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| --- | --- |
| **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:**