

COLLABORATIVE COHORT OF COHORTS FOR COVID-19 RESEARCH (C4R)

COVID Tracking FORM

Participant ID:									
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FORM CODE: CVT
VERSION: 1.0 02/07/2022

Occurrence # _____

ADMINISTRATIVE INFORMATION-

0a. Admit Date: / /

0b. Staff ID:

Instructions: This form is completed for all eligible COVID C4R cases. It is completed by field center staff.

1. Date: / /

2. Notes: _____

3. Type of Event?

- IHD=In-hospital Death₁
- OHD=Out of hospital death₂
- NFH=Non-fatal hospitalization₃

4. How did the center find out about the event? (Select all that apply)

- 4a. C4R Questionnaire
- 4b. Other cohort follow-up (including events surveillance)
- 4c. Participant or proxy contacted the field/clinical center
- 4d. Cohort field/clinical center visit
- 4e. During investigation of another event
- 4f. Obituary/local news
- 4g. Electronic medical record surveillance or health information exchange
- 4h. NDI or local vital statistics search
- 4i. Other: 4i1: _____

For Question 5 Use Key below

ID NUMBER:								
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FORM CODE: CVT
 VERSION: 1.0
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Contact Occasion			SEQ #		
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- 0= Pending records request
- 1= Event Record requested
- 2= Confirmed, No event to investigate
- 3= Confirmed, Records Not Available
- 4= Medical records received for event
- 5= Records Sent to GIC; event is complete
- 6= Patient declined medical release

5. Status Result Code# (if=0-4 or 6, save and close the form, if=5, continue to 6)

6. Are the following included in the packet? Place an "X" in boxes corresponding to the materials included.

- 6a. Discharge Diagnosis and ICD Codes
- 6b. ICD Code Sheet
- 6c. Admission note, History and Physical (H&P), HPI
- 6d. ED Note
- 6e. Physician consult notes (all services)
- 6f. ICU admission note (if applicable)
- 6g. Discharge note/summary
- 6h. Death Certificate (if 3=0 or 1)
- 6i. Radiology reports
- 6j. Laboratory reports:
- 6k. Medications:
- 6l. Vital Signs
- 6m. Electrocardiogram report (if suspected MI or new atrial fibrillation)