

# COVID-19 Infection: MS Patient Data Capture Form

Patient Name:

Date of Visit: / /

Patient ID: (Affix label)

Diagnosis Confirmed?  Yes  No

Date of Diagnosis: / /

Was DMT ceased / delayed during the infection?  Yes  No

Diagnosis confirmed by:

PCR  Positive  Negative  Not Done

Serology  Positive  Negative  Not Done

Typical Chest imaging findings  Positive  Negative  Not Done

Symptoms

Symptomatic?  Yes  No

Fever  Yes  No

Fatigue  Yes  No

Dry cough  Yes  No

Sore throat  Yes  No

Anosmia  Yes  No

Pain  Yes  No

Pneumonia  Yes  No

Other Medical Conditions:

Pregnancy  Yes  No

Current Smoker  Yes  No

Obesity  Yes  No

Comorbidities?  Yes  No

CVS Incl. Hypertension

Diabetes  Yes  No

Chronic lung disease  Yes  No

Renal disease  Yes  No

Liver disease  Yes  No

Malignancy  Yes  No

If yes:  Active  In Remission

Lab tests:

Pathology Test Conducted

Lymphocyte count Value Unit

Date: / /

White Cell Count: Value Unit

Date: / /

CD19 BCell Count:

Date: / /

COVID-19 Severity Indicator

- Mild
- Moderate
- Severe
- Life Threatening

Hospital related incidents:

Hospital Admission?  Yes  No

Date of Admission: / /

Date of Discharge: / /

ICU Admission?  Yes  No

Date of Admission: / /

Date of Discharge: / /

Was ventilation required?  Yes  No  
 Invasive  Non-invasive

Was ECMO required?  Yes  No

COVID-19 Outcome:

- Unkown
- Ongoing
- Recovery
- Death

Date (if Deceased): / /

Have all relevant fields in the form been updated in the Patient's Record in iMed / MDS?