neuroinvasive presentation 🞏 Other clinical |
| Case Status (ArboNET): 🞏 Confirmed 🞏 Probable  |
| Fever | 🞏 Yes 🞏 No 🞏 Unk 🞏 Subjective 🞏 Measured (Max temperature: \_\_\_\_\_\_\_\_\_\_) |
| Chills/Rigors | 🞏 Yes 🞏 No 🞏 Unk  |
| Rash | 🞏 Yes 🞏 No 🞏 Unk Type: 🞏 Maculopapular 🞏 Petechial 🞏 Purpuric  🞏 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pruritic: 🞏 Yes 🞏 No 🞏 Unk  Distribution:­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Headache  | 🞏 Yes 🞏 No 🞏 Unk  |
| Retro-orbital pain | 🞏 Yes 🞏 No 🞏 Unk  |
| Conjunctivitis  | 🞏 Yes 🞏 No 🞏 Unk  |
| Oral ulcers | 🞏 Yes 🞏 No 🞏 Unk  |
| Nausea/Vomiting  | 🞏 Yes 🞏 No 🞏 Unk  |
| Diarrhea | 🞏 Yes 🞏 No 🞏 Unk  |
| Arthralgia  | 🞏 Yes 🞏 No 🞏 Unk  |
| Arthritis | 🞏 Yes 🞏 No 🞏 Unk  |
| Myalgia  | 🞏 Yes 🞏 No 🞏 Unk  |
| Sore throat | 🞏 Yes 🞏 No 🞏 Unk  |
| Cough | 🞏 Yes 🞏 No 🞏 Unk  |
| Lymphadenopathy | 🞏 Yes 🞏 No 🞏 Unk  |
| Abdominal pain | 🞏 Yes 🞏 No 🞏 Unk  |
| Edema | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Neurologic Symptoms** |
| Neurologic symptom onset date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ First neurologic symptom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| In 2 months preceding neurologic symptoms | 🞏 Gastrointestinal illness🞏 Upper respiratory illness🞏 Vaccinations If yes, list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Paresis/Paralysis | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location (affected limbs):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Progression:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown |
| Stiff Neck | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown |
| Photophobia | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown |
| **Neurologic Symptoms (continued)** |
| Ataxia | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown |
| Altered mental status | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown |
| Seizures | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown |
| Paresthesia | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location (affected limbs):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Progression:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown |
| Acute bilateral, progressive weakness | 🞏 Yes 🞏 No 🞏 Unk  If yes (all that apply): 🞏 Extremities 🞏 Facial 🞏 Extraocular muscles Weakness starting in lower extremities and then ascending: 🞏 Yes 🞏 No 🞏 Unk  Maximal weakness/clinical nadir 12h–28d from neurologic onset: 🞏 Yes 🞏 No 🞏 Unk Resolution: 🞏 Complete improvement 🞏 Partial improvement 🞏 No improvement  🞏 Unknown  |
| Impaired coordination  | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown |
| Frequent stumbling or unsteady gait | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown |
| Problems with balance | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown |
| Uncontrolled or repetitive eye movements | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown |
| Trouble performing fine motor tasks | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown |
| **Neurologic Symptoms (continued)** |
| Slurred speech or other vocal changes  | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown |
| Behavioral or personality changes | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown |
| Dizziness | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown |
| Reduced/absent deep tendon reflexes  | 🞏 Yes 🞏 No 🞏 Unk  |
| Autonomic instability  | 🞏 Yes 🞏 No 🞏 Unk  |
| Neuropathic pain  | 🞏 Yes 🞏 No 🞏 Unk If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Alternative condition or possible diagnosis  | 🞏 Yes 🞏 No 🞏 Unk  |
| Neurologist diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Other: |
| **Outcomes** |
| Emergency department  | 🞏 Yes 🞏 No 🞏 Unk  |
| Hospitalized  | 🞏 Yes 🞏 No 🞏 Unk  | Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge:\_\_\_\_/\_\_\_\_/\_\_\_\_ Days hospitalized:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Multiple admissions: 🞏 Yes 🞏 No 🞏 Unk Number:\_\_\_\_\_\_\_\_\_\_ |
| ICU | 🞏 Yes 🞏 No 🞏 Unk  | Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge:\_\_\_\_/\_\_\_\_/\_\_\_\_ Days in intensive care:\_\_\_\_\_\_\_\_\_\_ Intubation: 🞏 Yes 🞏 No 🞏 Unk  |
| Admission diagnoses | Primary diagnosis or ICD 10:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Additional diagnoses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Discharge diagnoses | Primary diagnosis or ICD 10:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Additional diagnoses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Died  | 🞏 Yes 🞏 No 🞏 Unk  | Date of Death:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Causes of death: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Discharged to rehab  | 🞏 Yes 🞏 No 🞏 Unk  |
| **Treatments Administered During Hospitalization**  |
| Antimicrobials | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Steroids/other immune modulating | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Blood products | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| IVIG | 🞏 Yes 🞏 No 🞏 Unk Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Zika Virus Test Results** | **Dengue Virus Test Results** |
| Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC Result: 🞏 Positive 🞏 Negative 🞏 Equivocal Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial | Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC 🞏 NS1Result: 🞏 Positive 🞏 Negative 🞏 Equivocal Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial |
| Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC Result: 🞏 Positive 🞏 Negative 🞏 Equivocal Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial | Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC 🞏 NS1Result: 🞏 Positive 🞏 Negative 🞏 Equivocal Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial |
| Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC Result: 🞏 Positive 🞏 Negative 🞏 Equivocal Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial | Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC 🞏 NS1 Result: 🞏 Positive 🞏 Negative 🞏 Equivocal Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial |
| Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC Result: 🞏 Positive 🞏 Negative 🞏 Equivocal Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial | Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC 🞏 NS1 Result: 🞏 Positive 🞏 Negative 🞏 Equivocal Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial |
| **Laboratory Tests**  |
| CBC performed 🞏 Yes 🞏 No 🞏 Unk  |
|  | Leukopenia *(<4,500)*Thrombocytopenia *(<150,000)*Leukocytosis *(>11,000)* | 🞏 Yes 🞏 No 🞏 Unk 🞏 Yes 🞏 No 🞏 Unk 🞏 Yes 🞏 No 🞏 Unk  | Nadir:\_\_\_\_\_ ; Date:\_\_­­­­\_\_/\_\_\_/\_\_\_\_Nadir:\_\_\_\_\_ ; Date:\_\_­­­­\_\_/\_\_\_/\_\_\_\_Max:\_\_\_\_\_\_ ; Date:\_\_­­­­\_\_/\_\_\_/\_\_\_\_ |
| Abnormal liver enzymes | AST: 🞏 Yes 🞏 No 🞏 Unk Max:\_\_\_\_\_\_\_; Date:\_\_­­­­\_\_/\_\_\_\_/\_\_\_\_ALT: 🞏 Yes 🞏 No 🞏 Unk Max:\_\_\_\_\_\_\_; Date:\_\_­­­­\_\_/\_\_\_\_/\_\_\_\_ |
| LP performed | 🞏 Yes 🞏 No 🞏 Unk  | Date:\_\_\_/\_\_\_\_/\_\_\_\_WBC:\_\_\_\_\_\_\_\_\_\_\_\_\_RBC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Protein:\_\_\_\_\_\_\_\_\_\_\_Glucose:\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_/\_\_\_\_/\_\_\_\_WBC:\_\_\_\_\_\_\_\_\_\_\_\_\_RBC:\_\_\_\_\_\_\_\_\_\_\_\_\_Protein:\_\_\_\_\_\_\_\_\_\_\_Glucose:\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_/\_\_\_\_/\_\_\_\_WBC:\_\_\_\_\_\_\_\_\_\_\_\_\_RBC:\_\_\_\_\_\_\_\_\_\_\_\_\_Protein:\_\_\_\_\_\_\_\_\_\_\_Glucose:\_\_\_\_\_\_\_\_\_\_ |
| MRI | 🞏 Yes 🞏 No 🞏 Unk  | Date:\_\_\_/\_\_\_\_/\_\_\_\_ | Abnormal results: 🞏 Yes 🞏 No 🞏 Unk If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| CT | 🞏 Yes 🞏 No 🞏 Unk  | Date:\_\_\_/\_\_\_\_/\_\_\_\_ | Abnormal results: 🞏 Yes 🞏 No 🞏 Unk If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| EMG/NCS | 🞏 Yes 🞏 No 🞏 Unk  | Date:\_\_\_/\_\_\_\_/\_\_\_\_ | Abnormal results: 🞏 Yes 🞏 No 🞏 Unk If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consistent with GBS: 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Axonal (i.e., AMAN or AMSAN) 🞏 Mixed axonal and demyelinating 🞏 Demyelinating (i.e., AIDP) 🞏 Unknown subtype  |
| Other test | 🞏 Yes 🞏 No 🞏 Unk  | Date:\_\_\_/\_\_\_\_/\_\_\_\_ | Abnormal results: 🞏 Yes 🞏 No 🞏 Unk If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |