

Notification

FIELD	FIELD DATA
Date Of Notification	
Notification Sent By Facility	
Notification Sent By Name	
Notification Received By Facility	
Notification Received By Name	

Case Location

FIELD	FIELD DATA
* Country	
* Region	
* Rayon	
Settlement Type	
Settlement	
Street	
House	
Building	
Apt	
Postal Code	
Latitude (#.####o)	
Longitude (#.#####o)	



Clinical Information

FIELD	FIELD DATA
* Case Status	
* Date of Symptoms Onset	
Date of Disease	
List of Symptoms	
Hospitalization?	
Antibiotic Antiviral Therapy Administered?	
Was Specific Vaccination Administered?	

Outbreak Investigation

FIELD	FIELD DATA
* Investigator Organization	
* Investigator Name	
Starting Date of Investigation	
Case Classification	
Primary Case	
Additional Comments	



Case Monitoring

FIELD	FIELD DATA
Monitoring Date	
Case Monitoring	
* Investigator Organization	
* Investigator Name	
Additional Comments	

Contacts

FIELD	FIELD DATA
Contact Name *	
Relation*	
Date of Last Contact	
Place of Last Contact	
Contact Status	
Contact Comments	

Samples

FIELD	FIELD DATA
Filter Sample By Disease	
* Sample Type	
Local Sample	
Collection Date	
* Field Collected By Office	
Field Collected By Person	
Sent Date	
* Sent To Organization	
Accession Date	
Sample Condition Received	



Test Details

FIELD	FIELD DATA
Filter Test Name by Disease	
Local Sample ID:	
Sample Type	
Lab Sample ID	
* Test Name	
Test Category	
* Test Status	
Test Result	
Result Date	
Rules In\Out	
Comments (Rules In\Out)	
Date Interpreted	
Interpreted By	
Validated (Y/N)	
Comments (Validated)	
Date Validated	
Validated By	