

CDC nCoV ID \_\_\_\_\_

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

Immediately call and securely send completed form to your local/state health department. Local/state health departments should securely send forms to CDC: email (eoevent185@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<sup>1</sup> \_\_\_\_\_ 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<sup>2</sup>  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? Does the patient live in China? Date traveled to China _____ Date traveled from China _____ Date arrived in US _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Spend time in Wuhan City, China? Does the patient live in Wuhan City?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Spend time in Hubei Province (not Wuhan City)? Does the patient live in Hubei Province (not Wuhan City)?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Spend time outside of the U.S. (not China)? Name of country _____ Does the patient live in this country? Date traveled to country (not China) _____ Date traveled from country (not China) _____ Date arrived in US from country (not China) _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Have close contact <sup>3</sup> with a person who is under investigation for 2019-nCoV?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Have close contact <sup>3</sup> with a laboratory-confirmed 2019-nCoV case? Was the case ill at the time of contact? Is the case a U.S. case? Is the case an international case? In which country was the case diagnosed with 2019 n-CoV? _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown

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

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**Respiratory diagnostic results**

Test	Pos	Neg	Pending	Not done
Influenza rapid Ag <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza PCR <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. metapneumovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parainfluenza (1-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhinovirus/enterovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test	Pos	Neg	Pending	Not done
Coronavirus (OC43, 229E, HKU1, NL63)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>M. pneumoniae</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>C. pneumoniae</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Specimens for 2019-nCoV testing**

Specimen type	Specimen ID	Date collected	Sent to CDC?
NP swab			<input type="checkbox"/>
OP swab			<input type="checkbox"/>
Sputum			<input type="checkbox"/>
BAL fluid			<input type="checkbox"/>
Tracheal aspirate			<input type="checkbox"/>

Specimen type	Specimen ID	Date collected	Sent to CDC?
Stool			<input type="checkbox"/>
Urine			<input type="checkbox"/>
Serum			<input type="checkbox"/>
Other, specify _____			<input type="checkbox"/>
Other, specify _____			<input type="checkbox"/>

<sup>1</sup> For NNDSS reporters, use GenV2 or NETSS patient identifier.

<sup>2</sup> 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

<sup>3</sup> 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.