Hantavirus Disease Case Report Form Please return to: Centers for Disease Control and Prevention, Viral Special Pathogens Branch

Ph: (470) 312-0094 Fax: (404) 471-2526 Email: spather@cdc.gov

Site: http://www.cdc.gov/hantavirus/health-care-workers/specimen-submission/index.html



VSPB EPI-Number: (CDC Internal Use Only)

miormation below is required for identification and meaningful inte	rpretation of laboratory diagnostic results. Hailtavirus disease may not be co	mininea without compatible timital and/or exposure data.
PATIENT INFORMATION	PATIENT'S BACKGROUND AN	D EXPOSURE INFORMATION
Last name:	Occupation: Am	neck all that apply): nerican Indian/Alaska Native
First name: MI:	Asi Ethnicity: Wh	an Black or African American ite Native Hawaiian/other Pacific Islander
Age: Sex:	If yes, type of rodent exposure: Place of contact (town, county, state):	
County: State: ZIP: Choose one (if known): Hantavirus (Cardio) Pulmonary Syndrome Non-pulmonary Hantavirus Disease		ity (camping, hiking) Other (explain below)
TIMELINE	CLINICAL INFORMATION	OUTCOME
Date symptom onset: Was patient hospitalized? Yes No Date of admission: Date of discharge: PRE-HOSPITAL TREATMENT Did patient seek care before admission? Yes No Date: Outcome (sent home, diagnosed as flu, etc):	Fever > 101F (38.3C)? Yes No Thrombocytopenia? (<150,000) Yes No Elevated hematocrit? Yes No Elevated creatinine? Yes No HOSPITAL COURSE Supplemental oxygen required? Yes No Was patient on ECMO? Yes No CXR with unexplained bilateral interstitial infiltrates or suggestive of ARDS? Yes No Notes on clinical course of illness: Data Lat. Type	te of death: topsy performed? Yes No spsy findings: TESTING INFORMATION Te of specimen collected: te of collection: te of test: the of test:
State Health Department reporting case:	FOR STATE HEALTH DEPARTMENTS State/local ID no.:	Date form completed:
	Email:	Phone number:
Name of patient's physician:	Email:	Phone number:
	y must be included with the shipment of specimen. Once the form is completed, use the	

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 (0920-0728).