CDC nCoV ID _____

# Interim 2019 novel coronavirus (2019-nCoV) patient under investigation (PUI) form

*As soon as possible, notify and send completed form to: 1) your local/state health department, and 2) ) CDC: email (eocevent185@cdc.gov, subject line: nCoV PUI Form) or fax (770-488-7107). If you have questions, contact the CDC Emergency Operations Center (EOC) at 770-488-7100.*

**Today's date**_____ **State patient ID**_____ **NNDSS local record ID/Case ID[1]** _____ **State**___ **County**_____

**Patient first name** _____ **Patient last name** _____ **Patient date of birth** _____

**Interviewer's name**_____ **Phone**_____ **Email**_____

**Physician's name** _____ **Phone**_____ **Pager or Email**_____

**Sex** ☐ M ☐ F **Age**_____ ☐ yr ☐ mo **Residency** ☐ US resident ☐ Non-US resident, country_____ *PUI Criteria*

**Date of symptom onset**_____

**Does the patient have the following signs and symptoms (check all that apply)?**

☐ Fever[2] ☐ Cough ☐ Sore throat ☐ Shortness of breath

**Does the patient have these additional signs and symptoms (check all that apply)?**

☐ Chills ☐ Headache ☐ Muscle aches ☐ Vomiting ☐ Abdominal pain ☐ Diarrhea ☐ Other, Specify_____

**In the 14 days before symptom onset, did the patient:**

| | | | |
|---|---|---|---|
| Spend time in China? | ☐ Y | ☐ N | ☐ Unknown |
|   Does the patient live in China? | ☐ Y | ☐ N | ☐ Unknown |
|   Date traveled **to** China_____ Date traveled **from** China_____ Date **arrived** in US_____ | | | |
| Spend time in Wuhan City, China? | ☐ Y | ☐ N | ☐ Unknown |
|   Does the patient live in Wuhan City? | ☐ Y | ☐ N | ☐ Unknown |
| Spend time in Hubei Province (not Wuhan City)? | ☐ Y | ☐ N | ☐ Unknown |
|   Does the patient live in Hubei Province (not Wuhan City)? | ☐ Y | ☐ N | ☐ Unknown |
| Spend time outside of the U.S. (not China)? | ☐ Y | ☐ N | ☐ Unknown |
|   Name of country _____ | | | |
|   Does the patient live in this country? <br>   Date traveled **to** country (not China)_____ Date traveled **from** country (not China)_____ <br>     Date **arrived** in US from country (not China)_____ | ☐ Y | ☐ N | ☐ Unknown |
| Have close contact[3] with a person who is under investigation for 2019-nCoV? | ☐ Y | ☐ N | ☐ Unknown |
| Have close contact[3] with a laboratory-confirmed 2019-nCoV case? | ☐ Y | ☐ N | ☐ Unknown |
|   Was the case ill at the time of contact? | ☐ Y | ☐ N | ☐ Unknown |
|   Is the case a U.S. case? | ☐ Y | ☐ N | ☐ Unknown |
|   Is the case an international case? | ☐ Y | ☐ N | ☐ Unknown |
|     In which country was the case diagnosed with 2019 n-CoV? _____ | | | |

*Additional Patient Information*

**Is the patient a health care worker?** ☐ Y ☐ N ☐ Unknown

**Have history of being in a healthcare facility (as a patient, worker, or visitor) in China?** ☐ Y ☐ N ☐ Unknown

**Care for a nCoV patient?** ☐ Y ☐ N ☐ Unknown

**Is patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which nCoV is being evaluated?** ☐ Y ☐ N ☐ Unknown

**Diagnosis (select all that apply):** Pneumonia (clinical or radiologic) ☐ Y ☐ N   Acute respiratory distress syndrome ☐ Y ☐ N

**Comorbid conditions (check all that apply):** ☐ None ☐ Unknown ☐ Pregnancy ☐ Diabetes ☐ Cardiac disease ☐ Hypertension ☐ Chronic pulmonary disease ☐ Chronic kidney disease ☐ Chronic liver disease ☐ Immunocompromised ☐ Other, specify

**Is/was the patient: Hospitalized?** ☐ Y, admit date_____ ☐ N **Admitted to ICU?** ☐ Y ☐ N

**Intubated?** ☐ Y ☐ N **On ECMO?** ☐ Y ☐ N **Patient died?** ☐ Y ☐ N

**Does the patient have another diagnosis/etiology for their respiratory illness?** ☐ Y, Specify_____ ☐ N ☐ Unknown

**PLEASE TURN OVER**

CDC nCoV ID _____

**Respiratory diagnostic results**

| Test | Pos | Neg | Pending | Not done |
|---|---|---|---|---|
| Influenza rapid Ag ☐ A ☐ B | ☐ | ☐ | ☐ | ☐ |
| Influenza PCR ☐ A ☐ B | ☐ | ☐ | ☐ | ☐ |
| RSV | ☐ | ☐ | ☐ | ☐ |
| H. metapneumovirus | ☐ | ☐ | ☐ | ☐ |
| Parainfluenza (1-4) | ☐ | ☐ | ☐ | ☐ |
| Adenovirus | ☐ | ☐ | ☐ | ☐ |
| Rhinovirus/enterovirus | ☐ | ☐ | ☐ | ☐ |

| Test | Pos | Neg | Pending | Not done |
|---|---|---|---|---|
| Coronavirus (OC43, 229E, HKU1, NL63) | ☐ | ☐ | ☐ | ☐ |
| *M. pneumoniae* | ☐ | ☐ | ☐ | ☐ |
| *C. pneumoniae* | ☐ | ☐ | ☐ | ☐ |
| Other, Specify_____ | ☐ | ☐ | ☐ | ☐ |

**Specimens for 2019-nCoV testing**

| Specimen type | Specimen ID | Date collected | Sent to CDC? |
|---|---|---|---|
| NP swab | | | ☐ |
| OP swab | | | ☐ |
| Sputum | | | ☐ |
| BAL fluid | | | ☐ |
| Tracheal aspirate | | | ☐ |

| Specimen type | Specimen ID | Date collected | Sent to CDC? |
|---|---|---|---|
| Stool | | | ☐ |
| Urine | | | ☐ |
| Serum | | | ☐ |
| Other, specify____ | | | ☐ |
| Other, specify____ | | | ☐ |

[1] For NNDSS reporters, use GenV2 or NETSS patient identifier.

[2] Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations

[3] Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.