|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Case Information** | | | | | | | | | | | | | **Testing/Screening** | | | |
| **#** | **Name** | **Patient or HCW** | **DOB/**  **Age** | **Sex** | **Unit / Room** | **Admit Date** | **Symptom Onset Date** | ***Specimen Collection Date*** | **Died** | **Event Date**  **(When applicable)** | **Epidemiological Links** | **Screening/ testing necessary**  **Yes / No** | | **Test Name** | **Test Date** | **Result** |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Resident  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  | Patient  HCW |  |  |  |  |  |  |  |  |  |  | |  |  |  |

**Comments/Other Pertinent Information:**