

■ Data Dictionary Codebook

04/29/2021 11:04am

^ Collapse all instruments

#	Variable / Field Name	Field Label Field Note	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instru	ument: Screening form (screen	△ Collapse	
1	record_id	Study ID	text
2	ts_0	Timestamp for the screening form	text (datetime_dmy), Required Field Annotation: @HIDDEN @NOW_UTC
3	inclusion_yn	Do you intend to make a report on a patient who has a presumptive or lab-proven diagnosis of COVID-19 and has a current or past medical history of an invasive malignancy? Invasive malignancy is defined as any solid tumor other than in situ cancers (stage 0), and any hematologic malignancies other than precursor hematologic neoplasms (e.g., MGUS or monoclonal B lymphocytosis of undetermined significance).	yesno, Required 1 Yes 0 No
4	exclude Show the field ONLY if: [inclusion_yn] = '0'	We're sorry, but this survey is is intended to report on patients with COVID-19 and cancer. Non-melanoma skin cancer, in situ cancers, and premalignant conditions are excluded. Please click the button to exit the survey.	radio, Required x Exit the survey Stop actions on x
5	previous_report Show the field ONLY if: [inclusion_yn] = '1'	Have you previously reported this patient to this or any other registry?	radio, Required 1 No 2 This registry 3 Another registry
6	this_registry Show the field ONLY if: [previous_report] = '2'	If you have additional follow-up information to add to an existing report, you should return to that report and update the content.	descriptive
7	registry_other Show the field ONLY if: [previous_report] = '3'	Please feel free to fill out the survey. In order to help us avoid duplication with other complementary efforts, please optionally list the names of the other registries that you have reported to.	text
8	ccc19 Show the field ONLY if: [inclusion_yn] = '1'	Are you reporting on behalf on an institution participating in the CCC19 consortium?	yesno, Required 1 Yes 0 No
9	ccc19_exclude Show the field ONLY if: [ccc19] = '0'	We're sorry, but this survey is currently open only to respondents who are at a CCC19 participating institution. The attached FAQ provides some details about getting involved as a participating institution. If you would like your site to get involved, please contact us through the CCC19 website.	descriptive, Required
10	ccc19_exclude_2 Show the field ONLY if: [ccc19] = '0'	Please click the button below to exit the survey.	radio, Required x Exit the survey Stop actions on x
11	ccc19_institution Show the field ONLY if: [ccc19] = '1'	Please identify the participating institution.	dropdown (autocomplete), Required 181 Albert Einstein Cancer Center 101 Aurora Health Care 1- Banner MD Anderson Cancer Center 158 Baptist Cancer Center (Memphis, TN) 196 Baptist Healthcare System (IN/KY) 1- Barrow Neurological Institute 163 Baylor College of Medicine 39-6 BC Cancer 162 Beth Israel Deaconess Medical Center (BIDMC) 192 Boston Medical Center 139 Brown University

167	Cancer Treatment Centers of America (CTCA)
392	Centre Hospitalier de l'Université de Montréal (CHUM)
140- 2	Centro Médico ABC
102	City of Hope
103	Cleveland Clinic
133	Columbia University/New York Presbyterian
188	Cook County Hospital
104	Dana-Farber Cancer Institute (DFCI)
105	Duke University
143	Einstein Medical Center
106	Emory University/Winship Cancer Institute
107	Fred Hutchinson Cancer Research Center/University of Washington/Seattle Cancer Care Alliance
1- 101	Geisinger Health System
1- 104	Georgetown Lombardi Comprehensive Cancer Center at Georgetown University
1- 110	George Washington University
138	Gundersen Health System
395	Hamilton Health Sciences
1- 103	Harold C. Simmons Comprehensive Cancer Center at the University of Texas Southwestern Medical Center
144	Hartford HealthCare Cancer Institute
1- 114	HCA Houston Healthcare
189	Henry Ford Cancer Institute
394	Hôpital Pierre-Le Gardeur
140- 3	Hospital General de México
140- 4	Hospital Regional de Alta Especialidad de Ixtalapuca
151	Houston Methodist Cancer Center
168	Huntsman Cancer Institute
146	Inova Schar Cancer Institute
140- 1	Instituto Nacional de Cancerología
108	Intermountain Healthcare
109	Johns Hopkins University
177	Kaiser Permanente Northwest
152	Karmanos Cancer Institute
193	Lewis Cancer & Research Pavilion @ St. Joseph's/Candler
178	Loma Linda University Cancer Center
155	Loyola University Medical Center
142	LSU Health Sciences Center
190	Markey Cancer Center at the University of Kentuc
110	Massachusetts General Hospital (MGH)
111	Mayo Clinic
112	Mays Cancer Center at UT Health San Antonio
391	McGill University Health Centre
	MD Anderson Cancer Center
113	

131	Medical University of South Carolina/Hollings Cancer Center
1- 112	Meharry Medical College
182	Memorial Sloan-Kettering Cancer Center (MSKCC)
197	Michigan Center of Medical Research
172	Missouri Baptist Cancer Center
137	Moffitt Cancer Center
176	Mount Auburn Hospital
160	Mount Carmel Health System
114	Mount Sinai/Tisch Cancer Institute
115	Northwell Health
1- 107	Northwest Medical Specialties
116	Northwestern University/Lurie Cancer Center
147	NYU Langone Health/Perlmutter Cancer Center
1- 115	O'Neal Comprehensive Cancer Center at UAB
154	Oregon Health & Sciences University/Knight Canc Institute (OHSU)
199	Parkview Cancer Institute/Parkview Research Center
149	Penn State Cancer Institute
198	Penn State Health St. Joseph Cancer Center
1- 119	Roger Williams Medical Center
150	Roswell Park Comprehensive Cancer Center
179	Rush University Medical Center
117	Rutgers Cancer Institute of New Jersey
393	Segal Cancer Centre, Jewish General Hospital, McGill University
1- 117	Sharp HealthCare
185	Sidney Kimmel Cancer Center at Thomas Jefferson University
140	SSM Health Cancer Care
183	Stamford Hospital
118	Stanford University
134	St. Elizabeth Healthcare
195	Sutter Health
119	Ohio State University Comprehensive Cancer Center
1- 102	Tallahassee Memorial Healthcare
180	ThedaCare Cancer Care
173	Thompson Cancer Survival Center
1- 113	Tripler Army Medical Center
159	Tufts Medical Center
187	UCLA Jonsson Comprehensive Cancer Center
136	University Hospitals, Cleveland
120	University of California, Davis
121	University of California, San Diego (UCSD)
135	University of California, San Francisco (UCSF)
141	University of Chicago
166	University of Cincinnati Cancer Center
148	University of Colorado Cancer Center

			161	University of Florida Health Cancer Center
			156	University of Hawaii Cancer Center
			169	University of Illinois at Chicago (UIC)
			165	University of Iowa Holden Comprehensive Cancer
			103	Center Comprehensive Cancer
			123	University of Kansas
			1- 105	University of Louisville James Graham Brown Cancer Center
			124	University of Maryland
			125	University of Miami/Sylvester Comprehensive Cancer Center
			153	University of Michigan/Rogel Cancer Center
			126	University of Minnesota
			1- 106	University of Mississippi Medical Center
			184	University of Nebraska Medical Center/Buffett Cancer Center
			127	University of North Carolina/Lineberger Comprehensive Cancer Center
			132	University of Rochester Medical Center
			174	University of Wisconsin Carbone Cancer Center
			1100	UPMC Western Maryland
			128	Vanderbilt University Medical Center/Vanderbilt- Ingram Cancer Center
			1- 111	Vidant Medical Center, East Carolina University
			191	Virginia Mason Cancer Institute
			186	Virtua Health
			157	Wake Forest Baptist Comprehensive Cancer Cente
			129	Washington University in St. Louis/Siteman Cancel Center
			164	Weill Cornell Medicine/Meyer Cancer Center
			170	WellSpan Health
			194	Wentworth-Douglass Hospital
			130	West Cancer Center
			171	Willis-Knighton Cancer Center
			145	Yale New Haven Health/Smilow Cancer Hospital
			1- 108	Yuma Regional Medical Center
				TEST
12	timing_of_report	Is this survey being filled out during the COVID-19 illness, or		
	Show the field ONLY if: [ccc19] = 1	from COVID-19 (with or without complications) or died from COVID-19,	l 	uring the illness ter the course of illness (retrospectively)
13	dx_year	What year was the patient diagnosed with COVID-19 in?	radio.	Required
	Show the field ONLY if:	and the property and the second secon	2019 2019	
	Show the field ONLY if: [ccc19] = 1	eid ONLT II.	2020	
			2021	2021
				<u> </u>

14	covid_19_dx_interval Show the field ONLY if: [ccc19] = 1	How long ago was the patient's COVID-19 diagnosis (to the best of your knowledge)?	2 With 3 With 4 With 5 With 6 With 7 Mo 8 With 9 With 10 Mo 99 Unl	equired thin the past week thin the past 1 to 2 weeks thin the past 2 to 4 weeks thin the past 4 to 8 weeks thin the past 8 to 12 weeks thin the past 8 to 12 weeks thin the past 3 to 6 months ore than 6 months ago thin the past 6 to 9 months thin the past 9 to 12 months ore than 12 months ago known motation: @HIDECHOICE = '7'
15	hcw_screen Show the field ONLY if: [ccc19] = '0'	Are you a healthcare provider or entering data on a healthcare provider's behalf?	yesno 1 Yes 0 No Field Ann	notation: @HIDDEN
16	hcw_exclude Show the field ONLY if: [hcw_screen] = '0'	This survey is currently open only to healthcare professionals or those entering data on behalf of a healthcare professional. If you are a patient or care partner looking to enter data about yourself or someone you know, please know we are currently working on strategies to reach out to you. If you would like to learn more about patient involvement in CCC19, check our website - we will update our website as we develop more ways for patients to get involved. Thank you for your patience! Please click the button below to exit the survey.	radio x Exit the survey Field Annotation: @HIDDEN Stop actions on x	
17	location	Are you based in any of the listed countries or regions?	radio	
	Show the field ONLY if:		1 Ur	nited States or the U.S. territories
	[ccc19] = '0'		EU Eu	uropean Union (EU)
				rgentina
				anada
			-	lexico
			l 	nited Kingdom
				ermany
			l 	aly
			<u> </u>	pain lo - I am not based in any of those countries or
				egions
			Field Apr	notation: @HIDECHOICE = '83,107,197' @HIDDEN
18	intl_stop	We're sorry, but the IRB does not allow us to collect data from your	radio	Totalion. Gribberiotee os, Tor, Tor Gribberi
	Show the field ONLY if:	country at this time. However, we are actively looking into adding		the survey
	[location] = '0'	international participation on a country-by-country basis. Please visit our website for more information; you will be redirected there once	Field Apr	notation: @HIDDEN
		you end the survey by clicking the button.		ions on x
19	screening_form_complete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete	
Instru	ment: Patient Demographic	(patient_demographics) 🔄 Enabled as survey		^ Collapse
20	ts_1	Timestamp for the patient demographics form		etime_dmy), Required notation: @HIDDEN @NOW_UTC
21	local_id	This field will only hold metadata for those sites using local REDCap instances and exporting to this database. It hold the local database record_id	text (inte Field Anr	eger) notation: @HIDDEN
' l				

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23	age	Section Header: Patient Demographics - mandatory This section asks about patient information at the time of the COVID-19 diagnosis or during the first known encounter		o, Required
		for COVID-19 as available for data entry.	1	Younger than 18
		Age at COVID-19 diagnosis (years)	2	18-29
			3	30-39
			4	40-49
			5	50-59
			6	60-69
			7	70-79
			8	80-89
			9	Older than 90
			10	DEPRECATED (was unknown)
			99	Unknown
				d Annotation: @HIDECHOICE = '10'
24	peds_contact	We have interest in collecting additional information about pediatric patients, but these more specific details would require PHI and are thus	desc	criptive
	Show the field ONLY if:	currently out of scope. You may learn more about this effort by visiting		
	[age] = '1'	the CCC19 website (clicking this link will open a new window).		
25	age_exact	Exact age at COVID-19 diagnosis (Note: you should only enter a	text	(integer, Min: 18, Max: 89)
	Show the field ONLY if:	number between 18-89, as ages outside of this range are considered PHI)		
	[age] = '2' or [age] = '3' or [age] = '4' or [age] = '5' or [age] = '6' or [a			
	ge] = '7' or [age] = '8'			
26	gender	Gender	drop	odown, Required
			0	Female
			1	Male
			2	Other
			3	Prefer not to say
				d Annotation: SNOMED: 263495000
27	country_of_patient_residen	Country of patient residence	drop 1	Dodown (autocomplete), Required United States of America (USA)
			×	
			2	Afghanistan
			-	Afghanistan
			3	Albania
			4	Algeria
			5	American Samoa
			6	Andorra
			7	Angola
			8	Anguilla
			9	Antarctica
			10	Antigua and Barbuda
			11	Argentina
			12	Armenia
			13	Aruba
			14	Australia
			15	Austria
			16	Azerbaijan
			17	Bahamas
			18	Bahrain
			19	Bangladesh
			20	Barbados
			21	Belarus
			22	Belgium
			23	Belize
			24	Benin
			25	Bermuda
I	ı	ı		

26	Bhutan
27	Bolivia
28	Bosnia and Herzegovina
29	Botswana
30	Bouvet Island
31	Brazil
32	British Indian Ocean Territory
33	Brunei Darussalam
34	Bulgaria
35	Burkina Faso
36	Burundi
37	Cambodia
38	Cameroon
39	Canada
40	Cape Verde
41	Cayman Islands
42	Central African Republic
43	Chad
44	Chile
45	China
46	Christmas Island
47	Cocos (Keeling Islands)
48	Colombia
49	Comoros
50	Congo
51	Cook Islands
52	Costa Rica
53	Cote D'Ivoire (Ivory Coast)
54	Croatia (Hrvatska
55	Cuba
56	Cyprus
57	Czech Republic
58	Denmark
59	Djibouti
60	Dominica
61	Dominican Republic
62	East Timor
63	Ecuador
64	Egypt
65	El Salvador
66	Equatorial Guinea
67	Eritrea
68	Estonia
69	Ethiopia
70	Falkland Islands (Malvinas)
71	Faroe Islands
72	Fiji
73	Finland
74	France
77	French Guiana
78	French Polynesia
79	French Southern Territories
-	
80	Gabon

82	Georgia
83	Germany
84	Ghana
85	Gibraltar
86	Greece
87	Greenland
88	Grenada
89	Guadeloupe
90	Guam
91	Guatemala
92	Guinea
93	Guinea-Bissau
94	Guyana
95	Haiti
96	Heard and McDonald Islands
97	Honduras
98	Hong Kong
99	Hungary
100	Iceland
101	India
102	Indonesia
103	Iran
104	Iraq
105	Ireland
106	Israel
107	Italy
108	Jamaica
109	Japan
110	Jordan
111	Kazakhstan
112	Kenya
113	Kiribati
114	Korea (North)
115	Korea (South)
116	Kuwait
117	Kyrgyzstan
118	Laos
119	Latvia
120	Lebanon
121	Lesotho
122	Liberia
123	Libya
124	Liechtenstein
125	Lithuania
126	Luxembourg
127	Macau
128	Macedonia
129	Madagascar
130	Malawi
131	
131	Malaysia Maldives
133	Mali
124	Malta
134 135	Malta Marshall Islands

ı		
	136	Martinique
	137	Mauritania
	138	Mauritius
	139	Mayotte
	140	Mexico
	141	Micronesia
	142	Moldova
	143	Monaco
	144	Mongolia
	145	Montserrat
	146	Morocco
	147	Mozambique
	148	Myanmar
	149	Namibia
	150	Nauru
	151	Nepal
	152	Netherlands
	153	Netherlands Antilles
	154	New Caledonia
	155	New Zealand
	156	Nicaragua
	157	Niger
	158	Nigeria
	159	Niue
	160	Norfolk Island
	161	Northern Mariana Islands
	162	Norway
	163	Oman
	164	Pakistan
	165	Palau
	166	Panama
	167	Papua New Guinea
	168	Paraguay
	169	Peru
	170	Philippines
	171	Pitcairn
	172	Poland
	173	Portugal
	174	Puerto Rico
	175	Qatar
	176	Reunion
	177	Romania
	178	Russian Federation
	179	Rwanda
	180	Saint Kitts and Nevis
	181	Saint Lucia
	182	Saint Vincent and The Grenadines
	183	Samoa
	184	San Marino
	185	Sao Tome and Principe
	186	Saudi Arabia
	187	Senegal
	188	Seychelles
	189	Sierra Leone

28	state_of_patient_residence	State of territory of patient residence	AL	down (autocomplete), Required Alabama (AL)	
	I also de la companya della companya de la companya de la companya della companya	State or territory of patient residence	I	decompleted Decombrand	
				Annotation: SNOMED: 223369002	
				Annual Manual Children Children	
			240	Zimbabwe	
				Zambia	
			 	Zaire	
				Yugoslavia	
			-	Yemen	
				Western Sahara	
				Wallis and Futuna Islands	
			 	Virgin Islands (US)	
				Virgin Islands (British)	
			231		
			 	Venezuela	
				Vatican City State (Holy See)	
			228		
			227		
			 	Uruguay	
				US Minor Outlying Islands	
				United Kingdom (Britain / UK)	
				United Arab Emirates	
				Uganda Ukraine	
			220		
				Tuvalu	
			218		
			217	Turkey Turkmenistan	
				Turkov	
				Trinidad and Tobago	
			214	_	
			213		
			212		
			211		
			210		
			209		
			208		
			207	-	
				Switzerland	
				Sweden	
				Swaziland	
				Svalbard and Jan Mayen Islands	
				Suriname	
				Sudan	
				St. Pierre and Miquelon	
				St. Helena	
				Sri Lanka	
				Spain	
				S. Georgia and S. Sandwich Isls.	
				South Africa	
			-	Somalia	
			193	Solomon Islands	
			192	Slovenia	
			191	Slovak Republic	
		1			

[country_of_patient_residen] = '1'	AK	Alaska (AK)
	AZ	Arizona (AZ)
	AR	Arkansas (AR)
	CA	California (CA)
	CO	Colorado (CO)
	ст	Connecticut (CT)
	DE	Delaware (DE)
	FL	Florida (FL)
	GA	Georgia (GA)
	н	Hawaii (HI)
	ID	Idaho (ID)
	IL.	Illinois (IL)
	IN	Indiana (IN)
	IA	Iowa (IA)
	KS	Kansas (KS)
	KY	Kentucky (KY)
	LA	Louisiana (LA)
	ME	
	ME	
	MA	
	MI	Michigan (MI)
	M	
	MS	Mississippi (MS)
	MC	
	MT	
	NE NE	Nebraska (NE)
	NV	Nevada (NV)
	NH NH	
	NJ	New Jersey (NJ)
	NN NN	
	NY	New York (NY)
	NC	1
	NE	1
	OH	
	OK	
	OR	
	PA	Pennsylvania (PA)
	RI	Rhode Island (RI)
	sc	South Carolina (SC)
	SD	South Dakota (SD)
	TN	Tennessee (TN)
	TX	Texas (TX)
	UT	Utah (UT)
	VT	Vermont (VT)
	VA	Virginia (VA)
	W	
	w	
	w	Wisconsin (WI)
	w	
	DC	District of Columbia (DC)
	AS	American Samoa (AS)
	GL	
	MF	
	PR	Puerto Rico (PR)

			VI U.S. Virgin Islands (VI)
29	city	What is the name of the city where the patient is receiving medical care? Optional, but will help with avoiding duplicate reports.	text
30	facility	What is the name of the healthcare facility where the patient is presenting? Optional, but will help with avoiding duplicate reports. If the facility is a satellite to a larger center, please specify in this field.	text
31	more_demographics Show the field ONLY if: [ccc19] = '0'	Section Header: Patient demographics - optional This section asks about patient information at the time of the COVID-19 diagnosis or during the first known encounter for COVID-19 as available for data entry. Would you like to answer additional demographic questions? This is optional but will really help us understand the granular details better.	yesno 1 Yes 0 No
32	race	Patient-reported race (check all that apply if patient identifies with more than one race)	Checkbox
			9 2076- race2076_8 Native Hawaiian or Other Pacific Islander
			2054- race2054_5 Black or African American 5 2106- race2106_3 White 3
			2131- race2131_1 Other
			Field Annotation: Value Set: 2.16.840.1.114222.4.11.6065
33	ethnicity	Patient-reported ethnicity	radio 2135-2 Hispanic or Latino 2186-5 NOT Hispanic or Latino UNK Unknown / Not Reported Custom alignment: RH Field Annotation: Value Set: 2.16.840.1.114222.4.11.837
34	urban_rural	What type of area does the patient primarily reside in?	radio 1 Urban (city) 2 Suburban (town, suburbs) 3 Rural (country) 88 Other 99 Unknown
35	insurance Show the field ONLY if: [more_demographics] = '1' or [ccc 19] = '1' or [country_of_patient_re siden] = '1'	What is the patient's insurance status? Check all that apply; this should be the insurance status at the time of COVID-19 diagnosis.	checkbox 0 insurance0 Not insured 1 insurance1 Private insurance/managed care 2 insurance2 Medicaid 3 insurance3 Medicare 4 insurance4 Other government 99 insurance99 Unknown
36	hcw	Is the patient a healthcare worker?	radio 0 No 1 Yes 99 Unknown
37	hcw_info Show the field ONLY if: [hcw] = '1'	We are currently developing a separate survey to collect more information on healthcare workers with cancer who have suspected or confirmed COVID-19. You may learn more about this effort by visiting the CCC19 website (clicking this link will open a new window).	descriptive Field Annotation: @HIDDEN

20		FOOG 6	media. Described						
38	ecog_status	ECOG performance status prior to infection Please record the ECOG performance status closest to the time of infection. If the patient has not had an encounter with the medical system within 3 months of the	radio, Required 0 0: Fully active, able to continue with all pactivities without restriction			re-disease			
		COVID-19 diagnosis, you should choose "No ECOG PS recorded within 3 months prior to COVID-19 diagnosis".	1	1: Restricted in physically strenuou ambulatory and able to carry out w sedentary nature, e.g., light house		f a light or			
			2: Ambulatory and capable of all self-care but to carry out any work activities. Up and abouthan 50% of waking hours						
			3 3: Capable of only limited self-care. Confined to or chair more than 50% of waking hours						
			4		pletely disabled. Cannot carry on confined to bed or chair	any self-care.			
			88		OG PS recorded within the 3 montl 19 diagnosis	hs prior to			
			99	Unknov	vn				
39	smoking_status	Smoking status	radi	0					
	_	-	1	Curren	t smoker				
			2	Former	smoker, NOS				
			2a	Former	smoker, quit less than 1 year ago)			
			2b		smoker, quit between 1 and 5 ye				
			2c		smoker, quit between 6 and 10 y				
			2d		smoker, quit more than 10 years	ago			
			3	Nevers	smoker				
			99	Unknov	wn				
40	smoking_product	Types of inhaled smoking products. Check all that apply.	chec	kbox					
	Show the field ONLY if:		722	2496004	smoking_product722496004	Cigarettes			
	[smoking_status] = '1' or [smokin		722	2497008	smoking_product722497008	Cigars			
	g_status] = '2a'		722	2498003	smoking_product722498003	e-Cigarettes			
				2495000		Hookah pipe			
			OTI	Н	smoking_productoth	Other			
			UN	K	smoking_productunk	Unknown			
				d Annota	tion: Variable:SNOMED 69810100	6; Value			
41	smoking_product_oth_specify	Please specify type of other smoking products Do not record any PHI in							
	Show the field ONLY if: [smoking_product(OTH)] = '1'	this field. As a reminder, this includes all elements of dates other than year.	11000	.5					
42	height	Patient height, please specify units. If you know BMI, please skip this	text						
72	Height	field and enter it below. If patient has not had any recent heights taken, ok to use values up to 12 months prior to COVID-19 diagnosis.	text						
43	weight	Patient weight, please specify units. If you know BMI, please skip this field and enter it below. If patient has not had any recent weights taken, ok to use values up to 3 months prior to COVID-19 diagnosis.	text						
44	bmi	Patient body mass index (BMI) in kg/m2 Note: please do not enter BSA here.	text	(number	r, Min: 5)				
45	surg_med_hx_header	Surgical and Medical History	desc	riptive					
46	recent_surgery	Has the patient had a surgery of any kind in the past year? This should	radi	-					
	- 4 0~)	include but not be limited to cancer surgeries.	0	No					
			1	Yes					
			99	Unknov	wn				
				l	****				
47	surgery_timing	What is the timing of the most recent surgery, relative to the date of COVID-19 diagnosis?	radi		a the next ment and a court	10 4:			
	Show the field ONLY if:	come is diagnosis.	1		n the past month prior to COVID-				
	[recent_surgery] = '1'		2 Within the past 1 to 3 months prior to COV diagnosis						
			3	Withi diagr	n the past 3 to 12 months prior to nosis	COVID-19			
			88	AFTE	R COVID-19 diagnosis				
			UN	K Unkn	own				
						OTTAL CHILIDATI			

48	details_surgery	Additional details Do not record any PHI in this field. As a reminder, this	notes				
	Show the field ONLY if: [recent_surgery] = '1'	includes all elements of dates other than year.					
49	concomitant_meds	Concomitant medications being taken at time of presentation with	check	box			
		COVID-19. These would typically be the medications that the patient was taking as an outpatient at or around the time of COVID-19	H02		concomitant_medsh02	Systemic corti	
		diagnosis, unless they were already hospitalized and on additional	L04A	l .	concomitant_medsl04a	Immunosuppr	
		medications for other reasons. Check all that apply.	RXCL 2393		concomitant_medsrxcui_2393	Chloroquine	
			RXCL 5521		concomitant_medsrxcui_5521	Hydroxychloro (Plaquenil)	
			RXCL 6128		concomitant_medsrxcui_612865	Tocilizumab	
			C09A	١	concomitant_medsc09a	ACE inhibitors	
			C09C		concomitant_medsc09c	Angiotensin re (ARBs)	
			ATC- C10A	V A	concomitant_medsatc_c10aa	Statins	
			J01		concomitant_medsj01	Antibiotics	
			RXCL 1863		concomitant_medsrxcui_18631	Azithromycin (Pak)	
			HO- 4499	15	concomitant_medsho_44995	Anti-virals	
		J05/ RXC 260	ATC- J05AF	R10	concomitant_medsatc_j05ar10	Lopinavir/Rito	
			RXCL 2601		concomitant_medsrxcui_260101	Oseltamivir (Ta	
			N02E	BE01	concomitant_medsn02be01	Tylenol (paracetamol/	
			M01/	A	concomitant_medsm01a	Ibuprofen, nap NSAIDs	
			N02E	BA.	concomitant_medsn02ba	Aspirin	
			B01A	AC	concomitant_medsb01ac	Antiplatelet ag aspirin	
			A10B	3A02	concomitant_medsa10ba02	Metformin	
			A110	.C	concomitant_medsa11cc	Vitamin D	
			B01A	1	concomitant_medsb01a	Anticoagulatio	
			C07A	`	concomitant_medsc07a	Beta blockers	
			ОТН		concomitant_medsoth	Other	
			UNK		concomitant_medsunk	Unknown	
			NON	E	concomitant_medsnone	None	
			Custom alignment: LH Field Annotation: Terminology: ATC, RxNorm @NONEOFTHEABOVE='NONE' @HIDECHOICE='C07A'			:07A'	
50	steroid_specific_2	Steroid dosing, in prednisone dose equivalents Note: 3 mg of dexamethasone is equivalent to 20 mg of prednisone, so any dose of	radio	20	Adam and adam Co		
	Show the field ONLY if: [concomitant_meds(H02)] = '1'	dexamethasone of more than 3 mg/day (21 mg/week) would be	1 20 mg/day or below [low dose]				
	[concomitant_meus(fluz)] = 1	equivalant to more than 20 mg of prednisone/day.	++		//day or below [low dose]		
			+		than 10 mg/day up to 20 mg/day		
			+		than 20 mg/day but less than 1mg/kg	g/day	
			++	-	to or greater than 1 mg/kg/day		
			99 1	Unkno	own		
			Field A	Annot	ation: @HIDECHOICE='1'		

51	immuno_type	Please specify which immunosuppressant(s). Check all that apply.	checkbox		
	Show the field ONLY if:		L04AD01	immuno_typel04ad01	Cyclosporine
	[concomitant_meds(L04A)] = '1'		L04AD02	immuno_typel04ad02	Tacrolimus (Prograf)
			L04AA10	immuno_typel04aa10	Sirolimus
			L04AA18	immuno_typel04aa18	Everolimus
			L04AX01		Azathioprine (Imuran)
			L04AA06		Mycophenolate mofetil (CellCept)
			L01BB02		Mercaptopurine (6- MP)
			L04AA33	immuno_typel04aa33	Vedolizumab
			L01BA01	immuno_typel01ba01	Methotrexate
			L01AA01	immuno_typel01aa01	Cyclophosphamide
			L04AB04	immuno_typel04ab04	Adalimumab
			L01XE18	immuno_typel01xe18	Ruxolitinib (Jakafi)
			L01XE57	immuno_typel01xe57	Fedratinib (Inrebic)
			OTH	immuno_typeoth	Other
			UNK	immuno_typeunk	Unknown
			Field Annot	ation: Terminologies: ATC	
52	immuno_oth_more Show the field ONLY if: [immuno_type(OTH)] = '1'	Please specify what other immunosuppressants Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
53	aspirin_dose	Aspirin dosing	radio		
	Show the field ONLY if:		26245900	Low dose (less than 200	mg/day)
	[concomitant_meds(N02BA)] = '1'		261829003	3 Full dose	
			26166500	6 Unknown	
			Field Annot	ation: Terminology: SNOME	:D
54	bl_anticoag_type	Which anticoagulants were used? Check all that apply.	checkbox		
	Show the field ONLY if: [concomitant_meds(B01A)] = '1'		B01AA	bl_anticoag_typeb01aa	Vitamin K antagonists (e.g., warfarin)
			B01AB	bl_anticoag_typeb01ab	Low-molecular weight heparin (e.g., enoxaparin [Lovenox])
			B01AB01	bl_anticoag_typeb01ab0	01 Unfractionated heparin
			B01AE	bl_anticoag_typeb01ae	Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa])
			B01AF	bl_anticoag_typeb01af	Direct factor Xa inhibitors (e.g., apixaban [Eliquis], rivaroxaban [Xarelto])
			B01AX05	bl_anticoag_typeb01ax0	5 Fondaparinux
			UNK	bl_anticoag_typeunk	Unknown
			ОТН	bl_anticoag_typeoth	Other
			Field Annot	ation: Terminology: ATC	
55	bl_anticoag_reason	Why were anticoagulants being used?	radio		
	Show the field ONLY if:			0 Prophylaxis	
	[concomitant_meds(B01A)] = '1'		26220200	O Therapeutic dosing	
			26166500	6 Unknown	
			E:-IIIA	- Harris Tarris I	
			Field Annot	ation: Terminology: SNOME	υ

56	bl_anticoag_type_oth_specify Show the field ONLY if: [bl_anticoag_type(OTH)] = '1'	Please specify what other anticoagulants Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes				
57	meds_other Show the field ONLY if: [concomitant_meds(OTH)] = '1'	Please specify what other medications Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes	notes			
58	gcsf	Did the patient receive G-CSF within two weeks of the COVID-19	radio				
		diagnosis?	0	No			
			1	Yes, Prophylactic G-CSF use (within 1-3 days of completion of chemo)			
			2	Yes, Therapeutic G-CSF use (later than 1-3 days after chemo or during a neutropenic hospitalization)			
			OTH	Other			
			UNK	Unknown			
59	gcsf_oth_specify Show the field ONLY if: [gcsf] = 'OTH'	Please specify what other G-CSF Do not record any PHI in this field. As a reminder, this includes all elements of date other than year.	notes				
60	additional_meds	Additional details about medications that the patient may have been taking (e.g., specific drug names; if taking NSAIDs or corticosteroids, how long, how much; etc.) If it is easy to copy a full medication list from your EMR, please do so here. Do not record any PHI in this field. As a reminder, this includes all elements of date other than year.	notes				
61	sars_vax	Did the patient receive a SARS-CoV-2 vaccine?	radio				
			0	No			
			1	Yes			
			99	Unknown			
62	sars_vax_which	Which of the following SARS-CoV-2 vaccines did the patient receive?	radio,	Required			
	Show the field ONLY if:		1a	AstraZeneca vaccine (one dose only)			
	[sars_vax] = '1'		1b	AstraZeneca vaccine (both doses)			
			4	Johnson & Johnson vaccine			
			2a	Moderna mRNA vaccine (one dose only)			
			2b	Moderna mRNA vaccine (both doses)			
			За	Pfizer mRNA vaccine (one dose only)			
			3b	Pfizer mRNA vaccine (both doses)			
			88	Other			
			99	Unknown			
63	sars_vax_other Show the field ONLY if:	Please specify what other SARS-CoV-2 vaccine Do not record any PHI in this field. As a reminder, this includes all elements of date other than	notes				
	[sars_vax_which] = '88'	year.					
64	sars_vax_when	How long after the FIRST dose of vaccine was COVID-19 diagnosed?		Required			
	Show the field ONLY if:		-	Less than 4 weeks			
	[sars_vax] = '1'		-	4 to 8 weeks			
			-	8 to 12 weeks			
			4	More than 12 weeks			
				N/A - patient was vaccinated AFTER the COVID-19 diagnosis			
			-+	Unknown			
65	influenza_vax	Did the patient have an influenza vaccine in the season which they	radio				
		contracted SARS-CoV-2?	0	No			
			1 '	Yes			
			99	Unknown			
66	bcg_vax	Has the patient ever had a BCG vaccine?	radio				
00	DCB_vax	This the patient ever had a DCG vaccine:		No			
			-	Yes			
			\vdash	Unknown			

67	blood true	Deticat ADO blood to re	ua di a		
67	blood_type	Patient ABO blood type	radio A A		
			ВВ	- 	
			AB AB	\dashv	
			0 0	 	
			99 Unknov	vn	
	bland town oth	Delicat DUblicadorus		ion: SNOMED: 112143006	
68	blood_type_rh	Patient RH blood type	radio 165747007	Rh+	
			165746003		
			99	Unknown	
			Field Annotat	ion: SNOMED: 115758001	
69	comorbid_header	Comorbidities In this section, please report on any pre-existing	descriptive		
		conditions other than cancer that were present prior to the COVID-19 illness.			
70	significant_comorbidities	Significant comorbidities (other than cancer). Check all that apply. If	checkbox		
		you do not know specific diagnoses, ok to choose the "NOS" categories (e.g., Pulmonary disease, NOS).Immune suppression is defined as	38013005	significant_comorbidities38013005	Immune
		outpatient use of prednisone (10mg/d or greater), use of	62479008	significant_comorbidities62479008	definition
		chemotherapy, use of nonsteroidal immunosuppressive agents for solid organ transplant or for an autoimmune disease.	19829001	significant_comorbidities19829001	Pulmona
			195967001	significant_comorbidities19529001	Asthma
			13645005	significant_comorbidities13645005	COPD/En
			78275009	significant_comorbidities78275009	Obstruct
					(OSA)
			84004001	significant_comorbidities84004001	Radiation
			427046006	significant_comorbidities427046006	ICI pneur
			56265001	significant_comorbidities56265001	Cardiova
			38341003	significant_comorbidities38341003	Hyperter pressure
			55822004	significant_comorbidities55822004	Hyperl pi cholester
			53741008	significant_comorbidities53741008	Coronary (CAD)
			42343007	significant_comorbidities42343007	Congesti (CHF) inc HFrEF
			698247007	significant_comorbidities698247007	Cardiac a
			49436004	significant_comorbidities49436004	Atrial f bi
			400047006	significant_comorbidities400047006	Periphera (PVD/PAI
			275526006	significant_comorbidities275526006	History o
			59282003	significant_comorbidities59282003	Pulmona
			128053003	significant_comorbidities128053003	Deep ver (DVT)
			90708001	significant_comorbidities90708001	Renal dis
			723190009	significant_comorbidities723190009	Chronic r (CRI/CKD
			46177005	significant_comorbidities46177005	End-stag (ESRD), n
			236435004	significant_comorbidities236435004	ESRD, on
			235856003	significant_comorbidities235856003	Liver dise
			19943007	significant_comorbidities19943007	Cirrhosis
			OTH-x	significant_comorbiditiesoth_x	Other or
			52448006	significant_comorbidities52448006	Dementi
			7200002	significant_comorbidities7200002	Alcoholis
			73211009	significant_comorbidities73211009	Diabetes

1		1	100300001	-iifit	Diabata
			190388001	significant_comorbidities190388001	Diabetes complica
			237602007	significant_comorbidities237602007	Metaboli
			414916001	significant_comorbidities414916001	Obesity
			238136002	significant_comorbidities238136002	Morbid o BMI > 35 related h
			444316004	significant_comorbidities444316004	Seasonal
			24526004	significant_comorbidities24526004	Inflamma (IBD)
			85828009	significant_comorbidities85828009	Rheumat disease
			234336002	significant_comorbidities234336002	History o transplar stem cell
			313039003	significant_comorbidities313039003	History o transplar
			ОТН	significant_comorbiditiesoth	Other
			UNK	significant_comorbiditiesunk	Unknowr
			NONE	significant_comorbiditiesnone	None
				tion: Terminology: SNOMED HEABOVE='NONE'	
71	hiv_cd4	What is the patient's CD4+ T-cell count?	text (number	r, Min: 0)	
	Show the field ONLY if: [significant_comorbidities(624790 08)] = '1'				
72	hiv_vl	What is the patient's viral load, in copies/mL?	text (number	, Min: 0)	
	Show the field ONLY if: [significant_comorbidities(624790 08)] = '1'				
73	ibd	Please consider reporting this patient to the Secure-IBD Registry as	descriptive		
	Show the field ONLY if: [significant_comorbidities(245260 04)] = '1'	well.			
74	please_specify Show the field ONLY if: [significant_comorbidities(OTH)] = '1' or [significant_comorbidities (OTH-x)] = '1'	Please specify what other significant comorbidities Do not record any PHI in this field. As a reminder, this includes all elements of date other than year.	notes		
75	o2_requirement	Does the patient have a baseline chronic O2 requirement?	radio		
			1 Yes, pat	ient requires chronic supplemental O2	
			0 No, pat 99 Unknov	ient does not require supplemental O2	
76	comorbid_no	Number of comorbid conditions requiring active therapy.	radio 0 0 1 1 2 2 3 3 4 4 or mo 99 Unknow		
77	additional_comorbid	Additional comments about comorbidities. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
78	comments_form_1	Section Header: Free text entry (optional) Comments Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
79	patient_demographics_complete	Section Header: Form Status Complete?	dropdown 0 Incomple 1 Unverifie 2 Complet	ed	

Instr	ument: COVID-19 details (covi	d19_details) 🛂 Enabled as survey			^ Collapse		
80	ts_2	Timestamp for the COVID-19 details form		text (datetime_dmy), Required Field Annotation: @HIDDEN @NOW_UTC			
81	c19_workup_why	Section Header: COVID-19 Details - Mandatory Diagnostic Information	radio				
		· · ·	1	1 Symptoms			
			2	Screening prior to a proced	dure		
			3	Screening prior to a system	nic anti-cancer treatment		
			4	Screening due to a high-ris exposure)	k situation (e.g., known		
			OTH	Other			
			UNK	Unknown			
			Field A	Annotation: @HIDDEN DEPRI	ECATED		
82	c19_workup_why_2	Why did the patient come to be evaluated for SARS-CoV-2 or COVID-19? Check all that apply.	checkl	oox, Required			
			1	c19_workup_why_21	Symptoms		
			2	c19_workup_why_22	Screening prior to a procedure		
			3	c19_workup_why_23	Screening prior to a systemic anti-cancer treatment		
			4	c19_workup_why_24	Screening due to a high- risk situation (e.g., known exposure)		
			5	c19_workup_why_25	Screening required for public health reasons (e.g., prior to nursing home placement)		
			OTH	c19_workup_why_2oth	Other		
			UNK	c19_workup_why_2unk	Unknown		
83	workup_oth_specify Show the field ONLY if: [c19_workup_why] = 'OTH'	Please specify what other reason for COVID-19 evaluation Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes				

84	symptoms	Which symptoms and/or signs were present upon initial	checkbox, Re	equired		
		presentation? Check all that apply.	367391008	symptoms367391008	Fatigue/Malaise	
			386661006	symptoms386661006	Fever	
			49727002	symptoms49727002	Cough	
			248595008	symptoms248595008	Productive cough (with sputum)	
			267036007	symptoms267036007	Dyspnea (SOB/DOE)	
			68962001	symptoms68962001	Myalgias (muscle pains, body aches)	
			57676002	symptoms57676002	Arthralgias (joint pains)	
			162397003	symptoms162397003	Sore throat	
			25064002	symptoms25064002	Headache	
			419284004	symptoms419284004	Altered mental status (AMS)	
			44169009	symptoms44169009	Loss of sense of smell (anosmia)	
			36955009	symptoms36955009	Loss of taste (ageusia)	
			64531003	symptoms64531003	Rhinorrhea (runny nose)	
			422587007	symptoms422587007	Nausea	
			272044004	symptoms272044004	Vomiting	
			62315008	symptoms62315008	Diarrhea	
			43364001	symptoms43364001	Abdominal discomfort (other than frank abdominal pain)	
			21522001	symptoms21522001	Abdominal pain	
			166643006	symptoms166643006	LFT abnormalities	
			301095005	symptoms301095005	Cardiac involvement	
			9826008	symptoms9826008	Conjunctivitis	
			OTH	symptomsoth	Other	
			84387000	symptoms84387000	None (patient was asymptomatic)	
			UNK	symptomsunk	Unknown	
				tion: Terminology: SNOMEI HEABOVE='84387000'	D	
85	symptoms_oth_specify	Please specify other symptoms. Do not record any PHI in this field. As a	notes			
	Show the field ONLY if: [symptoms(OTH)] = '1'	reminder, this includes all elements of dates other than year.				
86	symptoms_none_why	Was the patient tested as part of a pre-treatment or pre-procedure	radio			
	Show the field ONLY if:	screening program?	0 No			
	[symptoms(84387000)] = '1'		1 Yes			
			99 Unknow	wn		
87	covid_19_diagnosis	COVID-19 diagnosis Note: if the patient ever had a positive laboratory	radio, Requi	red		
		result, please choose "laboratory-confirmed". This should be checked		ted based on symptoms		
		even if the positive test is from another facility and you do not have a hard copy of the results. Laboratory results can include PCR,	11 Suspec			
		antibodies, or any other test that would be consistent with a current or	2 Suspected based on CXR findings			
		prior SARS-CoV-2 infection.	3 Suspec	, , , , , , , , , , , , , , , , , , ,		
			4 Laboratory-confirmed 99 Unknown			
L	L		<u> </u>		I	

00	sould 10 lab type	What was the type of laboratory confirmation? Charly all that apply	chackha	x, Required	
88	covid_19_lab_type	What was the type of laboratory confirmation? Check all that apply	94746-		PCR
	Show the field ONLY if: [covid_19_diagnosis] = '4'		94746-3		Antigen test
			94762-2	2 covid_19_lab_type94762_2	Serology (antibodies to SARS-CoV-2)
			LA1469	18- covid_19_lab_typela14698_7	Other
			LA4489	0-6 covid_19_lab_typela4489_6	Unknown
			Field An	notation: Vocabulary: LOINC	
89	covid_19_dx_imaging	Please describe the imaging abnormalities. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than	notes		
	Show the field ONLY if: [covid_19_diagnosis] = '2' or [covid_19_diagnosis] = '3'	year.			
90	neg_test	Did the patient have a negative laboratory test despite having symptoms or signs supportive of the COVID-19 diagnosis?	radio, Re		
	Show the field ONLY if: [covid_19_diagnosis] = '1' or [covi	symptoms of signs supportive of the covid-15 diagnosis.	1 Yes		
	d_19_diagnosis] = '11' or [covid_1			known	
	9_diagnosis] = '2' or [covid_19_dia gnosis] = '3' or [covid_19_diagnosi s] = '99'		99 011	NIOWII	
91	covid_19_test_more	Please provide additional details, including the type of COVID-19 test.	notes		
	Show the field ONLY if: [neg_test] = '1' or [covid_19_diagn osis] = '4'	Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.			
92	additional_sx	Additional comments about COVID-19 symptoms and diagnosis. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
93	severity_of_covid_19_v2	Section Header: Initial Severity and Course of Illness	radio, Re	equired	
		Initial severity of COVID-19 Note 1: this is probably the most important	1 Mil	ld (no hospitalization required)	
		single piece of information that we are gathering, please try not to answer "unknown" if at all possible. Note 2: if hospitalization or ICU	2 Mo	oderate (hospitalization indicated)	
		admission were indicated but the patient was not actually admitted,	3 Sev	vere (ICU admission indicated)	
		you should still select that box. For example, for a patient who arrives at the ED with critical hypoxia that would ordinarily indicate a need for	99 Un	known	
		mechanical ventilation, but is transitioned to home hospice		_	
		immediately, you should still select the severe checkbox. Note 3: if the patient is diagnosed while in the hospital and is asymptomatic (e.g., as			
		screening prior to nursing home placement), answer this question as if they were presenting as an outpatient.			
94	cytokine_yn	Did the patient experience a cytokine storm or cytokine release	radio		
	Show the field ONLY if:	syndrome that was specifically documented in the patient's chart?	0 No		
	[severity_of_covid_19_v2] = '2' or [severity_of_covid_19_v2] = '3'		1 Yes	5	
			99 Un	known	
95	hosp_status	Was the patient ever hospitalized during their course of illness? If the patient was hospitalized more than once, please report on the index	radio, Re	-	1
		hospitalization and make a note in the comments about the other	0 No		
		hospitalization(s).		s - admitted to floor	
			-	s - admitted to floor and then transfe	errea to the ICU
				s - admitted directly to the ICU known	
0.5	du bassa taka	The state of the s			
96	dx_hosp_interval	How many days elapsed between the COVID-19 diagnosis and the first hospital admission? If the patient was hospitalized on the same day as	text (inte	eger)	
	Show the field ONLY if: [hosp_status] = '1' or [hosp_statu	their diagnosis, enter 0 here. If they were hospitalized before the			
	s] = '2' or [hosp_status] = '3'	COVID-19 diagnosis (e.g., iatrogenic COVID-19), enter a negative number corresponding to how many days they were in the hospital before diagnosis. If you do not know the answer, enter 9999 here.			
97	code_status_admit	What was the patient's code status at the time of admission	radio		
	Show the field ONLY if:		-	Il code	
	[hosp_status] = 1 or [hosp_status] = 2 or [hosp_status] = 3			IR only	
	- ,		-	II only	
				IR/DNI	
			99 Un	known	

98	code_status_change	Did the patient's code status change during the hospitalization?	radio
	Show the field ONLY if:		0 No
	[hosp_status] = 1 or [hosp_status]		1 Yes
	= 2 or [hosp_status] = 3		99 Unknown
99	code_status_change_what	What did the code status change to?	radio
22	_	What did the code status change to:	1 Full code
	Show the field ONLY if: [code_status_change] = 1		
	[code_status_criarige] = 1		2 DNR only
			3 DNI only
			4 DNR/DNI
			88 Other
			99 Unknown
100	code_status_change_why	Briefly describe why the code status was changed. Do not record any	notes
100		PHI in this field. As a reminder, this includes all elements of dates other	Tiotes
	Show the field ONLY if: [code_status_change] = 1	than year.	
101		Managed lieting and appropriate at the great fitting the course of the	us di s
101	palliative_yn	Was a palliative care consultant or team involved in the care of the patient during this admission?	radio 0 No
	Show the field ONLY if: [hosp_status] = 1 or [hosp_status]		
	= 2 or [hosp_status] = 3		1 Yes
			99 Unknown
102	hosp_los	If known, how long was the length of stay, in days? If the patient is still	text (integer, Min: 1)
	Show the field ONLY if:	hospitalized, enter 9999 here.	
	[hosp_status] = '1'		
103	hosp_los_2	If known, how long was the length of stay prior to transfer to the ICU, in	text (integer, Min: 1)
	Show the field ONLY if:	days?	, ,
	[hosp_status] = '2'		
104	icu_los	If known, how long was the ICU length of stay, in days? If the patient is	text (integer, Min: 1)
	Show the field ONLY if:	still in the ICU, enter 9999 here.	
	[hosp_status] = '2' or [hosp_statu		
	s] = '3'		
105	current_status	What is the patient's current location?	radio, Required
	Show the field ONLY if:		1 Outpatient - new COVID-19 diagnosis
	[timing_of_report] = '1'		2 Outpatient - follow up
			3 ER - new COVID-19 diagnosis
			4 ER - Follow up
			
			6 Hospitalized (non-ICU) - continued
			7 ICU - new admit
			8 ICU - continued
			9 None - patient is deceased
106	days_to_death_2	Approximately how many days elapsed between COVID-19 diagnosis	text (integer, Min: 0), Required
	-	and death? If this information is unknown to you, please enter 9999	
	Show the field ONLY if: [current_status] = '9'	here.	
107	cause_of_death	To the best of your knowledge, what was the proximal cause of death?	radio, Required
.07		1.5 and according our knownedge, what was the proximal cause of death?	1 COVID-19
	Show the field ONLY if: [current_status] = '9'		
	[22.10.1.20.00.00]		
			3 Both
			88 Other
			99 Unknown
108	deceased_reason	Please provide additional details about the proximal cause of death. Do	notes, Required
. 50		not record any PHI in this field. As a reminder, this includes all	,qu cu
	Show the field ONLY if: [current_status] = '9'	elements of dates other than year.	
		<u> </u>	

	I	T	ı			_
109	c19_complications_systemic	Section Header: Complications Systemic complications occurring during the COVID-19 illness. Check all	checkbox, Re 50960005		0005	Bleed
		that apply. If there were no systemic complications, please check		c19_complications_systemic5096 c19_complications_systemic6740		
		"None".	67406007	5557 - 155_5677 predate5_5/35677 57 155567		Disser intrav coagu (DIC)
			57653000	c19_complications_systemic5765	53000	Multic failure
			91302008	c19_complications_systemic9130	2008	Sepsis
			238147009	c19_complications_systemic2381	47009	Other
			NONE	c19_complications_systemicnone	e	None
			UNK	c19_complications_systemicunk		Unkno
				tion: Terminology: SNOMED HEABOVE='NONE'		
110	c19_bleeding	Please specify the type of bleeding. Check all that apply.	checkbox			
	Show the field ONLY if: [c19_complications_systemic(509 60005)] = '1'		112648003	c19_bleeding112648003	Major bleedi (requii multip RBCs transfi or ICU admit)	ing le usions
			73099002	c19_bleeding73099002	Non-m but cli releva bleed	nically
			127563002	c19_bleeding127563002	Minor (witho transfi need)	ut
			230690007- Major	c19_bleeding230690007_major		rhage,
			230690007- Minor	c19_bleeding230690007_minor		rhage,
			ОТН	c19_bleedingoth	Other	
			UNK	c19_bleedingunk	Unkno	wn
			Field Annotat	tion: Terminology: SNOMED-modified	d	
111	c19_bleeding_oth_specify Show the field ONLY if: [c19_bleeding(OTH)] = '1'	Please specify further details about bleeding. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes			
112	dic_certainty	How definite was the DIC diagnosis?	radio			
	Show the field ONLY if:		1 Definite	2		
	[c19_complications_systemic(674 06007)] = '1'		2 Suspect	ed		
	00007)] = 1		99 Unknov	vn		
113	dic_treatment	Which of the following were used to treat the DIC?	radio			
	Show the field ONLY if:		346447007	Plasma (FFP)		
	[c19_complications_systemic(674 06007)] = '1'		256401009	Cryoprecipitate		
	00007)] = 1		NONE	None		
			UNK	Unknown		
			OTH	Other		
			Field Annotat	tion: Terminology: SNOMED		
114	dic_more	Please provide further details about DIC, including clinical	notes			
	Show the field ONLY if: [c19_complications_systemic(674 06007)] = '1'	manifestations. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.				
115	c19_comp_systemic_specify Show the field ONLY if: [c19_complications_systemic(238 147009)] = '1'	Please specify other systemic complications. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes			
	1470007)] = 1		<u> </u>			

116	o2_requirement_c19	Did the patient require supplemental O2 during the course of illness?	radio	o, Require	<u>ed</u>		
			0	No			
			1	Yes			
			99	Unknow	<u>/n</u>		
					···		
117	o2_policy	Was there an institutional policy in place to refuse intubation for	radio		\neg		
	Show the field ONLY if:	patients with metastatic cancer, at the time when this patient required supplemental O2?	0	No			
	[o2_requirement_c19] = '1'		1	Yes			
			99	Unknow	vn		
118	c19_complications_pulm	Pulmonary complications occurring during the COVID-19 illness. Check	choc	kbox, Re			
110	c19_complications_pulm	all that apply. If there were no pulmonary complications, please check		622000	c19 complications pulm 409622000	Respirat	
		"None". Note: the distinction between pneumonia and pneumonitis	403	0022000	c19_complications_pulm409022000	failure	
		can often be very subtle and subjective. Radiology notes may say	205	237003	c19_complications_pulm205237003	Pneumo	
		pneumonitis and clinical notes may say pneumonia. Please use your best judgment.			·		
		a cociación de la companya de la com		8604007	c19_complications_pulm233604007	Pneumo	
			677	'82005	c19_complications_pulm67782005	Acute	
						respirat	
						syndron	
						(ARDS)	
			592	82003	c19_complications_pulm59282003	Pulmon	
						embolis (PE)	
			600	146008	c19_complications_pulm60046008	Pleural effusion	
			312	2682007	c19_complications_pulm312682007	Empyen	
			500	143002	c19_complications_pulm50043002	Other	
			NO	NE	c19_complications_pulmnone	None	
			UN	K	c19_complications_pulmunk	Unknow	
			011		ers_complications_paintank	OTHER	
			Field	l Annotat	ion: Terminology: SNOMED		
119	resp_failure_tx	Which of the following supplemental O2 interventions did the patient	radio)			
	Show the field ONLY if:	require? Select the most invasive intervention required during the	1 Nasal cannula or face mask with standard O2				
	[c19_complications_pulm(409622	c1	2 High-flow nasal cannula or blow-by				
	000)] = '1' or [o2_requirement_c1		3 Non-rebreather				
	9] = '1'		4	CPAP			
			5	BiPAP			
			6	Intubati			
			99	Unknow	/n		
120	withdrawal_yn	Was there an active decision to withdraw care?	radio)	_		
	Show the field ONLY if:		0	No			
	[resp_failure_tx] = '6'		1	Yes			
			99	Unknow	<i>ı</i> n		
121	withdrawal_who	Who was involved in the decision to withdraw care? Please check all	char	kbox			
141	_	that apply		withdraw	val who 1 Patient		
	Show the field ONLY if: [withdrawal_yn] = '1'		\vdash	withdraw			
	<u>.</u> J.·u		\vdash				
			\vdash		ral_who3 Child		
			\vdash		ral_who4 Parent		
					val_who5 Other family		
					ral_who6 Friend		
					val_who7 Primary managing hematologist/oncologist		
			8	withdraw	/al_who8 Hospitalist/Intensivist		
			9	withdraw	val_who9 Palliative care clinician		
122	berlin_yn	Were the Berlin criteria formally assessed?	radio)			
	Show the field ONLY if:		0	No			
	[c19_complications_pulm(677820		1	Yes			
	05)] = '1'		99		un/l Insure		
			99	OHKIJOW	/n/Unsure		

123	berlin_2	Berlin criteria.The Berlin criteria are based on a decreased PaO2/FiO2	radio			
	Show the field ONLY if:	ratio:-mild ARDS: 201 - 300 mmHg (\leq 39.9 kPa)-moderate ARDS: 101 - 200 mmHg (\leq 26.6 kPa)-severe ARDS: \leq 100 mmHg (\leq 13.3 kPa)Note	+	Mild		
	[berlin_yn] = '1'	that the Berlin definition requires a minimum positive end expiratory	2	Moder	ate	
		pressure (PEEP) of 5 cmH2O for consideration of the PaO2/FiO2 ratio. This degree of PEEP may be delivered noninvasively with CPAP to	3	Severe		
		diagnose mild ARDS. Click this link to access a calculator for PaO2/FiO2	99	Unkno	wn	
		ratio (opens a new window)				
124	c19_comp_pulm_specify	Please specify other pulmonary complications. Do not record any PHI	notes	5		
	Show the field ONLY if:	in this field. As a reminder, this includes all elements of dates other than year.				
	[c19_complications_pulm(500430	than year.				
405	02)] = '1'					
125	c19_complications_card	Cardiovascular complications occurring during the COVID-19 illness. Check all that apply. If there were no cardiovascular complications,		квох, Re 07003	equired	Llynoton
		please check "None".			c19_complications_card45007003	Hypoten
			2229	98006	c19_complications_card22298006	Myocard infarction
			4145	545008	c19_complications_card414545008	Other ca
			4943	36004	c19_complications_card49436004	Atrial fib
			7190	08006	c19_complications_card71908006	Ventricul fibrillatio
			6982	247007	c19_complications_card698247007	Other ca
			8589	98001	c19_complications_card85898001	Cardiom
			4234	43007	c19_complications_card42343007	Congesti heart fail (CHF)
			5928	82003	c19_complications_card59282003	Pulmona embolisr
			1280	053003	c19_complications_card128053003	Deep ver thrombo (DVT)
			2755	517008	c19_complications_card275517008	Superficition venous thrombook (SVT)
			2306	690007	c19_complications_card230690007	Cerebro accident stroke)
			4140	086009	c19_complications_card414086009	Thrombo NOS
			4960	01007	c19_complications_card49601007	Other
			NON	NE	c19_complications_cardnone	None
			UNK	(c19_complications_cardunk	Unknow
			Field	Annota	tion: Terminology: SNOMED	
126	sepsis_pressors	Did the patient require pressors?	radio		<u></u>	
	Show the field ONLY if:	,		No		
	[c19_complications_card(4500700		-	Yes		
	3)] = '1'		+	Unknov	wn	
					<u> </u>	
127	c19_comp_card_specify Show the field ONLY if: [c19_complications_card(4960100 7)] = '1' or [c19_complications_card(414545008)] = '1' or [c19_compl	Please specify other cardiac complications. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes	5		
	ications_card(698247007)] = '1'					

128	c19_complications_gi	Gastrointestinal complications occurring during the COVID-19 illness. Check all that apply. If there were no GI complications, please check "None".	427044009	1		Acute hepatic injury
			389026000	c19_complications_gi	389026000	Ascites
			81060008	c19_complications_gi	81060008	Bowel obstruction
			56905009	c19_complications_gi	56905009	Bowel perforation
			710572000	c19_complications_gi	710572000	lleus
			48661000	c19_complications_gi	48661000	Peritonitis
			53619000	c19_complications_gi	53619000	Other
			NONE	c19_complications_gi		None
			UNK	c19_complications_gi		Unknown
			Field Appets	tion: Terminology: SNOMI		
129	c19_comp_gi_specify	Please specify other GI complications. Do not record any PHI in this	notes	tion. Terminology. SNOWI		
129	Show the field ONLY if: [c19_complications_gi(53619000)] = '1'	field. As a reminder, this includes all elements of dates other than year.	liotes			
130	c19_complications_other	Other complications occurring during the COVID-19 illness. Check all	checkbox, Re	equired		
		that apply. If there were no other complications, please check "None".	14669001	c19_complications_othe	r14669001	kidney
			91175000	c19_complications_othe	r 91175000	injury Seizure
			372070002	c19_complications_othe		
			414086009	c19_complications_othe		
			362965005	c19_complications_othe	r36296500	+ +
			NONE	c19_complications_othe	rnone	None
			UNK	c19_complications_othe	runk	Unknow
			Field Annota '414086009'	eld Annotation: Terminology: SNOMED @HIDECHOICE		
131	c19_complications_oth_specify Show the field ONLY if: [c19_complications_other(362965 005)] = '1'	Please specify other complications. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes			
132	current_status_v2	Section Header: Clinical Status	radio, Requir	red		
	Show the field ONLY if:	Current COVID-19 status Fully recovered means that the patient has	1 Fully re	covered		
	[timing_of_report] = '1' and ([curr ent_status] = '1' or [current_statu	returned to their baseline functional status and repeat SARS-CoV-2 testing, if obtained, is negative. If they are on medications to treat	1b Recove	red with complications		
	s] = '2' or [current_status] = '3' or	sequelae or have functional compromise (e.g., impaired pulmonary	2 Ongoin	g infection		
	[current_status] = '4' or [current_s	function) but are not considered to have active infection, they should be considered to have recovered with complications.	3 Died			
	tatus] = '5' or [current_status] = '6' or [current_status] = '7' or [cur	,	99 Unknow	wn		
	rent_status] = '8')					
133	current_status_retro	Final COVID-19 status Fully recovered means that the patient has returned to their baseline functional status and repeat SARS-CoV-2	radio, Requir			
	Show the field ONLY if: [timing_of_report] = '2'	testing, if obtained, is negative. If they are on medications to treat	l - 	covered		
	[tillillig_or_report] = 2	sequelae or have functional compromise (e.g., impaired pulmonary function) but are not considered to have active infection, they should		red with complications		
		be considered to have recovered with complications.	3 Died			
			99 Unknov	wn		
134	days_to_death Show the field ONLY if:	Approximately how many days elapsed between COVID-19 diagnosis and death? If this information is unknown to you, please enter 9999	text (integer,	Min: 0), Required		
	[current_status_retro] = '3' or [current_status_v2] = '3'	here.				
135	cause_of_death_2	To the best of your knowledge, what was the proximal cause of death?	radio, Requir	-ed_		
	Show the field ONLY if:		1 COVID-	19		
	[current_status_v2] = '3' or [curre		2 Cancer			
	nt_status_retro] = '3'		3 Both			
			88 Other			
			99 Unknov	vn		
			L J J GITKITON	•••		

136	deceased_reason_retro Show the field ONLY if: [current_status_v2] = '3' or [curre nt_status_retro] = '3'	Please provide additional details about the proximal cause of death. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes,	notes, Required			
137	current_status_clinical	Current clinical status	radio,	Required			
	Show the field ONLY if:		0	Outpatient - No symptoms			
	[current_status_v2] = '2'		1	Outpatient - Mild symptoms			
			2	Outpatient - Moderate sympto	oms		
			3	Outpatient - Severe symptoms	5		
			4	Inpatient - Near Recovery			
			5	Inpatient - Moderately ill			
			6	Inpatient - Severely ill			
			7	Critical (ICU) - Severely ill, not support	requiring ventilator		
			8	Critical (ICU) - Severely ill, intu	bated		
			ОТН	Other			
			99	Unknown			
138	current_status_clinical_specify Show the field ONLY if: [current_status_clinical] = 'OTH'	Please specify other current clinical status Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes,	Required			
139	worst_status_clinical	Worst clinical status. Report the worst clinical presentation during the	radio,	Required			
	Show the field ONLY if:	COVID-19 illness or the current clinical status if this is the only known status. If the patient died, this should be the highest level of care that	0	Outpatient - No symptoms			
	[timing_of_report] = '2'	they received prior to the time of death.	1	Outpatient - Mild symptoms			
			2	Outpatient - Moderate sympto	oms		
			3	Outpatient - Severe symptom:	5		
			5	Inpatient - Moderately ill			
			6	Inpatient - Severely ill			
			7	Critical (ICU) - Severely ill, did i support	ot require ventilator		
			8	Critical (ICU) - Severely ill, intubated			
			OTH	H Other			
			99	Unknown			
140	worst_status_clinical_specify Show the field ONLY if: [worst_status_clinical] = 'OTH'	Please specify worst clinical status Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes,	Required			
141	complications_severity	Current severity of COVID-19 complications. Check all that apply.	checkl	oox, Required			
	Show the field ONLY if:		0	complications_severity0	No complications		
	[current_status_v2] = '1b' or [current_st ent_status_v2] = '2' or [current_st atus_retro] = '1b'		1	complications_severity1	Mild complications (mimimal symptoms from complications)		
			2	complications_severity2	Moderate complications (moderate symptoms from complications)		
			3	complications_severity3	Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning)		
			OTH	complications_severityoth	Other		
			99	complications_severity99	Unknown		
142	complications_severity_oth_speci fy Show the field ONLY if: [complications_severity(OTH)] = '1'	Please specify other current severity of COVID-19 complications Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes,	Required			

143	worst_complications_severity	Worst severity of COVID-19 complications. Check all that apply.	checl	kbox, Required		
	Show the field ONLY if:	γ γ γ	0	worst_complications_severity0	None (patient	
	[timing_of_report] = '2' and [curre				was	
	nt_status_retro] != '3'				asymptomatic)	
			1	worst_complications_severity1	Mild complications	
					(mimimal	
					symptoms	
					from complications)	
			2	worst_complications_severity2	Moderate	
			ļ-	wo.sc_comprications_severity2	complications	
					(moderate symptoms	
					from	
					complications)	
			3	worst_complications_severity3	Serious	
					complications (symptoms	
					substantially	
					impact the patient's	
					functional	
					status or	
					disabling physical	
					functioning)	
			ОТН	worst_complications_severityoth	Other	
			99	worst_complications_severity99	Unknown	
144	worst_complications_severity_spe cify	Please specify other worst severity of COVID-19 complications Do not record any PHI in this field. As a reminder, this includes all elements of	notes	notes, Required		
	j	dates other than year.				
	Show the field ONLY if: [worst_complications_severity(OT	·				
	H)] = '1'					
145	consider_returning	Please consider returning to add a new form once final status has been	descriptive			
	Show the field ONLY if:	determined. In order to do this, click on the button named "Survey Queue" in the top right-hand corner of the screen. This will open a				
	[current_status_v2] = '2'	window where you can choose "Get link to my survey queue". Use this				
		link to return to the survey at any time to add additional updated information.				
146	covid_19_more	Section Header: COVID-19 Details - Optional	yesno)		
	Show the field ONLY if:	Would you like to answer additional COVID-19 detail questions? This is	1 Y	'es		
	[ccc19] = '0'	optional but will really help us understand the granular details better.	0 N	No		
147	mortality	If it has been at least 30 days from the presumptive or laboratory-	radio	, Required		
147	Show the field ONLY if:	proven COVID-19 diagnosis, was the patient alive 30 days after		Yes		
	[covid_19_dx_interval] != '1' and [c	diagnosis?	0	No		
	ovid_19_dx_interval] != '2' and [co vid_19_dx_interval] != '3'		88	N/A - it has been fewer than 30 days si	nce COVID-19	
	via_15_ax_interval] := 5			diagnosis		
			99	Unknown		
148	mortality_90	If it has been at least 90 days (~3 months) from the presumptive or	radio	, Required		
	Show the field ONLY if:	laboratory-proven COVID-19 diagnosis, was the patient alive 90 days after diagnosis?	1	Yes		
	[covid_19_dx_interval] != '1' and [c ovid_19_dx_interval] != '2' and [co		0	No		
	vid_19_dx_interval] != '3' and [covi			N/A - it has been fewer than 90 days si	nce COVID-19	
	d_19_dx_interval] != '4' and [covid		\vdash	diagnosis		
	_19_dx_interval] != '5' and [mortal ity] != '0'		99	Unknown		
149	mortality_180	If it has been at least 180 days (~6 months) from the presumptive or	radio	, Required	7	
	Show the field ONLY if:	laboratory-proven COVID-19 diagnosis, was the patient alive 180 days after diagnosis?	1	Yes		
	[covid_19_dx_interval] != '1' and [c	a.cc. a.ag	0	No		
	ovid_19_dx_interval] != '2' and [co vid_19_dx_interval] != '3' and [covi			N/A - it has been fewer than 180 days :	since COVID-19	
	d_19_dx_interval] != '4' and [covid		 	diagnosis		
	_19_dx_interval] != '5' and [covid_ 19_dx_interval] != '6' and [mortali		99	Unknown		
	ty] != '0' and [mortality_90] != '0'					
-						

455	1-1	Cortion Hondon Decoling Inhand-residue at the time of the state of the	4! -
150	labs	Section Header: Baseline laboratory values at the time of or closest to the date of the COVID-19 diagnosis If the laboratory value (e.g., IL-6 level) was not available at the time of presentation, please enter the earliest known result, if known.	radio 1 At the time of initial COVID-19 diagnosis
		At what time point were labs drawn? This information is important to build predictive models of disease severity based on lab values. Your	2a At the time of a change in clinical status (hospitalization)
		answer should be based on common labs (CBC, CMP, BNP, etc.) - not necessarily send-out labs that were drawn later in the course of COVID-	2b At the time of a change in clinical status (other than hospitalization)
		19 illness.	3 Labs were not drawn or are not available for review
			OTH Other
			UNK Unknown
151	labs_oth_specify Show the field ONLY if: [labs] = 'OTH'	Please specify what other time point labs were drawn Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
152	wbc_range	Section Header: CBC values at presentation	radio (Matrix)
	Show the field ONLY if:	Total WBC count	LO Low
	[labs] != '3'		WNL Normal
			HI High
			NT Not tested
			99 Unknown
153	alc_range	Absolute lymphocyte count (ALC) - less than 1500/uL should be	radio (Matrix)
	Show the field ONLY if:	considered low	LO Low
	[labs] != '3'		WNL Normal
			HI High
			NT Not tested
			99 Unknown
			Field Annotation: less than 1500/uL should be considered low
154	anc_range	Absolute neutrophil count (ANC)	radio (Matrix)
	Show the field ONLY if:		LO Low
	[labs] != '3'		WNL Normal
			HI High
			NT Not tested
			99 Unknown
			Field Annotation: less than 1000/uL should be considered low
155	aec_range	Absolute eosinophil count (AEC)	radio (Matrix)
	Show the field ONLY if:		LO Low
	[labs] != '3'		WNL Normal
			HI High
			NT Not tested
			99 Unknown
156	hgb_range	Hemoglobin	radio (Matrix)
	Show the field ONLY if:		LO Low
	[labs] != '3'		WNL Normal
			HI High
			NT Not tested
			99 Unknown
157	plt_range	Platelets	radio (Matrix)
	Show the field ONLY if:		LO Low
	[labs] != '3'		WNL Normal
			HI High
			NT Not tested
			99 Unknown

158	wbc_numeric	Total WBC count in 10^9/L	text (number, Min: 0, Max: 1000)
	Show the field ONLY if: [wbc_range] = 'LO' or [wbc_range] = 'HI'		
159	alc	Absolute lymphocyte count per uL	text (number, Min: 0)
	Show the field ONLY if: [alc_range] = 'LO' or [alc_range] = 'HI'		
160	anc	Absolute neutrophil count per uL	text (number, Min: 0)
	Show the field ONLY if: [anc_range] = 'LO' or [anc_range] = 'HI'		
161	aec	Absolute eosinophil count per uL	text (number, Min: 0)
	Show the field ONLY if: [aec_range] = 'LO' or [aec_range] = 'HI'		
162	hgb	Hemoglobin level in g/dL	text (number, Min: 0)
	Show the field ONLY if: [hgb_range] = 'LO' or [hgb_range] = 'HI'		
163	plt	Platelet count, 10^3/uL	text (number, Min: 0)
	Show the field ONLY if: [plt_range] = 'LO' or [plt_range] = 'HI'		
164	creat	Section Header: Other lab values at presentation	radio (Matrix)
	Show the field ONLY if: [labs] != '3'	Creatinine	0 Normal 1 Abnormal
	[[[[[]]]]]] := 0		1 Abnormal NT Not tested
			99 Unknown
			Field Average (NOMFD: 4022064000000400
165	tbili	Total bilirubin	Field Annotation: SNOMED: 1032061000000108 radio (Matrix)
103	Show the field ONLY if:	Total bill dbill	0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
166	ast	AST	radio (Matrix) 0 Normal
	Show the field ONLY if: [labs] != '3'		0 Normal 1 Abnormal
			NT Not tested
			99 Unknown
167	alt	ALT	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested 99 Unknown
168	ldh	LDH	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
			Field Annotation: SNOMED: 250644007
169	tni	Troponin I (TnI)	radio (Matrix)
	Show the field ONLY if: [labs] != '3'		0 Normal
	[[[[[]]]]]]		1 Abnormal NT Not tested
			99 Unknown
			[[

170	hs_trop	High-sensitivity troponin	radio (Matrix)
170	·	riigii-serisiuvity troponiiri	0 Normal
	Show the field ONLY if: [labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
171	bnp	BNP	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
172	crp	CRP	radio (Matrix)
.,_	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
173	il6	IL-6	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
174	pt	PT	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
175	aptt	аРТТ	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
176	fibrinogen	Fibrinogen	radio (Matrix)
.,,	Show the field ONLY if:	I is model.	0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
			99 Onknown
			Field Annotation: SNOMED: 71636003
177	ddimer	D-Dimer	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
			23 JOHNHOWH
			Field Annotation: SNOMED: 1019221000000107
178	other_lab	Other (free text will open for more details below)	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
47-		No.	
179	creat_numeric	Please provide measured creatinine level in mg/dL	text (number, Min: 0)
	Show the field ONLY if: [creat] = '1'		
100		Discourse did not be the little of the second of the secon	
180	tbili_numeric	Please provide measured total bilirubin value in mg/dL	text
	Show the field ONLY if: [tbili] = '1'		
	[[[[]] - [

			Τ		
181	ast_numeric	Please provide measured AST/SGOT value in units/L	text (number, Min: 32)		
	Show the field ONLY if: [ast] = '1'				
182	alt_numeric	Please provide measured ALT/SGPT value in units/L	text (number, Min: 32)		
	Show the field ONLY if: [alt] = '1'				
183	pt_numeric	Please report measured PT value in seconds. If above the maximum	text (number)		
	Show the field ONLY if: [pt] = '1'	range, enter "999".			
184	aptt_numeric	Please report measured aPTT value in seconds. If above the maximum	text (number, Min: 0)		
	Show the field ONLY if: [aptt] = '1'	range, enter "999".			
185	fibrinogen_numeric	Please report measured fibrinogen value in mg/dL (conventional units).	text		
	Show the field ONLY if: [fibrinogen] = '1'				
186	ddimer_numeric	Please report measured D-Dimer value along with units, which often	text		
	Show the field ONLY if: [ddimer] = '1'	differ between labs.			
187	ldh_numeric	Please report measured LDH value along with units, which often differ	text		
	Show the field ONLY if: [ldh] = '1'	between labs.			
188	tni_numeric	Please report measured TnI value in ng/mL. Only record values greater	text (number, Min: 0)		
	Show the field ONLY if: [tni] = '1'	than or equal to 0.05 ng/mL.			
189	hs_trop_numeric	Please report measured high sensitivity troponin value in pg/mL.	text (number, Min: 0.05)		
	Show the field ONLY if: [hs_trop] = '1'				
190	bnp_numeric	Please report measured BNP value in pg/mL.	text (number, Min: 0)		
	Show the field ONLY if: [bnp] = '1'				
191	crp_numeric	Please provide measured CRP value along with units, which often differ between labs.	text		
	Show the field ONLY if: [crp] = '1'	between labs.			
192	il6_numeric	Please report measured IL-6 value in pg/mL	text (number, Min: 1.8)		
	Show the field ONLY if: [il6] = '1'				
193	other_lab_more	Please provide more details including numeric values, if you are able.	notes		
	Show the field ONLY if: [other_lab] = '1'	Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.			
194	coinfection_yn	Section Header: Co-infections	radio		
		Was another co-infection suspected within two weeks prior or up to two weeks after the COVID-19 diagnosis?	0 No 1 Yes		
			99 Unknown		

195	coinfection	Were there other co-infections diagnosed? Check all that apply.	checkbox		
195		Terminology: SNOMED	49872002	coinfection49872002	Viral, NOS
	Show the field ONLY if: [coinfection_yn] = '1'		407479009	coinfection407479009	Influenza A
	. ~ .		407480007	coinfection407480007	Influenza B
			84101006	coinfection 84101006	Ordinary
			84101000	_	coronavirus
			1838001	coinfection1838001	Rhinovirus
			6415009	coinfection6415009	RSV
			409822003	coinfection409822003	Bacterial infection, NOS
			8745002	coinfection8745002	Gram-positive bacteria
			233607000	coinfection233607000	Pneumococcal pneumonia
			81325006	coinfection81325006	Gram-negative bacteria
			414561005	coinfection414561005	Fungal, NOS
			2429008	coinfection2429008	Aspergillus culture-confirmed
			709601002	coinfection709601002	Aspergillus suspected (galactomannan positive)
			442376007	coinfection442376007	Tests are pending
			ОТН	coinfectionoth	Other
			UNK	coinfectionunk	Unknown
			NONE	coinfectionnone	None
			Field Annota	tion: Terminology: SNOMED	
196	coinfection_other Show the field ONLY if: [coinfection_yn] = '1'	Please specify what co-infections were diagnosed, including the organism(s) if you know it. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
197	coinfection_site	What body locations were affected by the co-infection(s)? Check all that	checkbox		
	Show the field ONLY if:	apply.	49596003	coinfection_site4959600	3 Abdomen/GI
	[coinfection_yn] = '1'		122489005	coinfection_site1224890	05 Bladder/GU (e.g., urinary tract infection [UTI])
			431193003	coinfection_site4311930	Bloodstream (e.g., bacteremia, fungemia, viremia)
			111253001	coinfection_site1112530	001 Bone (e.g., osteomyelitis)
			113257007	coinfection_site1132570	07 Cardiovascular
			128601007	coinfection_site1286010	Pulmonary (i.e., pneumonia, sinusitis, etc.)
			108365000	coinfection_site1083650	Skin and soft tissue
			OTH	coinfection_siteoth	Other (will trigger a free text to specify)
			UNK	coinfection_siteunk	Unknown
			Field Annotat	tion: SNOMED-CT	
198	coinfection_site_more	Please specify what other sites were affected by co-infection. Do not	notes		
	Show the field ONLY if:	record any PHI in this field. As a reminder, this includes all elements of			
	[coinfection_yn] = '1'	dates other than year.			

199	covid_19_treatment	Section Header: COVID-19 Treatment	checkbox		
		COVID-19 treatment, including pre-existing drugs that were continued	B01A	covid_19_treatmentb01a	Antico
		during the COVID-19 diagnosis. Check all that apply.	B01AC	covid_19_treatmentb01ac	Antipl than a
			HO-44995	covid_19_treatmentho_44995	Antivi
			N02BA	covid_19_treatmentn02ba	Aspiri
			ATC-J05AE08	covid_19_treatmentatc_j05ae08	Atazaı
			RXCUI-18631	covid_19_treatmentrxcui_18631	Azithr (Zithro
			DB-15718	covid_19_treatmentdb_15718	Bamla
			Bam-Et	covid_19_treatmentbam_et	Bamla
			REGEN-COV2	covid_19_treatmentregen_cov2	Casiri
			RXCUI-2393	covid_19_treatmentrxcui_2393	Chlore
			RXCUI-5521	covid_19_treatmentrxcui_5521	Hydro (Plaqu
			HO-45861	covid_19_treatmentho_45861	JAK in
			ATC-J05AR10	covid_19_treatmentatc_j05ar10	Lopina
			RXCUI-26010	1 covid_19_treatmentrxcui_260101	Oselta
			B05AX03	covid_19_treatmentb05ax03	Plasm individ plasm
			OMOP48739	74 covid_19_treatmentomop4873974	Remd
			ATC-C10AA	covid_19_treatmentatc_c10aa	Statin
			HO-45523	covid_19_treatmentho_45523	Syster (will p details
			ATC-L04AB	covid_19_treatmentatc_l04ab	TNF all promp
			RXCUI-61286	5 covid_19_treatmentrxcui_612865	Tociliz
			ATC-L04AC	covid_19_treatmentatc_l04ac	Other inhibit additi
			233573008	covid_19_treatment233573008	Extrac
			714749008	covid_19_treatment714749008	Contir replac (CRRT
			ОТН	covid_19_treatmentoth	Other
			UNK	covid_19_treatmentunk	Unkno
			NONE	covid_19_treatmentnone	None
			oth_plasma	covid_19_treatmentoth_plasma	DEPRI
				on: Terminologies: OMOP/RxNorm/SNOMED =='oth_plasma'	
200	dx_cp_interval Show the field ONLY if: [covid_19_treatment(B05AX03)] = '1'	How many days elapsed between the COVID-19 diagnosis and the first convalescent plasma infusion? If the patient was infused on the same day as their diagnosis, enter 0 here. If you do not know the answer, enter 9999 here.	text (integer)		
201	c19_aspirin_dose	Aspirin dosing	radio		
	Show the field ONLY if:		262459003	Low dose (less than 200 mg/day)	
	[covid_19_treatment(N02BA)] = '1'		261829003	Full dose	
			261665006	Unknown	
			Field Annotati	on: Terminology: SNOMED	

202	steroid_type	Steroid type. Check all that apply.	checkbo	OX			
	Show the field ONLY if: [covid_19_treatment(HO-45523)]		H02AB			Dexamethasone (Decadron)	
	= '1'		H02AB	steroid_typ		Hydrocortisone (Cortef)	
			H02AB	steroid_typ		Methylprednisolone (Solumedrol)	
			H02AB	o6 steroid_typ	eh02ab06	Prednisolone	
			H02AB	steroid_typ	eh02ab07	Prednisone	
			Field An	notation: Term	inology: ATC		
203	steroid_specific	Steroid dosing, in prednisone dose equivalents Note: 3 mg of	radio				
	Show the field ONLY if: [covid_19_treatment(HO-45523)]	dexamethasone is equivalent to 20 mg of prednisone, so any dose of dexamethasone of more than 3 mg/day (21 mg/week) would be		mg/day or bel			
	= '1'	equivalant to more than 20 mg of prednisone/day.	l 	mg/day or bel		(d	
				ore than 10 mg		ng/day nan 1mg/kg/day	
				ual to or greate	-		
				nknown	ir thair i mg/Ke	yaay	
			Field An	notation: @HID	ECHOICE='1'		
204	steroid_more	Please provide more details: prednisone dose equivalents (e.g., 1	notes				
	Show the field ONLY if: [covid_19_treatment(HO-45523)] = '1'	mg/kg) and duration of steroid therapy. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.					
205	covid_19_tx_interleukin	Interleukin inhibitor treatment other than tocilizumab. Check all that	checkbo	ОХ			
	Show the field ONLY if:	apply.	L04AC	14 covid_19_tx	_interleukin	04ac14 Sarilumab	
	[covid_19_treatment(ATC-L04AC)] = '1'		OTH	covid_19_tx	_interleukin	oth Other	
				d Annotation: Field:ATC L04AC; Values:ATC IDECHOICE='L04AC07'			
206	jak	JAK inhibitor treatment. Check all that apply.	checkbo	box			
	Show the field ONLY if: [covid_19_treatment(HO-45861)]		L01XE1	, —	(Jakafi)		
	= '1'		L04AA	44 jakl04aa jakoth	44 Upadacitin	IID	
				nnotation: Term	RyNorm		
207	c19_anticoag_reason	Has the patient received any dose or type of anticoagulants at any time	checkbo				
		during the COVID-19 diagnosis? Check all that apply. (Examples: unfractionated heparin, LMWH, fondaparinux, direct thrombin inhibitor, Vitamin K antagonist, or DOAC) ATE: arterial thromboembolism; VTE: venous thromboembolism	1	c19_anticoag_	reason1	Prophylactic use (without the presence of a VTE either as an inpatient or outpatient)	
			2	c19_anticoag_	reason2	DEPRECATED	
			2a	c19_anticoag_	reason2a	Therapeutic use (for known VTE diagnosis)	
			2b	c19_anticoag_	reason2b	Therapeutic use (for known ATE diagnosis)	
			2c	c19_anticoag_reason2c		Therapeutic use in the absence of any thrombosis (e.g., for prevention of stroke in atrial fibrillation)	
			3	c19_anticoag_	reason3	For DIC during hospitalization	
			NONE	c19_anticoag_	reasonnone	None (patient did not receive any anticoagulants)	
			UNK	c19_anticoag_	reasonunk	Unknown	
			OTH	c19_anticoag_	reasonoth	Other	
			Eigld As	notation: @HID	וברשחורב-יזי		

208	covid_19_tx_tnf	Tumor necrosis factor alpha (TNF-α) inhibitor treatment. Check all that	· · · · · · · · · · · · · · · · · · ·				
	Show the field ONLY if:	e field ONLY if:	L04AB01	covid_19_tx_tnfl04ab01 Eta	anercept		
	[covid_19_treatment(ATC-L04AB)] = '1'		OTH	covid_19_tx_tnfoth Ot	her		
			Field Ann	otation: Field:ATC L04AB; Values:.	ATC		
209	c19_anticoag_reason_oth_specify Show the field ONLY if: [c19_anticoag_reason(OTH)] = '1'	Please specify the type and indication of other anticoagulants Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes				
210	c19_anticoag_type	Which anticoagulants were used? Check all that apply.	checkbox				
	Show the field ONLY if: [c19_anticoag_reason(1)] = '1' or [c19_anticoag_reason(2a)] = '1' or		B01AA	c19_anticoag_typeb01aa	Vitamin K antagonists (e.g., warfarin)		
	[c19_anticoag_reason(2b)] = '1' or [c19_anticoag_reason(2c)] = '1' or [c19_anticoag_reason(3)] = '1' or [c19_anticoag_reason(OTH)] = '1'		B01AB	c19_anticoag_typeb01ab	Low-molecular weight heparin (e.g., enoxaparin [Lovenox])		
		B01AB01	c19_anticoag_typeb01ab01	Unfractionated heparin			
		B01AE	c19_anticoag_typeb01ae	Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa])			
			B01AF	c19_anticoag_typeb01af	Direct factor Xa inhibitors (e.g., apixaban [Eliquis], rivaroxaban [Xarelto])		
			B01AX05	c19_anticoag_typeb01ax05	Fondaparinux		
			UNK	c19_anticoag_typeunk	Unknown		
			ОТН	c19_anticoag_typeoth	Other		
			Field Ann	otation: Terminology: ATC			
211	c19_anticoag_type_oth_specify Show the field ONLY if: [c19_anticoag_type(OTH)] = '1'	Please specify what other anticoagulants Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes				
212	covid_19_treatment_trial	Was any COVID-19 treatment given as part of a clinical trial?	radio 0 No				
			1 Yes 99 Unk	nown			
			99 Unk	nown			

213	covid_19_trial_tx	d_19_trial_tx COVID-19 clinical trial treatment. Check all that apply. If you do not	checkbox, Required			
_,,	Show the field ONLY if:	know which drug(s) were given on clinical trial, please check	DB-15718	covid_19_trial_txdb_15718	Bamlaniv	
	[covid_19_treatment_trial] = '1'	"Unknown". If you are not able to disclose drug names due to institutional restrictions, please check "Other".	Bam-Et	covid_19_trial_txbam_et	Bamlaniv	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		covid_19_trial_txregen_cov2	Casirivim	
			RXCUI-5521	covid_19_trial_txrxcui_5521	Hydroxyc (Plaqueni	
			HO-44995	covid_19_trial_txho_44995	Anti-virals	
			ATC-J05AR10	covid_19_trial_txatc_j05ar10	Lopinavir	
			OMOP487397	1 covid_19_trial_txomop4873974	Remdesiv	
			RXCUI-18631	covid_19_trial_txrxcui_18631	Azithrom	
			HO-45523	covid_19_trial_txho_45523	Systemic	
			L04AC08	covid_19_trial_txl04ac08	Canakinu	
			L04AC16	covid_19_trial_txl04ac16	Guselkun	
			L04AC14	covid_19_trial_txl04ac14	Sariluma	
			L04AC07	covid_19_trial_txl04ac07	Tocilizum	
			L04AB02	covid_19_trial_txl04ab02	Infliximal	
			B05AX03	covid_19_trial_txb05ax03	Plasma fr individua plasma)	
			OTH	covid_19_trial_txoth	Other	
			UNK	covid_19_trial_txunk	Unknown	
			Field Annotatio	n: Terminologies:		
			plasma'	MIOTAKKOTII GITIBECTIOICE OTT		
214	dx_cp_interval_2 Show the field ONLY if: [covid_19_trial_tx(B05AX03)] = '1' and [covid_19_treatment(B05AX0 3)] = '0'	How many days elapsed between the COVID-19 diagnosis and the first convalescent plasma infusion? If the patient was infused on the same day as their diagnosis, enter 0 here. If you do not know the answer, enter 9999 here.	text (integer)			
215	covid_19_trial_more Show the field ONLY if: [covid_19_trial_tx(OTH)] = '1'	Please specify what other clinical trial treatment. (Note: some institutions have restrictions on sharing of this information, please check with your institutional official if you have any questions.) Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes			
216	additional_tx	Additional COVID-19 treatment comments, e.g. specific doses. Please provide further information here. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes			
217	prbc	Did the patient receive any PRBC transfusions?	radio	1		
			0 No			
			1 Yes 99 Unknown			
218	comments_form_2	Section Header: Free text entry (optional)	notes			
			notes			
		Comments Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.				
219	covid19_details_complete		dropdown			
219		includes all elements of dates other than year.	dropdown 0 Incomplete]		
219		includes all elements of dates other than year. Section Header: Form Status	l i			
219		includes all elements of dates other than year. Section Header: Form Status	0 Incomplete			
	covid19_details_complete	includes all elements of dates other than year. Section Header: Form Status Complete?	0 Incomplete 1 Unverified	_	bllapse	
		includes all elements of dates other than year. Section Header: Form Status Complete?	0 Incomplete 1 Unverified 2 Complete text (datetime_	dmy), Required	bllapse	
Instru 220	covid19_details_complete ument: Cancer details (cancer_ts_3	includes all elements of dates other than year. Section Header: Form Status Complete? details)	0 Incomplete 1 Unverified 2 Complete text (datetime_Field Annotatio	dmy), Required n: @HIDDEN @NOW_UTC	ollapse	
Instru	covid19_details_complete ument: Cancer details (cancer	includes all elements of dates other than year. Section Header: Form Status Complete? details) Enabled as survey Timestamp for the cancer details form Section Header: Cancer-specific data - Mandatory	0 Incomplete 1 Unverified 2 Complete text (datetime_field Annotatio dropdown (auto	dmy), Required n: @HIDDEN @NOW_UTC pcomplete), Required	ollapse	
Instru 220	covid19_details_complete ument: Cancer details (cancer_ts_3	includes all elements of dates other than year. Section Header: Form Status Complete? details)	0 Incomplete 1 Unverified 2 Complete text (datetime_field Annotatio dropdown (auto C132146 Mal	dmy), Required n: @HIDDEN @NOW_UTC bcomplete), Required ignant Solid Neoplasm, NOS	bllapse	
Instru 220	covid19_details_complete ument: Cancer details (cancer_ts_3	includes all elements of dates other than year. Section Header: Form Status Complete? details)	1 Unverified 2 Complete text (datetime_ifield Annotatio) dropdown (auto C132146 Mal C9325 Adr	dmy), Required n: @HIDDEN @NOW_UTC bcomplete), Required ignant Solid Neoplasm, NOS enocortical Carcinoma	bilapse	
Instru 220	covid19_details_complete ument: Cancer details (cancer_ts_3	includes all elements of dates other than year. Section Header: Form Status Complete? details)	1 Unverified 2 Complete text (datetime_field Annotatio dropdown (autume) C132146 Mal C9325 Adr C9291 Ana	dmy), Required n: @HIDDEN @NOW_UTC complete), Required ignant Solid Neoplasm, NOS enocortical Carcinoma	ollapse	
Instru 220	covid19_details_complete ument: Cancer details (cancer_ts_3	includes all elements of dates other than year. Section Header: Form Status Complete? details)	1 Unverified 2 Complete text (datetime_field Annotation dropdown (auto C132146 Mal C9325 Adr C9291 Ana C9330 App	dmy), Required n: @HIDDEN @NOW_UTC complete), Required ignant Solid Neoplasm, NOS enocortical Carcinoma I Cancer endix Cancer	ollapse	
Instru 220	covid19_details_complete ument: Cancer details (cancer_ts_3	includes all elements of dates other than year. Section Header: Form Status Complete? details)	1 Unverified 2 Complete text (datetime_Field Annotatio dropdown (auto C132146 Mal C9325 Adr C9291 Ana C9330 App C4436 Bile	dmy), Required n: @HIDDEN @NOW_UTC complete), Required ignant Solid Neoplasm, NOS enocortical Carcinoma	bilapse	

C9312	Bone cancer, NOS
C5111	Brain Cancer - benign (e.g., meningioma)
C132067	Brain Cancer - low-grade glioma
C3059	Brain Cancer - high-grade glioma (e.g., GBM)
C4627	Brain (CNS) Cancer, NOS
C4872	Breast Cancer
C9039	Cervical Cancer
C4910	Colon Cancer
C2955	Colon/Rectum Cancer
C3513	Esophagus Cancer
C4817	Ewing Sarcoma
C3867	Fallopian Tube Cancer
C3844	Gallbladder Cancer
C3708	Germ Cell Tumor
C3868	GIST
C4013	Head and Neck Cancer
C4819	Invasive Cutaneous SCC (do not record localize SCC)
C2921	Invasive Cutaneous BCC (do not record localized BCC)
C3234	Mesothelioma
C4039	III Defined/Cancer of Unknown Primary
C3099	Liver Cancer (HCC)
C4878	Lung Cancer, NOS
C3224	Melanoma
C9231	Merkel Cell
C3871	Nasopharyngeal Carcinoma
C3270	Neuroblastoma
C3809	Neuroendocrine tumor (NET) or Carcinoid
C2926	Non Small Cell Lung Cancer (NSCLC)
C9145	Osteosarcoma
C7431	Ovarian Cancer
C3850	Pancreatic Cancer
C4906	Parathyroid Cancer
C9061	Penis Cancer
C3538	Peritoneum Cancer
C3555	Placenta Cancer (incl. Choriocarcinoma)
C4863	Prostate Cancer
C9382	Rectum and Rectosigmoid Cancer
C9385	Renal Kidney Cancer (RCC)
C7355	Renal Pelvis Cancer
C7541	Retinoblastoma
C3359	Rhabdomyosarcoma
C6389	Scrotum Cancer
C4917	Small Cell Lung Cancer
C7724	Small Intestine Cancer
C7724 C9306	Soft Tissue Sarcoma, NOS
C4911	
C4911	Stomach (Gastric) Cancer Testis Cancer
C3411	
	Thymus Cancer Thyroid Cancer
C4815 C7558	Thyroid Cancer
1 /55X	Uterus (Endometrial) Cancer
C3917 C8538	Vagina Cancer Vascular Sarcoma, NOS

			C3267	Wilms Tumor
			C27134	Malignant Hematologic Neoplasm, NOS
			C9300	Acute Leukemia
			C3171	Acute myeloid leukemia (AML)
			C3167	Acute lymphoblastic leukemia (ALL)
			C4345	Myeloproliferative neoplasm (MPN)
			C3174	Chronic myeloid leukemia (CML)
			C3247	Myelodysplastic syndrome (MDS)
			C9244	Aggressive lymphoma
			C9357	Hodgkin lymphoma
			C3211	Non-Hodgkin lymphoma (NHL)
			C8851	Diffuse large B-cell lymphoma (DLBCL)
			C4337	Mantle cell lymphoma (MCL)
			C2912	Burkitt lymphoma
			C8504	Indolent lymphoma
			C3209	Follicular lymphoma
			C3163	Chronic lymphocytic leukemia (CLL)
			C4341	Marginal zone lymphoma
			C4665	Plasma cell dyscrasia
			C3242	Multiple myeloma
			C3819	AL amyloidosis
			C27908	T-cell and NK-cell neoplasm
			C9308	Lymphoproliferative disorder
			C3106	Histiocyte disorder
			OTH	Other
			OTH_H	Other Heme
			OTH_S	Other Solid Tumor
				otation: LOINC:63929-4; Terminology: NCIT OICE = 'OTH'
222	cancer_type_oth Show the field ONLY if: [cancer_type] = 'OTH' or [cancer_type] = 'C132146' or [cancer_type] = 'OTH_H' or [cancer_type] = 'OTH_S' or [cancer_type] = 'C27134'	Please specify cancer type	text	
223	acute_leukemia_more Show the field ONLY if: [cancer_type] = 'C9300'	This code is not preferred because it is non-specific. If the patient has a myeloid-lineage acute leukemia (AML, APL, AMML, etc) please go back and select acute myeloid leukemia. If the patient has a plasma cell leukemia, please go back and select plasma cell dyscrasia. Otherwise, please enter the specific details below in the additional cancer details.	descriptive	2
224	lung_nos_more Show the field ONLY if: [cancer_type] = 'C4878'	This code should only be used if you do not know the histology of the lung cancer (e.g., the patient was treated without a confirmatory biopsy) or if the histology overlaps. If you know that the cancer is NSCLC (e.g., adenocarcinoma, squamous cell carcinoma, large cell carcinoma) please go back and select that choice. If you know that the cancer is a low-grade neuroendocrine tumor (i.e., carcinoid), please go back and select carcinoid/NET. If you know that the cancer is a high-grade neuroendocrine tumor (i.e., small cell lung cancer), please go back and select SCLC. Otherwise, please enter the specific histology below in the additional cancer details.	descriptive	e
225	teravolt Show the field ONLY if: [cancer_type] = 'C4878' or [cancer_type] = 'C2926' or [cancer_type] = 'C4917' or [cancer_type] = 'C341 1'	Please consider donating data to the TERAVOLT (Thoracic cancERs international coVid 19 cOLlaboraTion) registry, as well. In order to do this, unless you are already part of a member institution, you will need to reach out to Prof. Jennifer Whisenant j.whisenant@vumc.org	descriptive	2
226	multiple_ca	Does the patient have multiple malignancies? This includes multiple active malignancies as well as historic cancers.	radio, Req 0 No 1 Yes 99 Unkr	

227	multiple_ca_quant	How many malignancies? If you do not know the exact number, enter the number that you are aware of (e.g., if you know there are at least	radio, Re	quired
	Show the field ONLY if:	three separate malignancies, enter three).	2 Two	
	[multiple_ca] = '1'		3 Thre	2
			4 Four	
			5 Five	
228	cancer_type_2	Cancer type of second malignancy. If the patient has more than two malignancies, please select the second-most recently diagnosed cancer		n (autocomplete), Required
	Show the field ONLY if: [multiple_ca] = '1'	type. If unknown or unclear, please specify in the free text box below.	-	Malignant Solid Neoplasm, NOS
	[maidpie_ca]		C9325 C9291	Adrenocortical Carcinoma Anal Cancer
			C9291	Appendix Cancer
			C4436	Bile Duct Cancer (Cholangiocarcinoma)
			C4912	Bladder Cancer
			C9312	Bone cancer, NOS
			C5111	Brain Cancer - benign (e.g., meningioma)
			C13206	
			C3059	Brain Cancer - high-grade glioma (e.g., GBM)
			C4627	Brain (CNS) Cancer, NOS
			C4872	Breast Cancer
			C9039	Cervical Cancer
			C4910	Colon Cancer
			C2955	Colon/Rectum Cancer
			C3513	Esophagus Cancer
			C4817	Ewing Sarcoma
			C3867	Fallopian Tube Cancer
			C3844	Gallbladder Cancer
			C3708	Germ Cell Tumor
			C3868	GIST
			C4013	Head and Neck Cancer
			C4819	Invasive Cutaneous SCC (do not record localized SCC)
			C2921	Invasive Cutaneous BCC (do not record localized BCC)
			C3234	Mesothelioma
			C4039	III Defined/Cancer of Unknown Primary
			C3099	Liver Cancer (HCC)
			C4878	Lung Cancer, NOS
			C3224	Melanoma
			C9231	Merkel Cell
			C3871	Nasopharyngeal Carcinoma
			C3270	Neuroblastoma
			C3809	Neuroendocrine tumor (NET) or Carcinoid
			C2926	Non Small Cell Lung Cancer (NSCLC)
			C9145	Osteosarcoma
			C7431	Ovarian Cancer
			C3850	Pancreatic Cancer
			C4906	Parathyroid Cancer
			C9061	Penis Cancer
			C3538	Peritoneum Cancer
			C3555	Placenta Cancer (incl. Choriocarcinoma)
			C4863	Prostate Cancer
			C9382	Rectum and Rectosigmoid Cancer
			C9385	Renal Kidney Cancer (RCC)
			C7355	Renal Pelvis Cancer
			C7541	Retinoblastoma
			C3359	Rhabdomyosarcoma

			C6389	Scrotum Cancer
			C4917	Small Cell Lung Cancer
			C7724	Small Intestine Cancer
			C9306	Soft Tissue Sarcoma, NOS
			C4911	Stomach (Gastric) Cancer
			C9063	Testis Cancer
			C3411	Thymus Cancer
			C4815	Thyroid Cancer
			C7558	Uterus (Endometrial) Cancer
			C3917	Vagina Cancer
			C8538	Vascular Sarcoma, NOS
			C4866	Vulva Cancer
			C3267	Wilms Tumor
			C27134	Malignant Hematologic Neoplasm, NOS
			C9300	Acute Leukemia
			C3171	Acute myeloid leukemia (AML)
			C3167	Acute lymphoblastic leukemia (ALL)
			C4345	Myeloproliferative neoplasm (MPN)
			C3174	Chronic myeloid leukemia (CML)
			C3247	Myelodysplastic syndrome (MDS)
			C9244	Aggressive lymphoma
			C9357	Hodgkin lymphoma
			C3211	Non-Hodgkin lymphoma (NHL)
			C8851	Diffuse large B-cell lymphoma (DLBCL)
			C4337	Mantle cell lymphoma (MCL)
			C2912	Burkitt lymphoma
			C8504	Indolent lymphoma
			C3209	Follicular lymphoma
			C3163	Chronic lymphocytic leukemia (CLL)
			C4341	Marginal zone lymphoma
			C4665	Plasma cell dyscrasia
			C3242	Multiple myeloma
			C3819	AL amyloidosis
			C27908	T-cell and NK-cell neoplasm
			C27308	·
				Lymphoproliferative disorder
			C3106	Histiocyte disorder
			OTH	Other
			OTH_H	Other Heme
			OTH_S	Other Solid Tumor
				tation: LOINC:63929-4; Terminology: NCIT DICE = 'OTH'
229	cancer_type_oth_2	Please specify cancer type	text	
	Show the field ONLY if: [cancer_type_2] = 'OTH' or [cance r_type_2] = 'C132146' or [cancer_t ype_2] = 'OTH_H' or [cancer_type_2] = 'OTH_S' or [cancer_type_2] = 'C27134'			
230	cancer_type_3	Cancer type of third malignancy. If the patient has more than three		(autocomplete), Required
	Show the field ONLY if:	malignancies, please select the third-most recently diagnosed cancer type. If unknown or unclear, please specify in the free text box below.	C132146	Malignant Solid Neoplasm, NOS
	[multiple_ca_quant] = '3' or [multiple_ca_quant]	sype. If animown of ancical, please specify in the free text box below.	C9325	Adrenocortical Carcinoma
	ple_ca_quant] = '4' or [multiple_c a_quant] = '5'		C9291	Anal Cancer
			C9330	Appendix Cancer
			C4436	Bile Duct Cancer (Cholangiocarcinoma)
			C4912	Bladder Cancer
			C9312	Bone cancer, NOS
	İ			,

C5111	Brain Cancer - benign (e.g., meningioma)
C132067	Brain Cancer - low-grade glioma
C3059	Brain Cancer - high-grade glioma (e.g., GBM)
C4627	Brain (CNS) Cancer, NOS
C4872	Breast Cancer
C9039	Cervical Cancer
C4910	Colon Cancer
C2955	Colon/Rectum Cancer
C3513	Esophagus Cancer
C4817	Ewing Sarcoma
C3867	Fallopian Tube Cancer
C3844	Gallbladder Cancer
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C3868	GIST
C4013	Head and Neck Cancer
C4819	Invasive Cutaneous SCC (do not record localize SCC)
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C3224	Melanoma
C9231	Merkel Cell
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C3809	Neuroendocrine tumor (NET) or Carcinoid
C2926	Non Small Cell Lung Cancer (NSCLC)
C9145	Osteosarcoma
C7431	Ovarian Cancer
C3850	Pancreatic Cancer
C4906	Parathyroid Cancer
C9061	Penis Cancer
C3538	Peritoneum Cancer
C3555	Placenta Cancer (incl. Choriocarcinoma)
C4863	Prostate Cancer
C4803	Rectum and Rectosigmoid Cancer
C9385	Renal Kidney Cancer (RCC)
C7355	Renal Pelvis Cancer
C7535	Retinoblastoma
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C6389	Scrotum Cancer
C6389	
	Small Cell Lung Cancer Small Intestine Cancer
C7724	
C4911	Soft Tissue Sarcoma, NOS
C4911	Stomach (Gastric) Cancer
C9063	Testis Cancer
C3411	Thymus Cancer
C4815	Thyroid Cancer
C7558	Uterus (Endometrial) Cancer
C3917	Vagina Cancer
C8538	Vascular Sarcoma, NOS
C4866	Vulva Cancer
C3267	Wilms Tumor

			C27134	Malignant Hematologic Neoplasm, NOS
			C27134 C9300	Acute Leukemia
			C3171	Acute myeloid leukemia (AML)
			C3171	Acute lymphoblastic leukemia (ALL)
			C4345	Myeloproliferative neoplasm (MPN)
			C4345	
			C3174	Chronic myeloid leukemia (CML)
				Myelodysplastic syndrome (MDS)
			C9244	Aggressive lymphoma
			C9357	Hodgkin lymphoma
			C3211	Non-Hodgkin lymphoma (NHL)
			C8851	Diffuse large B-cell lymphoma (DLBCL)
			C4337	Mantle cell lymphoma (MCL)
			C2912	Burkitt lymphoma
			C8504	Indolent lymphoma
			C3209	Follicular lymphoma
			C3163	Chronic lymphocytic leukemia (CLL)
			C4341	Marginal zone lymphoma
			C4665	Plasma cell dyscrasia
			C3242	Multiple myeloma
			C3819	AL amyloidosis
			C27908	T-cell and NK-cell neoplasm
			C9308	Lymphoproliferative disorder
			C3106	Histiocyte disorder
			OTH_H	Other Heme
			OTH_S	Other Solid Tumor
231	cancer_type_oth_3 Show the field ONLY if:	Please specify cancer type	Field Anno text	tation: LOINC:63929-4; Terminology: NCIT
231	Show the field ONLY if: [cancer_type_3] = 'C132146' or [cancer_type_3] = 'OTH_H' or [cancer_type_3] = 'OTH_S' or [cancer_ty	Please specify cancer type		tation: LOINC:63929-4; Terminology: NCIT
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134'		text	
231	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	text	(autocomplete), Required
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four	dropdown C132146	-
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if:	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146 C9325	(autocomplete), Required Malignant Solid Neoplasm, NOS
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146 C9325 C9291	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer Appendix Cancer
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146 C9325 C9291 C9330 C4436	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer Appendix Cancer Bile Duct Cancer (Cholangiocarcinoma)
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146 C9325 C9291 C9330 C4436 C4912	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer Appendix Cancer Bile Duct Cancer (Cholangiocarcinoma) Bladder Cancer
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146 C9325 C9291 C9330 C4436 C4912 C9312	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer Appendix Cancer Bile Duct Cancer (Cholangiocarcinoma) Bladder Cancer Bone cancer, NOS
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146 C9325 C9291 C9330 C4436 C4912 C9312 C5111	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer Appendix Cancer Bile Duct Cancer (Cholangiocarcinoma) Bladder Cancer Bone cancer, NOS Brain Cancer - benign (e.g., meningioma)
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146 C9325 C9291 C9330 C4436 C4912 C9312 C5111 C132067	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer Appendix Cancer Bile Duct Cancer (Cholangiocarcinoma) Bladder Cancer Bone cancer, NOS Brain Cancer - benign (e.g., meningioma) Brain Cancer - low-grade glioma
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146 C9325 C9291 C9330 C4436 C4912 C9312 C5111 C132067 C3059	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer Appendix Cancer Bile Duct Cancer (Cholangiocarcinoma) Bladder Cancer Bone cancer, NOS Brain Cancer - benign (e.g., meningioma) Brain Cancer - low-grade glioma Brain Cancer - high-grade glioma (e.g., GBM)
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146 C9325 C9291 C9330 C4436 C4912 C9312 C5111 C132067 C3059 C4627	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer Appendix Cancer Bile Duct Cancer (Cholangiocarcinoma) Bladder Cancer Bone cancer, NOS Brain Cancer - benign (e.g., meningioma) Brain Cancer - low-grade glioma Brain Cancer - high-grade glioma (e.g., GBM) Brain (CNS) Cancer, NOS
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146 C9325 C9291 C9330 C4436 C4912 C9312 C5111 C132067 C3059 C4627 C4872	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer Appendix Cancer Bile Duct Cancer (Cholangiocarcinoma) Bladder Cancer Bone cancer, NOS Brain Cancer - benign (e.g., meningioma) Brain Cancer - low-grade glioma Brain Cancer - high-grade glioma (e.g., GBM) Brain (CNS) Cancer, NOS Breast Cancer
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146 C9325 C9291 C9330 C4436 C4912 C9312 C5111 C132067 C3059 C4627 C4872 C9039	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer Appendix Cancer Bile Duct Cancer (Cholangiocarcinoma) Bladder Cancer Bone cancer, NOS Brain Cancer - benign (e.g., meningioma) Brain Cancer - low-grade glioma Brain Cancer - high-grade glioma (e.g., GBM) Brain (CNS) Cancer, NOS Breast Cancer
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146 C9325 C9291 C9330 C4436 C4912 C9312 C5111 C132067 C3059 C4627 C4872 C9039 C4910	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer Appendix Cancer Bile Duct Cancer (Cholangiocarcinoma) Bladder Cancer Bone cancer, NOS Brain Cancer - benign (e.g., meningioma) Brain Cancer - low-grade glioma Brain Cancer - high-grade glioma (e.g., GBM) Brain (CNS) Cancer, NOS Breast Cancer Cervical Cancer
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146 C9325 C9291 C9330 C4436 C4912 C9312 C5111 C132067 C3059 C4627 C4872 C9039 C4910 C2955	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer Appendix Cancer Bile Duct Cancer (Cholangiocarcinoma) Bladder Cancer Bone cancer, NOS Brain Cancer - benign (e.g., meningioma) Brain Cancer - low-grade glioma Brain Cancer - high-grade glioma (e.g., GBM) Brain (CNS) Cancer, NOS Breast Cancer Cervical Cancer Colon Cancer
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146 C9325 C9291 C9330 C4436 C4912 C5111 C132067 C3059 C4627 C4872 C9039 C4910 C2955 C3513	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer Appendix Cancer Bile Duct Cancer (Cholangiocarcinoma) Bladder Cancer Bone cancer, NOS Brain Cancer - benign (e.g., meningioma) Brain Cancer - low-grade glioma Brain Cancer - high-grade glioma (e.g., GBM) Brain (CNS) Cancer, NOS Breast Cancer Cervical Cancer Colon Cancer Colon/Rectum Cancer
	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146 C9325 C9291 C9330 C4436 C4912 C5111 C132067 C3059 C4627 C4872 C9039 C4910 C2955 C3513 C4817	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer Appendix Cancer Bile Duct Cancer (Cholangiocarcinoma) Bladder Cancer Bone cancer, NOS Brain Cancer - benign (e.g., meningioma) Brain Cancer - low-grade glioma Brain Cancer - high-grade glioma (e.g., GBM) Brain (CNS) Cancer, NOS Breast Cancer Cervical Cancer Colon Cancer Colon/Rectum Cancer Esophagus Cancer Ewing Sarcoma
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	Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134' cancer_type_4 Show the field ONLY if: [multiple_ca_quant] = '4' or [multi	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	dropdown C132146 C9325 C9291 C9330 C4436 C4912 C9312 C5111 C132067 C3059 C4627 C4872 C9039 C4910 C2955 C3513 C4817 C3867	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer Appendix Cancer Bile Duct Cancer (Cholangiocarcinoma) Bladder Cancer Bone cancer, NOS Brain Cancer - benign (e.g., meningioma) Brain Cancer - low-grade glioma Brain Cancer - high-grade glioma (e.g., GBM) Brain (CNS) Cancer, NOS Breast Cancer Cervical Cancer Colon Cancer Colon/Rectum Cancer Esophagus Cancer Ewing Sarcoma Fallopian Tube Cancer

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C3871	Nasopharyngeal Carcinoma
C3270	Neuroblastoma
C3809	Neuroendocrine tumor (NET) or Carcinoid
C2926	Non Small Cell Lung Cancer (NSCLC)
C9145	Osteosarcoma
C7431	Ovarian Cancer
C3850	Pancreatic Cancer
C4906	Parathyroid Cancer
C9061	Penis Cancer
C3538	Peritoneum Cancer
C3555	Placenta Cancer (incl. Choriocarcinoma)
C4863	Prostate Cancer
C9382	Rectum and Rectosigmoid Cancer
C9385	Renal Kidney Cancer (RCC)
C7355	Renal Pelvis Cancer
C7541	Retinoblastoma
C3359	Rhabdomyosarcoma
C6389	Scrotum Cancer
C4917	Small Cell Lung Cancer
C7724	Small Intestine Cancer
C7724 C9306	Soft Tissue Sarcoma, NOS
C4911	Stomach (Gastric) Cancer
C4911	Testis Cancer
C3411	Thymus Cancer
C7558	Thyroid Cancer
C7558	Uterus (Endometrial) Cancer
C3917	Vagina Cancer
C8538	Vascular Sarcoma, NOS
C4866	Vulva Cancer
C3267	Wilms Tumor
C27134	Malignant Hematologic Neoplasm, NOS
C9300	Acute Leukemia
C3171	Acute myeloid leukemia (AML)
C3167	Acute lymphoblastic leukemia (ALL)
C4345	Myeloproliferative neoplasm (MPN)
C3174	Chronic myeloid leukemia (CML)
C3247	Myelodysplastic syndrome (MDS)
C9244	Aggressive lymphoma
C9357	Hodgkin lymphoma
C3211	Non-Hodgkin lymphoma (NHL)
C8851	Diffuse large B-cell lymphoma (DLBCL)
C4337	Mantle cell lymphoma (MCL)
C2912	Burkitt lymphoma
C8504	Indolent lymphoma
C3209	Follicular lymphoma

		1		,
			C3163	Chronic lymphocytic leukemia (CLL)
			C4341	Marginal zone lymphoma
			C4665	Plasma cell dyscrasia
			C3242	Multiple myeloma
			C3819	AL amyloidosis
			C27908	T-cell and NK-cell neoplasm
			C9308	Lymphoproliferative disorder
			C3106	Histiocyte disorder
			OTH_H	Other Heme
			OTH_S	Other Solid Tumor
			Field Anno	otation: LOINC:63929-4; Terminology: NCIT
233	cancer_type_oth_4	Please specify cancer type	text	,
	Show the field ONLY if:			
	[cancer_type_4] = 'C132146' or [c ancer_type_4] = 'OTH_H' or [canc er_type_4] = 'OTH_S' or [cancer_ty pe_4] = 'C27134'			
234	cancer_type_5	Cancer type of fifth malignancy. If the patient has more than five	dropdown	(autocomplete), Required
	Show the field ONLY if:	malignancies, please select the fifth-most recently diagnosed cancer type. If unknown or unclear, please specify in the free text box below.	C132146	Malignant Solid Neoplasm, NOS
	[multiple_ca_quant] = '5'	type. If dilknown of different, please speerly in the free text box below.	C9325	Adrenocortical Carcinoma
			C9291	Anal Cancer
			C9330	Appendix Cancer
			C4436	Bile Duct Cancer (Cholangiocarcinoma)
			C4912	Bladder Cancer
			C9312	Bone cancer, NOS
			C5111	Brain Cancer - benign (e.g., meningioma)
			C132067	Brain Cancer - low-grade glioma
			C3059	Brain Cancer - high-grade glioma (e.g., GBM)
			C4627	Brain (CNS) Cancer, NOS
			C4872	Breast Cancer
			C9039	Cervical Cancer
			C4910	Colon Cancer
			C2955	Colon/Rectum Cancer
			C3513	Esophagus Cancer
			C4817	Ewing Sarcoma
			C3867	Fallopian Tube Cancer
			C3844	Gallbladder Cancer
			C3708	Germ Cell Tumor
			C3868	GIST
			C4013	Head and Neck Cancer
			C4819	Invasive Cutaneous SCC (do not record localized
			C2921	SCC) Invasive Cutaneous BCC (do not record localized BCC)
			C3234	Mesothelioma
			C4039	III Defined/Cancer of Unknown Primary
			C3099	Liver Cancer (HCC)
			C4878	Lung Cancer, NOS
			C3224	Melanoma
			C9231	Merkel Cell
			C3871	Nasopharyngeal Carcinoma
			C3270	Neuroblastoma
			C3809	Neuroendocrine tumor (NET) or Carcinoid
			C2926	Non Small Cell Lung Cancer (NSCLC)
			C2926	Osteosarcoma
			-	
			C7431	Ovarian Cancer

C3850	Pancreatic Cancer
C4906	Parathyroid Cancer
C9061	Penis Cancer
C3538	Peritoneum Cancer
C3555	Placenta Cancer (incl. Choriocarcinoma)
C4863	Prostate Cancer
C9382	Rectum and Rectosigmoid Cancer
C9385	Renal Kidney Cancer (RCC)
C7355	Renal Pelvis Cancer
C7541	Retinoblastoma
C3359	Rhabdomyosarcoma
C6389	Scrotum Cancer
C4917	Small Cell Lung Cancer
C7724	Small Intestine Cancer
C9306	Soft Tissue Sarcoma, NOS
C4911	Stomach (Gastric) Cancer
C9063	Testis Cancer
C3411	Thymus Cancer
C4815	Thyroid Cancer
C7558	Uterus (Endometrial) Cancer
C3917	Vagina Cancer
C8538	Vascular Sarcoma, NOS
C4866	Vulva Cancer
C3267	Wilms Tumor
C27134	Malignant Hematologic Neoplasm, NOS
C9300	Acute Leukemia
C3171	Acute myeloid leukemia (AML)
C3167	Acute lymphoblastic leukemia (ALL)
C4345	Myeloproliferative neoplasm (MPN)
C3174	Chronic myeloid leukemia (CML)
C3247	Myelodysplastic syndrome (MDS)
C9244	Aggressive lymphoma
C9357	Hodgkin lymphoma
C3211	Non-Hodgkin lymphoma (NHL)
C8851	Diffuse large B-cell lymphoma (DLBCL)
C4337	Mantle cell lymphoma (MCL)
C2912	Burkitt lymphoma
C8504	Indolent lymphoma
C3209	Follicular lymphoma
C3163	Chronic lymphocytic leukemia (CLL)
C4341	Marginal zone lymphoma
C4665	Plasma cell dyscrasia
C3242	Multiple myeloma
C3819	AL amyloidosis
C27908	T-cell and NK-cell neoplasm
C9308	Lymphoproliferative disorder
C3106	Histiocyte disorder
	Other Heme
OTH_H	, caller ricine

225	th-F	Discourse of the second of the			
235	cancer_type_oth_5 Show the field ONLY if: [cancer_type_5] = 'C132146' or [c ancer_type_5] = 'OTH_H' or [canc er_type_5] = 'OTH_S' or [cancer_ty pe_5] = 'C27134'	Please specify cancer type	text		
236	multiple_ca_more Show the field ONLY if: [multiple_ca] = '1'	Multiple malignancies - further details. Please provide further details, including whether the primary cancers were synchronous or metachronous, the types of the multiple primaries, etc. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
237	breast_biomarkers	Breast cancer specific: What is the breast cancer phenotype? Check all	checkb	00X	
	Show the field ONLY if: [cancer_type] = 'C4872' or [cancer_type_2] = 'C4872' or [cancer_type_3] = 'C4872' or [cancer_type_4]	that apply. Instructions: Oncology notes: (Medical, Surgical, or Radiation oncology notes): Information obtained from the most recent oncology note would suffice. Ideally, data entry is from the medical oncologist note, but if not available surgical or radiation oncology notes may also have the details of the information. Confirmation with	ER	breast_biomarkerser	Estrogen and/or progesterone-receptor positive (ER or PR positive)
	= 'C4872' or [cancer_type_5] = 'C4 872'	pathology report is not required (unless the clinic notes fails to comment on both hormone receptors as well as HER2 status).	HER2	breast_biomarkersher2	HER2 overexpressing (HER2 positive)
		Pathology Reports: If the most recent note is unclear, proceed as follows for assessing pathology reports: For patients with stage IV or metastatic breast cancer, use the receptor information from the most	TNBC	breast_biomarkerstnbc	Triple-negative breast cancer (ER, PR, and HER2 negative)
		recent biopsy of the metastatic site, if unavailable, can use information from primary surgery or initial diagnostic biopsy. For stages I-III breast	99	breast_biomarkers99	Unknown
		status: Hormone receptor (HR) can refer to Estrogen receptor (ER) and/or progesterone receptor (PR). Any estrogen-receptor (ER) or progesterone-receptor (PR) expression above 1% on immunohistochemistry (IHC) is considered positive. HER2 Status: Positive: HER2 is considered positive if described as "overexpressed" or "3+ positive" by IHC or "amplified" by FISH. Of note 0 or 1+ by IHC is considered negative. If IHC is described as 2+, please refer to FISH results or final interpretation for the HER2 results. Positive FISH results (described as positive or amplified) always supersede IHC results, if there are discrepant results between the two.			
238	bcg_intraves_ever Show the field ONLY if: [cancer_type] = 'C4912' or [cancer_type_2] = 'C4912' or [cancer_type_3] = 'C4912' or [cancer_type_4] = 'C4912' or [cancer_type_5] = 'C4912'	Bladder cancer specific: Has the patient ever received intravesicular BCG?	1 Y	o es nknown	
239	gleason	Prostate cancer specific: Gleason Score – Document the highest	radio		
	Show the field ONLY if:	Gleason score (from either biopsy or radical prostatectomy - preferred if available). For example, Gleason 4 + 3 would be marked as Gleason 7.	02 0	leason score 2	
	[cancer_type] = 'C4863' or [cancer_type_2] = 'C4863' or [cancer_typ		-	leason score 3	
	e_3] = 'C4863' or [cancer_type_4] = 'C4863' or [cancer_type_5] = 'C4		-	leason score 4	
	863'		-	leason score 5	
			-	leason score 6	
			-	leason score 7	
			-	leason score 8 leason score 9	
			-	leason score 10	
			X7 N	o needle core biopsy/TURP/p erformed	prostatectomy
			X8 N	ot applicable: Information no	ot collected for this case
				ot documented in medical re ot assessed or unknown if as	
			Field A	nnotation: NAACCR 3840/384	¥1

240	gleason_source	Prostate cancer specific: What type of specimen was the Gleason score	radio		
	Show the field ONLY if: ([cancer_type] = 'C4863' or [cance r_type_2] = 'C4863' or [cancer_typ	based on?	3840 Prostate biopsy or TURP		
			384	3841 Radical prostatectomy	
	e_3] = 'C4863' or [cancer_type_4]		MET	ГМ	etastatic site of disease
	= 'C4863' or [cancer_type_5] = 'C4		UNI	K Ur	nknown
	863') and ([gleason] = '02' or [glea				
	son] = '03' or [gleason] = '04' or [g leason] = '05' or [gleason] = '06' o				
	r [gleason] = '07' or [gleason] = '0				
	8' or [gleason] = '09' or [gleason] = '10')				
241	•	Carcoma chasific What histologic subture of carcoma did the nations	radio		
241	sarcoma_type	Sarcoma specific: What histologic subtype of sarcoma did the patient have, if known?	radio C64		Undifferentiated pleomorphic sarcoma (UPS)/
	Show the field ONLY if: ([cancer_type] = 'C9306' or [cance			,50	Myxofibrosarcoma
	r_type_2] = 'C9306' or [cancer_typ e_3] = 'C9306' or [cancer_type_4]		C63	40	Uterine leiomyosarcoma
	= 'C9306' or [cancer_type_5] = 'C9		C31	58	Non-uterine Leiomyosarcoma
	306') or ([cancer_type] = 'C8538' o r [cancer_type_2] = 'C8538' or [ca		C37	'04	Dedifferentiated liposarcoma
	ncer_type_3] = 'C8538' or [cancer		C42	50	Well differentiated liposarcoma
	_type_4] = 'C8538' or [cancer_typ		C27	781	Myxoid/round cell liposarcoma
	e_5] = 'C8538')		C34	-00	Synovial sarcoma
			C37	'98	Malignant peripheral nerve sheath tumor
			C30	188	(MPNST) Angiosarcoma
			C27	005	Spindle cell/soft tissue sarcoma NOS
			C90	87	Kaposi sarcoma
			OTH	1	Other
			UNI		Unknown
2.45		Discourse of the street of the	_	•	
242	sarcoma_type_more Show the field ONLY if: [sarcoma_type] = 'OTH'	Please specify other sarcoma subtype. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	text		
243	cancer_status	Cancer status. If the patient has multiple primaries, please report on	radic	o, Rea	uired
		the cancer that was most recently treated.		•	ission/NED
			2	Activ	e disease, responding to treatment
			-		e disease, stable
					e disease, progressing
			l l		e disease, status unknown or not yet assessed
				Unkr	IUWII
244	hospice	Was the patient on hospice prior to the COVID-19 diagnosis?	radio		
	Show the field ONLY if:			No	
	[cancer_status] = 4 or [cancer_status] = 5		1	Yes	
	-		99	Unkr	nown
245	on_treatment	Is the patient on anti-cancer treatment? That is, was the patient	radio	o, Req	uired
		receiving any treatments intended to directly or indirectly destroy cancer cells in the 3 months prior to COVID-19 diagnosis? This includes	1	Yes	
		systemic therapy, surgery, radiotherapy, and transplant/cellular therapy	0	No	
		(including prior to actual transplant/infusion).	99	Unkr	nown
246	recent_treatment	When was the most recent anti-cancer treatment, relative to the time	radic	, Req	uired
	Show the field ONLY if: [on_treatment] = '1'	of COVID-19 diagnosis? Anti-cancer treatment means anything intended to directly or indirectly destroy cancer cells, including	1	Less	than 2 weeks prior to COVID-19 diagnosis
		systemic therapy, surgery, radiotherapy, and transplant/cellular	2	With	in 2 to 4 weeks prior to COVID-19 diagnosis
		therapy.		With	in the month to 3 months prior to COVID-19
			-		e than 3 months prior to COVID-19 diagnosis
					tment was initiated for the first time AFTER the D-19 diagnosis
			-	Unkr	-
			ا ا		-

2.47					
247	hx_treatment Show the field ONLY if: [on_treatment] = '0' or [recent_tre	When was the most recent anti-cancer treatment completed, relative to the time of COVID-19 diagnosis? Anti-cancer treatment means anything intended to directly or indirectly destroy cancer cells, including	1	Completed within 3 months prior to COVID-19 diagnosis	
	atment] = '88'	systemic therapy, surgery, radiotherapy, and transplant/cellular therapy.	2	Completed more than 3 months but less than 1 year prior to COVID-19 diagnosis	
			3	Completed more than 1 year prior to COVID-19 diagnosis	
			88	Never (patient never received cancer treatment prior to COVID-19 diagnosis)	
			99	Unknown	
248	treatment_modality	Anti-cancer treatment modality. Check all that apply. You should check	chec	kbox, Required	
	Show the field ONLY if: [on_treatment] = '1' or [hx_treatm	any modality that was given as part of the most recent course of therapy, not treatments given in the more distant past. For example, if a patient received concurrent chemoradiation, check cytotoxic	685	treatment_modality685 Cytotoxic chemotherapy	
	ent] = '1' or [hx_treatment] = '2'	chemotherapy and radiotherapy. If a patient received neoadjuvant	694	treatment_modality694 Immunotherapy	
		chemotherapy followed by surgery, you should check cytotoxic chemotherapy and surgery. When in doubt, please provide additional	582	treatment_modality58229 Targeted therapy	
		details in the free text boxes below. Definitions Cytotoxic chemotherapy: drugs that have direct toxic effects on the cellular	691	treatment_modality691	
		reproduction apparatus (e.g., anthracyclines, taxanes, vinca alkaloids, etc.). Immunotherapy: drugs or cellular therapy that primarily act	695	treatment_modality695 Radiotherapy	
		through upregulation of the immune system (e.g., immune checkpoint	140	treatment_modality14051 Surgery	
		inhibitors, allogeneic hematopoeitic stem cell transplant, BiTEs, CAR-T-cells). Endocrine (Hormone) therapy: drugs that inhibit, mimic, or replace endocrine processes (e.g., tamoxifen, aromatase inhibitors,	451	86 treatment_modality45186 Transplant/Cellular therapy	
	octreotide). Targeted therapy: drugs that interfere with specific cellular proteins through blockade (e.g., monoclonal antibodies) or disruption (e.g., tyrosine kinase inhibitors). Note that monoclonal antibodies that do not have a direct immunostimulatory effect (e.g., rituximab, bevacizumab, etc.) should be selected as "Targeted therapy", as should immunomodulators (e.g., lenalidomide) and drugs that target specific cellular proteins (e.g., venetoclax, ibrutinib).	octreotide). Targeted therapy: drugs that interfere with specific cellular	452	treatment_modality45215 Intravesicular therapy (e.g., BCG)	
			OTI	H treatment_modalityoth Other	
		Field Annotation: Terminology: HemOnc			
249	intravesicular_bcg	Did the intravesicular therapy include BCG?	radi	0	
	Show the field ONLY if:		0	No	
	[treatment_modality(45215)] = '1'		1	Yes	
			99	Unknown	
250	tx_modality_oth_specify	Please specify other modalities. Do not record any PHI in this field. As a	note	es	
	Show the field ONLY if: [treatment_modality(OTH)] = '1'	reminder, this includes all elements of dates other than year.			
251	what_immunotherapy	What immunotherapy?	radi	o, Required	
	Show the field ONLY if:		458	Anti-CTLA4 antibody	
	[treatment_modality(694)] = '1'		454	Anti-PD-1 antibody (e.g., nivolumab, pembrolizumab)	
			451	70 Anti-PD-L1 antibody (e.g., atezolizumab, avelumab)	
			458 454	. 9	
			OTI	- Other	
			UN	K Unknown	
			Field	Annotation: Terminology: HemOnc	
252	immuno_other_specify Show the field ONLY if:	Please specify what other immunotherapy Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	note	es .	
	[what_immunotherapy] = 'OTH'				

253 what_targeted_tx Some targeted therapies have postulated antiviral effects. Was the checkb	
Show the field ONLY if: [treatment_modality(58229)] = '1' patient taking any of these medications? Check all that apply. L01XE	I I
L01XE	what_targeted_txl01xe06 Dasatinib (Sprycel)
L01XE	what_targeted_txl01xe57 Fedratinib (Inrebic)
L01XE	what_targeted_txl01xe27 Ibrutinib (Imbruvica)
L01XE	what_targeted_txl01xe01 Imatinib (Gleevec)
L01XE	what_targeted_txl01xe08 Nilotinib (Tasigna)
L01XE	what_targeted_txl01xe18 Ruxolitinib (Jakafi)
ОТН	what_targeted_txoth Other
UNK	what_targeted_txunk
NONE	what_targeted_txnone None
254 targeted_other_specify Show the field ONLY if: [what_targeted_tx(OTH)] = '1' Please specify what other targeted therapy. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	
255 pneumonitis Is there a strong concern for concurrent immune-related adverse event radio	
Show the field ONLY if: (irAE) pneumonitis? 1 No	
[treatment_modality(694)] = '1'	ssible
3 Lik	sely
4 De	finite irAE pneumonitis
256 other_irae Is there a strong concern for another concurrent irAE? yesno	
Show the field ONLY if:	s
[treatment_modality(694)] = '1'	
257 irae_text Show the field ONLY if: [other_irae] = '1' Please describe Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	
258 radiotherapy Does or did the radiation treatment field include the lungs to any radio	
Show the field ONLY if: degree? 1 Ye	es
[treatment_modality(695)] = '1'	lo
99 U	Inknown
259 transplant_prior_tx Transplant and cellular therapy - additional information. So that we can notes	
Show the field ONLY if: [treatment_modality(45186)] = '1' or [significant_comorbidities(234 336002)] = '1' better understand the patient's degree of immunosuppression, please provide additional details related to their prior treatment course and to their disease status when entering into transplant or cellular therapy. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	
260 transplant_cellular_therapy Transplant & cellular therapy - what type of therapy? radio	
Show the field ONLY if:	Autologous stem cell transplant
[treatment_modality(45186)] = '1' 10 or [significant_comorbidities(234	Allogeneic SCT (donor/type unknown)
336002)] = '1'	MUD allogeneic SCT
3	MRD allogeneic SCT
	Haplo allogeneic SCT
5	Cord blood allogeneic SCT
6	CAR-T cells
отн	Other
7	DEPRECATED (was Unknown)
99	Unknown
Field A	nnotation: @HIDECHOICE = '7'
261 sct_other_specify Show the field ONLY if: the field ONLY if: dates other than year. Please specify what other type of transplant or cellular therapy Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	
[transplant_cellular_therapy] = 'O TH'	

262	transplant_cellular_timing	Transplant & cellular therapy - how far out from treatment?	radio)		
	Show the field ONLY if:		0	During prep (prior to t	ransplant)	
	[treatment_modality(45186)] = '1'		1	0-20 days		
	or [significant_comorbidities(234 336002)] = '1'		2	21-100 days		
			3	101-365 days		
			4	More than 1 year		
			5	DEPRECATED (was Unl	known)	
			99	Unknown		
			Field	Annotation: @HIDECH	OICE = '5'	
263	treatment_additional	Anti-cancer treatment - additional information. Please give more details	note	S		
	Show the field ONLY if: [on_treatment] = '1' or [hx_treatm	here about the specific treatment(s) that the patient has been receiving, including drug and/or regimen names. Do not record any PHI				
	ent] = '1'	in this field. As a reminder, this includes all elements of dates other than year.				
264	treatment_intent	Anti-cancer treatment intent Note: if the cancer is not considered curable, you should choose palliative intent.	radio	, Required		
	Show the field ONLY if:	curable, you should choose pallative intent.	1	Curative		
	[on_treatment] = '1' or [hx_treatment] = '1' or [hx_treatment] = '2'		2	Palliative		
			99	Unclear or unknown		
265	treatment_context	Current (or most recent) anti-cancer treatment context. Note that the	radio)		
	Show the field ONLY if:	language for treatment context differs for solid and hematologic malignancies. The first set of choices are more commonly used for	462	35 Curative therapy, N	NOS	
	[on_treatment] = '1' or [hx_treatment] = '1' or [hx treatment] = '2'	solid tumors, and the last three (induction, consolidation, maintenance)	525	0 Neoadjuvant		
		for hematologic malignancy. Induction is synonymous with "remission induction" and should be checked for patients receiving upfront	261	8 Adjuvant		
		therapy with the intent of achieving remission, e.g., 7+3 for AML, R-	264		apy, NOS	
		CHOP for DLBCL, and ABVD for Hodgkin lymphoma. If the patient underwent curative surgical resection or radiation as their only therapy,	317	5 1st line non-curati	ve therapy	
		please mark "Curative therapy, NOS". Likewise, if they underwent	149	00 2nd line non-curat	ive therapy	
		palliative surgical resection or radiation as their only therapy, please mark "Non-curative therapy, NOS".	187	4 Subsequent line n	on-curative therapy	
			813	Induction		
			152			
			190	+		
			OTH	l Other		
			UNI	Unknown		
			Field	Annotation: Terminolo	ogy: HemOnc	
266	other_context	Please specify other treatment context Do not record any PHI in this	note	s		
	Show the field ONLY if: [treatment_context] = 'OTH'	field. As a reminder, this includes all elements of dates other than year.				
267	orchiectomy	Prostate cancer specific: Has the patient had a bilateral orchiectomy?	radio)		
	Show the field ONLY if:		0	No		
	[cancer_type] = 'C4863' or [cancer_type_2] = 'C4863' or [cancer_typ		1	Yes		
	e_3] = 'C4863' or [cancer_type_4]		99	Unknown		
	= 'C4863' or [cancer_type_5] = 'C4 863'					
268	adt	Prostate cancer specific: Was the patient on androgen deprivation	radio)		
	Show the field ONLY if:	therapy (ADT) within 6 months of a positive SARS-CoV-2 test or presumed positive COVID-19 disease? HINT: Androgen deprivation	0	No		
	([cancer_type] = 'C4863' or [cance	therapy is typically administered in the form of an injection given every	1	1st line non-curative 2nd line non-curative Subsequent line note Induction Consolidation Maintenance Other Unknown Annotation: Terminology Yes Unknown		
	r_type_2] = 'C4863' or [cancer_typ e_3] = 'C4863' or [cancer_type_4]	1, 3, 4, or 6 months. Agents largely include: degarelix (Firmagon),	99	Unknown		
	= 'C4863' or [cancer_type_5] = 'C4	leuprolide (Lupron), goserelin (Zoladex), triptorelin (Trelstar), buserelin (Suprefact).		<u></u>		
	863') and [hx_treatment] != '3' an d [hx_treatment] != '88'					

			-	malig Unkn	nancy)		
			00	INOL 9		, patient na	as a liquid hematologic
	[cancer_status] != '1'		-	Yes	policable (e. ~	nationt b	as a liquid homatologic
	Show the field ONLY if:	diagnosis?		No			
275	mets_yn	Did the patient have metastatic cancer at the time of COVID-19	radio				
	Show the field ONLY if: [stage] = 'OTH'	year.					
274	stage_oth_specify	Please specify other stage at cancer diagnosis Do not record any PHI in this field. As a reminder, this includes all elements of dates other than	notes	5			
			Field	Anno	tation: Termin	ology: NAA	ACCR
		are considered disseminated at diagnosis, with very few exceptions.	99	l	Jnknown		
		whereas a solitary plasmacytoma would be localized. Most leukemias are considered disseminated at diagnosis, with very few exceptions.	OTH	_	Other		
		myeloma), select localized or disseminated based on the distribution of the disease. For example, multiple myeloma would be disseminated,	764-		Disseminated		
		malignancies that are not anatomically staged (e.g., leukemias,	764-	-1 L	ocalized.		
		with in situ cancer but then developed invasive disease, please report the stage at the time of invasive disease diagnosis. For hematologic	4	ľ	V		
		prostatectomy for prostate cancer. If the patient was initially diagnosed	3	П	II		
		to localized disease at diagnosis include definitive therapies such as lumpectomy for breast cancer, colectomy for colon cancer, and	2	П	1		
		solid tumor but you cannot determine an exact stage, try to determine whether the disease was localized or disseminated at diagnosis. Clues	1	I			
	.	report on the cancer that was most recently treated. If the patient has a	1004		(in situ)		
273	stage	Stage at cancer diagnosis. If the patient has multiple primaries, please	radio				
	[ccc19] = '0'	optional but will really help us understand the granular details better.	\vdash	10			
2/2	Show the field ONLY if:	Would you like to answer additional cancer-specific questions? This is	Ĺ	es			
272	[prostate_tx(OTH)] = '1' cancer_more	Section Header: Cancer-specific data - Optional	yesno	<u> </u>			
	Show the field ONLY if:	reminder, this includes all elements of dates other than year.					
271	prostate_tx_oth	Please specify other agent(s). Do not record any PHI in this field. As a	notes	5			
	[prostate_tx(TRIAL)] = '1'						
2/0	Show the field ONLY if:	a reminder, this includes all elements of dates other than year.	notes	•			
270	prostate_trial_more	Please specify clinical trial details. Do not record any PHI in this field. As	notes		P. 05tate_tA_		
			UNK		prostate_tx prostate_tx		Unknown
			NON		prostate_tx_		Other agent None of the above
			TRIA		prostate_tx		Clinical trial
			-	7545	prostate_tx		Pembrolizumab
			-	7582	prostate_tx		Olaparib
			1958	8200	prostate_tx	_1958200	Radium-223
			4004	48	prostate_tx	_40048	Carboplatin
			9960	051	prostate_tx	_996051	Cabazitaxel (Jevtana)
			7296	52	prostate_tx	_72962	Docetaxel (Taxotere)
			2180	0325	prostate_tx	_2180325	Darolutamide (Nubeqa)
			1999	9574	prostate_tx	_1999574	Apalutamide (Erleada)
	a pix_a caunicity := 00		1307	7298	prostate_tx	_1307298	Enzalutamide (Xtandi)
	863') and [hx_treatment] != '3' an d [hx_treatment] != '88'		1100	0072	prostate_tx	_1100072	Abiraterone (Zytiga)
	e_3] = 'C4863' or [cancer_type_4] = 'C4863' or [cancer_type_5] = 'C4		3180	05	prostate_tx	_31805	Nilutamide
	r_type_2] = 'C4863' or [cancer_typ	selected.	4508	8	prostate_tx	_4508	Flutamide
	Show the field ONLY if: ([cancer_type] = 'C4863' or [cance	or presumed positive COVID-19 disease. More than one option can be	8300	J8	prostate_tx	_83008	(Casodex)
269		Prostate cancer specific: Please check all the prostate cancer therapies that the patient received within 3 months of a positive SARS-CoV-2 test	s300		prostate ty	92009	Bicalutamide
209	prostate_tx	Prostate cancer specific: Please check all the prostate cancer therapies that the patient received within 3 months of a positive SARS-CoV-2 test	check			00000	In. 1

276	mats sites	What were the sites of metastatic disease? Please shock all that apply	checkl	hov		
2/0	mets_sites	What were the sites of metastatic disease? Please check all that apply.	1112-		Bone	
1	Show the field ONLY if: [mets_yn] = '1'		1	111613_311651112_1	DOME	
	[mes_yn] = 1		1113	- mets_sites1113_1	Brain	
			1114	- mets_sites1114_1	Distant lymph nodes	
			1115	- mets_sites1115_1	Liver	
			1116·	- mets_sites1116_1	Lung	
			1117- 1	- mets_sites1117_1	Other sites	
			1117-	- mets_sites1117_2	Generalized metastases such as carcinomatosis, malignant pleural effusion, malignant ascites	
			9	mets_sites9	DEPRECATED (was Unknown)	
			99	mets_sites99	Unknown	
			Field A	Annotation: Terminology	: NAACCR @HIDECHOICE = '9'	
277	mets_oth_specify	Please specify additional sites of metastatic cancer Do not record any	notes			
	Show the field ONLY if: [mets_sites(1117-1)] = '1'	PHI in this field. As a reminder, this includes all elements of dates other than year.				
278	cancer_timing	, , , , ,	radio			
		primaries, please report on the cancer that was most recently treated.	0 A	At the same time as COV	/ID-19	
			88 <i>A</i>	AFTER the COVID-19 diag	gnosis	
			1 V	Vithin the past year		
			2 V	Vithin the past 5 years		
			3 N	More than 5 years ago		
			99 L	Jnknown		
279	clinical_trial	Is the patient on a clinical trial?	radio			
				No		
			1 Y	'es		
			99 L	Jnknown		
280	clinical_trial_more	Please provide additional details if you can. Note: some institutions have restrictions on sharing of this information, please check with your	notes			
	Show the field ONLY if: [clinical_trial] = '1'	institutional official if you have any questions. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.				
281	additional_ca_dx	Additional details about cancer diagnosis (stage, prior therapies, etc.) Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes			

282	prior_tx	Has the patient ever received treatments known to be associated with	checkbo	· · ·				
202	prior_cx	cardiac or pulmonary toxicity? Check all that apply.	73	prior_t	73	Bleomyc	in	
			90	prior_t		Carmust	ine	
			122	prior_t	(122	Cyclopho	osphamide	
			202	prior_to	202	Everolim	us	
			243	prior_to	(243	Gemcital	bine	
			44985	prior_to	·44985	Anthracy	rclines	
			45000	prior_t	<45000	Antibody	-drug conjugates	
			45613		< <u></u> 45613		8 antibodies (e.g.	
						daratum	umab)	
			58101	prior_to	< <u></u> 58101	Checkpo	int inhibitors	
			694	prior_to	(694	Immuno	therapy	
			44947	prior_t	44947	Monoclo	nal antibodies	
			45388	prior_to	< <u></u> 45388	Platinum	agents	
			45352	prior_to	45352	Taxanes		
			44955	prior_to	(44955	Tyrosine	kinase inhibitors (TKIs)
			695	prior_to	(695	Radiation	n involving a lung f	ield
			OTH	prior_to	coth	Other		
			UNK	prior_to	cunk	Unknow	n	
			NONE	prior_to	none	None		
			Field An	eld Annotation: Terminol			Onc	
283	drugs_expanded	Please list specific drugs Do not record any PHI in this field. As a	text					
	Show the field ONLY if:	reminder, this includes all elements of dates other than year.						
	[prior_tx(45613)] = '1' or [prior_tx (44985)] = '1' or [prior_tx(45388)]							
	= '1' or [prior_tx(45352)] = '1' or [p							
	rior_tx(44955)] = '1'							
284	irae_gr3	Has the patient experienced a current or past (ever) iRAE CTCAE grade 3 or above? Check all that apply.	checkbo				I	1
	Show the field ONLY if:	3 of above? Check all that apply.	418290			18290006		
	[prior_tx(58101)] = '1' or [prior_tx (694)] = '1' or [treatment_modalit		-			71807003		
	y(694)] = '1'		576760		e_gr35		Arthralgia	
			372300		e_gr33		Arthritis	
			205237			05237003	Pneumonitis	
			409300		e_gr34		Hypothyroidism	
						67060006		
			642260		e_gr36		Colitis	
			646130		e_gr36		Enteritis	
			-			28241005	Hepatitis	
			OTH	-	e_gr3o		Other	
			NONE		e_gr3n		None	
			UNK	UNK irae_gr3		ink	Unknown	<u> </u>
285	irae_oth_specify	Please specify what other iRAE CTCAE grade 3 or above. Do not record any PHI in this field. As a reminder, this includes all elements of dates	notes					
	Show the field ONLY if: [irae_gr3(OTH)] = '1'	other than year.						
286	irae_past	Was there ever evidence of an immune-related adverse event (irAE)	radio					
200	Show the field ONLY if:	affecting the lungs or heart? (pneumonitis, myocarditis)	1 No)				
	[prior_tx(58101)] = '1' or [prior_tx			ssible				
	(694)] = '1'		3 Likely 4 Definite					
			-	known				
287	irae nast more	Please specify Do not record any PHI in this field. As a reminder, this	notes					
20/	irae_past_more	includes all elements of dates other than year.	notes					
	Show the field ONLY if: [irae_past] = '2' or [irae_past] = '3'							
	or [irae_past] = '4'							

288	prior_tx_other	Please specify other past treatments with potential cardiac or pulmonary toxicity.	text
	Show the field ONLY if: [prior_tx(OTH)] = '1'		
289	prior_tx_text	If the patient had potentially lung-toxic therapy in the past, please provide further details. For example, how long ago the treatment was, whether there was overt lung toxicity at the time of treatment, etc. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
290	comments_form_3	Section Header: Free text entry (optional) Comments Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
291	cancer_details_complete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instru	iment: Respondent details (r	respondent_details) 🛂 Enabled as survey	^ Collapse
292	ts_4	Timestamp for the respondent details form	text (datetime_dmy), Required Field Annotation: @HIDDEN @NOW_UTC
293	role	Section Header: A bit about you Are you the primary managing hematologist/oncologist?	yesno, Required 1 Yes 0 No
294	practice_setting Show the field ONLY if: [role] = '1'	What is your practice setting? Check all that apply.	checkbox 1 practice_setting1 Community Practice 2 practice_setting2 Community Hospital 3 practice_setting3 University Hospital 4 practice_setting4 NCI designated Comprehensive Cancer Center 5 practice_setting5 Other Cancer Centers 6 practice_setting6 Other Tertiary Center
295	role_2 Show the field ONLY if: [role] = '0'	What is your role in relationship to the patient?	radio, Required 1 Advanced practice practitioner who regularly sees patient 2 Nurse who regularly sees patient 3 Hematology/oncology fellow who regularly sees patient 4 Triage personnel 5 Hospitalist 6 Intensivist 99 Designee of a CCC19 participating institution 7 Other
296	other_role Show the field ONLY if: [role] = '7'	Please specify	text, Required
297	email_1	Thank you very much for filling out this short survey. Due to IRB restrictions, we are not able to collect further personal details from you at this time. You may learn more about CCC19 by visiting the CCC19 website (clicking this link will open a new window).	descriptive
298	comments_form_4	Please leave any general comments here, including what if anything we can do to make the survey better.	notes
299	respondent_details_complete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instru	ıment: Follow-up (followup)	₤ Enabled as survey	^ Collapse
300	ts_5	Timestamp for the follow-up form	text, Required Field Annotation: @HIDDEN @NOW_UTC

301	fu_weeks	How far out from initial COVID-19 diagnosis are you making this report?	radio	, Required
			30	Approximately 30 days (1 month) after COVID-19 diagnosis
			90	Approximately 90 days (3 months) after COVID-19 diagnosis
			180	Approximately 180 days (6 months) after COVID-19 diagnosis
			365	Approximately 365 days (1 year) after COVID-19 diagnosis
			OTH	All other time intervals
302	d30_vital_status	Was the patient ALIVE at 30 days from COVID-19 diagnosis?	radio	, Required
	Show the field ONLY if: [fu_weeks] = '30'			Yes the patient was alive for at least 30 days from COVID-19 diagnosis
				Patient was deceased within 30 days of COVID-19 diagnosis
			99	Unknown
303	d90_vital_status	Was the patient ALIVE at 90 days from COVID-19 diagnosis?	radio	, Required
	Show the field ONLY if: [fu_weeks] = '90'			Yes the patient was alive for at least 90 days from COVID-19 diagnosis
				Patient was deceased within 90 days of COVID-19 diagnosis
			99	Unknown
304	d180_vital_status	Was the patient ALIVE at 180 days from COVID-19 diagnosis?	radio	, Required
	Show the field ONLY if: [fu_weeks] = '180'			Yes the patient was alive for at least 180 days from COVID-19 diagnosis
				Patient was deceased within 180 days of COVID-19 diagnosis
			99	Unknown
305	timing_of_report_weeks Show the field ONLY if: [fu_weeks] = 'OTH'	Please specify, in weeks, how much time has elapsed since initial COVID-19 diagnosis.	text (number, Min: 0, Max: 60), Required
306	fu_reason	What is prompting this follow-up report?	radio	, Required
	Show the field ONLY if:		1	Hospitalization
	[fu_weeks] = 'OTH'		2	Major change in clinical status other than hospitalization
			3	Death
			OTH	Other
307	fu_reason_oth Show the field ONLY if: [fu_reason] = 'OTH'	Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes	5
308	covid_19_status_fu	Section Header: COVID-19 follow-up details required	radio	, Required
		Current COVID-19 status Fully recovered means that the patient has	1	Fully recovered
		returned to their baseline functional status and repeat SARS-CoV-2 testing, if obtained, is negative. If they are on medications to treat	1b	Recovered with complications
		sequelae or have functional compromise (e.g., impaired pulmonary	2	Ongoing infection
		function) but are not considered to have active infection, they should be considered to have recovered with complications.	3	Died
		·	99	Unknown
309	days_to_death_fu_2	Approximately how many days elapsed between COVID-19 diagnosis	text (i	integer, Min: 0), Required
	Show the field ONLY if: [covid_19_status_fu] = '3'	and death? If this information is unknown to you, please enter 9999 here.		
310	cause_of_death_fu	To the best of your knowledge, what was the proximal cause of death?		, Required
	Show the field ONLY if:		\vdash	COVID-19
	[covid_19_status_fu] = '3'		-	Cancer
			\vdash	Both
			\vdash	Other
			99	Unknown
311	deceased_reason_fu_2	Please provide additional details about the proximal cause of death. Do	notes	s, Required
	Show the field ONLY if: [covid_19_status_fu] = '3'	not record any PHI in this field. As a reminder, this includes all elements of dates other than year.		
				-

242			1.	
312	who_ordinal_scale	WHO Ordinal Scale for Clinical Improvement Please note that this scale is somewhat redundant to other questions here, but will help us to	radio,	Required Ambulatory (Not hospitalized) with no limitation of
	Show the field ONLY if: ([fu_weeks] = '30' or [fu_weeks] =	validate the scale as a reliable tool for determining disease severity at fixed time-based endpoints.	'	activities
	'90') and [covid_19_status_fu] != '3'	·	2	Ambulatory (Not hospitalized) with limitation of activities
			3	Hospitalized, no oxygen therapy
			4	Hospitalized, requiring oxygen by mask or nasal prongs
			5	Hospitalized, requiring non-invasive ventilation or high-flow oxygen
			6	Hospitalized, requiring intubation and mechanical ventilation
			7	Hospitalized, requiring ventilation + additional organ support - pressors, RRT, and/or ECMO
			ОТН	Other - patient does not fit into any of these categories
			UNK	Unknown
313	who_ordinal_oth Show the field ONLY if:	Please briefly explain why the patient does not fit into any of the categories. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes	
	[who_ordinal_scale] = 'OTH'	includes an elements of dates other than year.		
314	current_status_clinical_fu	Current clinical status		Required
	Show the field ONLY if:		0	Outpatient - No symptoms
	[covid_19_status_fu] = '2'		1	Outpatient - Mild symptoms
			2	Outpatient - Moderate symptoms
			3	Outpatient - Severe symptoms
			4	Inpatient - Near Recovery
			5	Inpatient - Moderately ill
			6	Inpatient - Severely ill
			7	Critical (ICU) - Severely ill, not requiring ventilator support
			8	Critical (ICU) - Severely ill, intubated
			ОТН	Other
			99	Unknown
315	current_status_clinical_specify_fu	Please specify Do not record any PHI in this field. As a reminder, this	notes,	Required
	Show the field ONLY if: [current_status_clinical_fu] = 'OT H'	includes all elements of dates other than year.		
316	worst_complications_severity_fu	Worst severity of COVID-19 complications. This answer should capture	radio	Required
210	Show the field ONLY if:	the worst severity from the time of diagnosis to the time of this follow-	0	None (patient was asymptomatic)
	[covid_19_status_fu] = '1' or [covid_19_status_fu] = '1b' or [covid_1	up report.	1	Mild complications (mimimal symptoms from complications)
	9_status_fu] = '2'		2	Moderate complications (moderate symptoms from complications)
			3	Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning)
			ОТН	Other
			99	Unknown
				l

317	complications_severity_fu	Severity of COVID-19 complications at the time of this follow-up report.	check	box, Required	
	Show the field ONLY if:	Check all that apply.	0	complications_severity_fu0	No complications
	[covid_19_status_fu] = '1b' or [cov id_19_status_fu] = '2'		1	complications_severity_fu1	Mild complications (mimimal symptoms from complications)
			2	complications_severity_fu2	Moderate complications (moderate symptoms from complications)
			3	complications_severity_fu3	Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning)
			OTH	;	Other
			99	complications_severity_fu99	Unknown
	complications_severity_oth_speci fy_fu Show the field ONLY if:	Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes,	Required	
	[complications_severity_fu(OTH)] = '1'				
319	cancer_tx_fu	Section Header: COVID-19 Effect on Cancer Treatment		Required .	
	Show the field ONLY if: [covid_19_status_fu] != '3'	Was the patient's cancer treatment plan modified as a result of COVID- 19?		No	
	[covid_19_status_id] := 3			/es	
				Jnknown	
	cancer_tx_fu_more Show the field ONLY if: [cancer_tx_fu] = '1'	Please provide additional details. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
321	cancer_status_fu	Cancer status at the time of this follow-up report. If the patient has	radio,	Required	
	Show the field ONLY if:	multiple primaries, please report on the cancer that was most recently treated.	1 F	Remission/NED	
	[covid_19_status_fu] != '3'	treated.	2 A	Active disease, responding to treat	ment
			3 A	Active disease, stable	
			4 A	Active disease, progressing	
			5 A	Active disease, status unknown or	not yet assessed
			99 l	Jnknown	
322	hospice_fu	Section Header: COVID-19 follow-up details optional The following sections contain auestions that will help us more fully understand the disease course of COVID-19. Most	radio		
	Show the field ONLY if:	but not all of these questions are optional.	1 0	No	
	[hospice] != '1'	Since you last reported on this patient, were they transitioned to hospice?	1 \	'es	
		позрес:	99 l	Jnknown	
	hospice_fu_more Show the field ONLY if: [hospice_fu] = '1'	Please specify why the patient was transitioned to hospice. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
324	hosp_status_fu	Since you last reported on this patient, were they admitted or re-	radio,	Required	
		admitted to the hospital?	0	No	
			1	Yes - admitted to floor for the du	ration of the illness
			2	Yes - admitted to floor and then ICU	transferred to the
			3	Yes - admitted directly to the ICU	
			88	Not applicable - they were admit at the time of the last report and hospitalized	
			99	Unknown	
			ОТН		
				hospitalized Unknown	remain

325	hosp_status_fu_more Show the field ONLY if: [hosp_status_fu] = 'OTH'	Please provide further details. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
326	admission_reason_fu Show the field ONLY if: [hosp_status_fu] = '1' or [hosp_st atus_fu] = '2' or [hosp_status_fu] = '3'	Was the admission related to COVID-19 or complications of COVID-19?	radio, Required 1 Definitely related 2 Possibly related 3 Unrelated 99 Unknown
327	hosp_los_fu Show the field ONLY if: [hosp_status_fu] = '1'	If known, how long was the length of stay, in days?	text (integer, Min: 1)
328	hosp_los_fu_2 Show the field ONLY if: [hosp_status_fu] = '2'	If known, how long was the length of stay prior to transfer to the ICU, in days?	text (integer, Min: 1)
329	icu_los_fu Show the field ONLY if: [hosp_status_fu] = '2' or [hosp_st atus_fu] = '3'	If known, how long was the ICU length of stay, in days?	text (integer, Min: 1)
330	current_status_fu Show the field ONLY if: [covid_19_status_fu] != '3'	What is the patient's current location?	radio 2 Outpatient - follow up 4 ER - Follow up 5 Hospitalized (non-ICU) - new admit 6 Hospitalized (non-ICU) - continued 7 ICU - new admit 8 ICU - continued 9 None - patient is deceased 99 Unknown
331	days_to_death_fu Show the field ONLY if: [current_status_fu] = '9' or [fu_rea son] = '3'	Approximately how many days elapsed between COVID-19 diagnosis and death? If this information is unknown to you, please enter 9999 here.	text (integer, Min: 0), Required
332	deceased_reason_fu Show the field ONLY if: [current_status_fu] = '9'	Please provide additional details about the proximal cause of death. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, Required
333	c19_complications_systemic_fu	Section Header: Additional Medical Events Please report any new complications or medical events that have arisen since completing the most recent form, whether or not they are clearly attributable to COVID-19 or another cause. Systemic events during the follow-up period. Check all that apply. If there were no additional systemic events, please check "No additional events".	checkbox, Required 50960005 c19_complications_systemic_fu50960005 BI 67406007 c19_complications_systemic_fu67406007 Di int do (D 57653000 c19_complications_systemic_fu57653000 Mr 91302008 c19_complications_systemic_fu91302008 Se 238147009 c19_complications_systemic_fu238147009 Ot NONE c19_complications_systemic_funone No UNK c19_complications_systemic_fuunk Ur Field Annotation: Terminology: SNOMED

334	c19_bleeding_fu	Please specify the type of bleeding. Check all that apply.	checkbox		
	Show the field ONLY if: [c19_complications_systemic_fu(5 0960005)] = '1'		112648003	c19_bleeding_fu112648003	Major bleeding (requiring multiple RBCs transfusio or ICU admit)
			73099002	c19_bleeding_fu73099002	Non-majo but clin co relevant bleed
			127563002	c19_bleeding_fu127563002	Minor ble (without transfusioneed)
			230690007- Major	c19_bleeding_fu230690007_major	CNS hemorrha extensive
			230690007- Minor	c19_bleeding_fu230690007_minor	CNS hemorrha limited
			OTH	c19_bleeding_fuoth	Other
			UNK	c19_bleeding_fuunk	Unknown
			Field Annotat	tion: Terminology: SNOMED-modified	
335	c19_bleeding_oth_specify_fu Show the field ONLY if:	Please specify further details about bleeding. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
226	[c19_bleeding_fu(OTH)] = '1'				
336	dic_more_fu Show the field ONLY if: [c19_complications_systemic_fu(6 7406007)] = '1'	Please provide further details about DIC, including clinical manifestations. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
337	c19_comp_systemic_specify_fu Show the field ONLY if: [c19_complications_systemic_fu(2 38147009)] = '1'	Please specify other systemic events. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
338	o2_requirement_fu	Did the patient require supplemental O2 during the follow-up period?	radio, Requir 0 No 1 Yes 99 Unknow		
339	c19_complications_pulm_fu	Pulmonary events during the follow-up period. Check all that apply. If there were no additional pulmonary events, please check "No	checkbox, Re		
		additional events".	409622000	c19_complications_pulm_fu4096220	00 Respin
			205237003	c19_complications_pulm_fu2052370	03 Pneur
			233604007	c19_complications_pulm_fu2336040	07 Pneur
			67782005	c19_complications_pulm_fu6778200	5 Acute respir distre syndr (ARDS
			59282003	c19_complications_pulm_fu5928200	
			60046008	c19_complications_pulm_fu6004600	8 Pleura effusi
			312682007	c19_complications_pulm_fu3126820	07 Empy
			50043002	c19_complications_pulm_fu5004300	2 Other
			NONE	c19_complications_pulm_funone	No additi pulmo event
			NONE	c19_complications_pulm_funone c19_complications_pulm_fuunk	additi pulmo

340	resp_failure_tx_fu	Which of the following supplemental O2 interventions did the patient	radio)				
340	Show the field ONLY if: [c19_complications_pulm_fu(409 622000)] = '1' or [o2_requirement	require? Select the most invasive intervention required during the			annula or fa	ace mask with standard O2		
		follow-up period.	2 High-flow nasal cannula or blow-by					
			3 Non-rebreather					
	_fu] = '1'			CPAP	пеаспет			
			l	BiPAP				
			l	Intubati				
			99	Unknow	/n			
341	berlin_yn_fu	Were the Berlin criteria formally assessed?	radio)				
	Show the field ONLY if:		0	No				
	[c19_complications_pulm_fu(677		1	Yes				
	82005)] = '1'		99	Unknow	n/Unsure			
342	berlin_fu	Berlin criteria.The Berlin criteria are based on a decreased PaO2/FiO2	radio)				
3.2	Show the field ONLY if:	ratio:-mild ARDS: 201 - 300 mmHg (≤ 39.9 kPa)-moderate ARDS: 101 -		Mild				
	[berlin_yn_fu] = '1'	200 mmHg (≤ 26.6 kPa)-severe ARDS: ≤ 100 mmHg (≤ 13.3 kPa)Note that the Berlin definition requires a minimum positive end expiratory	2	Modera	te			
		pressure (PEEP) of 5 cmH2O for consideration of the PaO2/FiO2 ratio.	l 	Severe	-			
		This degree of PEEP may be delivered noninvasively with CPAP to	l 	Unknow	un.			
		diagnose mild ARDS.	99	UTIKITOW	/11			
343	c19_comp_pulm_specify_fu	Please specify other pulmonary events. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes	5				
	Show the field ONLY if:	neid. 75 à reminder, uns includes an éléments of dates other trialityed.						
	[c19_complications_pulm_fu(500 43002)] = '1'							
344	c19_complications_card_fu	Cardiovascular events during the follow-up period. Check all that apply.	check	kbox, Re	auired			
3	e i s_compilication s_cara_ra	If there were no additional cardiovascular events, please check "No		07003	•	lications_card_fu45007003	Hypot	
		additional events".		98006		lications_card_fu22298006	Myoca	
				30000	c15_comp		infarct	
			414	545008	c19_comp	lications_card_fu414545008	Other	
							ischen	
			4943	36004	c19_comp	lications_card_fu49436004	Atrial	
			7190	08006	c19_comp	lications_card_fu71908006	Ventri	
							fibrilla	
			6982	247007	c19_comp	lications_card_fu698247007	Other arrhyt	
			8589	98001	c19 comp	lications_card_fu85898001	Cardio	
			-	43007		lications card fu 42343007	+ +	
			4234	43007	C19_comp	ilications_card_ru42343007	Conge heart	
							(CHF)	
			592	82003	c19_comp	lications_card_fu59282003	Pulmo	
							embo	
			1280	053003	c19_comp	lications_card_fu128053003	B Deep throm	
							(DVT)	
			275	517008	c19_comp	lications_card_fu275517008	Super	
							venou	
							throm (SVT)	
			230	690007	c19 comp	lications_card_fu230690007	+ +	
				030007	c15_comp		accide	
							stroke	
			4140	086009	c19_comp	lications_card_fu414086009		
							NOS	
			-	01007		lications_card_fu49601007	Other	
			NON	ΝE	c19_comp	lications_card_funone	No ad cardio	
							events	
			UNK	(c19 comp	lications_card_fuunk	Unkno	
							1	
			Field	Annotat	ion: Termir	nology: SNOMED		
345	hotn_pressors_fu	Did the patient require pressors?	radio)				
	Show the field ONLY if:		0	No	7			
	[c19_complications_card_fu(4500		1	Yes				
	7003)] = '1'		l 	Unknow	/n			
			التسا	JIOW	<u> </u>			

346	c19_comp_card_specify_fu	Please specify other cardiac events. Do not record any PHI in this field.	notes		
340	Show the field ONLY if: [c19_complications_card_fu(4960 1007)] = '1' or [c19_complications _card_fu(414545008)] = '1' or [c19 _complications_card_fu(69824700 7)] = '1'	As a reminder, this includes all elements of dates other than year.	notes		
347	c19_complications_gi_fu	Gastrointestinal events during the follow-up period. Check all that	checkbox		
		apply. If there were no additional GI events, please check "No additional events".	427044009		cute he njury
			389026000	c19_complications_gi_fu389026000 A	scites
			81060008		owel bstructi
			56905009		owel erforati
			710572000	c19_complications_gi_fu710572000 II	eus
			48661000	c19_complications_gi_fu48661000 P	eritoniti
			53619000	c19_complications_gi_fu53619000 C	ther
			NONE		lo additi
			I NONE	g	astroint vents
			UNK	c19_complications_gi_fuunk U	Jnknowr
			Field Annotat	tion: Terminology: SNOMED	
348	c19_comp_gi_specify_fu	Please specify other GI events. Do not record any PHI in this field. As a	notes		
	Show the field ONLY if: [c19_complications_gi_fu(536190 00)] = '1'	reminder, this includes all elements of dates other than year.			
349	c19_complications_other_fu	Other events during the follow-up period. Check all that apply. If there	checkbox, Re	equired	
		were no additional other events, please check "No additional events".	14669001	c19_complications_other_fu14669001	Acute
			91175000	c19_complications_other_fu91175000	injury
				·	
			372070002		+
			414086009		NOS
			362965005		+
			NONE	c19_complications_other_funone	No addit even
			UNK	c19_complications_other_fuunk	Unkn
			Field Annotat	tion: Terminology: SNOMED @HIDECHOICE	<u> </u>
350	c19_complications_oth_specify_fu	Please specify other events. Do not record any PHI in this field. As a	notes		
	Show the field ONLY if:	reminder, this includes all elements of dates other than year.			
	[c19_complications_other_fu(362 965005)] = '1'				
351	c19_addl_treatment	Section Header: COVID-19 Additional Treatment Did the patient receive any additional treatments for COVID-19 or its sequelae?	radio 0 No 1 Yes		
				vn	
352	additional_tx_fu	Additional treatment comments, e.g. specific doses. Please provide	99 Unknov	vn	

353	covid_19_treatment_fu	Additional COVID-19 treatment. Check all that apply.	checkbox		\neg
333	Show the field ONLY if:	Additional COVID 15 treatment effect all that apply.	DB-15718	covid_19_treatment_fudb_15718	Bar
	[c19_addl_treatment] = '1'		Bam-Et	covid_19_treatment_fubam_et	Baı
			REGEN-COV2	covid_19_treatment_furegen_cov2	Cas
			OMOP4873974	covid_19_treatment_fuomop4873974	+
			HO-45523	covid_19_treatment_fuho_45523	Sys (wil
			B05AX03	covid_19_treatment_fub05ax03	Pla ind
			RXCUI-2393	covid_19_treatment_furxcui_2393	pla Chl
			RXCUI-5521	covid_19_treatment_furxcui_5521	Ну
			KACUI-3321	covid_19_treatment_id1xcul_3321	(Pla
			HO-44995	covid_19_treatment_fuho_44995	Ant
			ATC-J05AE08	covid_19_treatment_fuatc_j05ae08	Ata
			ATC-J05AR10	covid_19_treatment_fuatc_j05ar10	Lop
			RXCUI-260101	covid_19_treatment_furxcui_260101	Os
			RXCUI-18631	covid_19_treatment_furxcui_18631	Azii (Zit
			ATC-C10AA	covid_19_treatment_fuatc_c10aa	Sta
			RXCUI-612865	covid_19_treatment_furxcui_612865	Toc
			L04AA37	covid_19_treatment_ful04aa37	Bar
			ATC-L04AC	covid_19_treatment_fuatc_l04ac	Oth inh add
			HO-45861	covid_19_treatment_fuho_45861	JAK for
			ATC-L04AB	covid_19_treatment_fuatc_l04ab	TNI pro det
			B01A	covid_19_treatment_fub01a	Ant
			N02BA	covid_19_treatment_fun02ba	Asp
			B01AC	covid_19_treatment_fub01ac	Ant tha
			233573008	covid_19_treatment_fu233573008	Ext
			714749008	covid_19_treatment_fu714749008	Cor rep (CR
			OTH	covid_19_treatment_fuoth	Oth
			UNK	covid_19_treatment_fuunk	Un
			NONE	covid_19_treatment_funone	No
			oth_plasma	covid_19_treatment_fuoth_plasma	DEI
			Field Annotation: ATC/HemOnc/ON @HIDECHOICE='0	MOP/RxNorm/SNOMED	
354	dx_cp_interval_fu Show the field ONLY if: ([covid_19_trial_tx(B05AX03)] = '0' or [covid_19_trial_tx(B05AX03)] = ") and [covid_19_treatment(B05A X03)] = '0' and [covid_19_treatme nt_fu(B05AX03)] = '1'	How many days elapsed between the COVID-19 diagnosis and the first convalescent plasma infusion? If the patient was infused on the same day as their diagnosis, enter 0 here. If you do not know the answer, enter 9999 here.	text (integer)		

355	steroid_type_fu	Steroid type. Check all that apply.	checkb	oox			
-	Show the field ONLY if: [covid_19_treatment_fu(HO-4552 3)] = '1'		H02AE		- / 1	Dexam (Decad	nethasone Iron)
				B09 s		Hydrod (Corte	cortisone
			H02AE	B04 st			lprednisolone nedrol)
			H02AE	B06 s	teroid_type_fuh02ab06	Predni	solone
			H02AE	B07 s	teroid_type_fuh02ab07	Predni	sone
			Field Ar	nnotat	ion: Terminology: ATC		
356	steroid_specific_fu	Steroid dosing, in prednisone dose equivalents Note: 3 mg of dexamethasone is equivalent to 20 mg of prednisone, so any dose of	radio				
	Show the field ONLY if:	dexamethasone of more than 3 mg/day (21 mg/week) would be	l		day or below [low dose]		
	[covid_19_treatment_fu(HO-4552 3)] = '1'	equivalant to more than 20 mg of prednisone/day.	l		day or below [low dose]		
			1b M	lore th	nan 10 mg/day up to 20 mg/d	day	
			2 M	lore th	an 20 mg/day but less than	1mg/k	g/day
			3 Ec	qual to	o or greater than 1 mg/kg/da	ау	
			99 U	Jnknow	vn		
				nnotat	cion: @HIDECHOICE='1'		
357	steroid_more_fu	Please provide more details: prednisone dose equivalents (e.g., 1 mg/kg) and duration of steroid therapy. Do not record any PHI in this	notes				
	Show the field ONLY if: [covid_19_treatment_fu(HO-4552 3)] = '1'	field. As a reminder, this includes all elements of dates other than year.					
358	c19_aspirin_dose_fu	Aspirin dosing	radio				
	Show the field ONLY if:	-	26245	59003	Low dose (less than 200 mg	g/day)	
	[covid_19_treatment_fu(N02BA)]		261829003 Full dose				
	= '1'		26166	55006	Unknown		
			Field Ar	nnotat	ion: Terminology: SNOMED		
359	c19_anticoag_type_fu	Which anticoagulants were used? Check all that apply.	checkb				
	Show the field ONLY if: [covid_19_treatment_fu(B01A)] = '1'		B01AA	A c	19_anticoag_type_fub01a	ā	/itamin K intagonists e.g., warfarin)
			B01AB	B c	19_anticoag_type_fub01a	((.ow-molecular veight heparir e.g., enoxaparin Lovenox])
			B01AE	B01 c	19_anticoag_type_fub01a		Jnfractionated neparin
			B01AE	E c	19_anticoag_type_fub01a	t ii ā	Direct hrombin nhibitors (e.g., argatroban, dabigatran Pradaxa])
			B01AF	F c	19_anticoag_type_fub01a) ([r	Direct factor (a inhibitors e.g., apixaban Eliquis], ivaroxaban Xarelto])
			B01AX	X05 c	19_anticoag_type_fub01a	x05 F	ondaparinux
			UNK	C.	19_anticoag_type_fuunk	ι	Jnknown
			ОТН	c'	19_anticoag_type_fuoth	C	Other
360	c19_anticoag_type_oth_specify_fu Show the field ONLY if: [c19_anticoag_type_fu(OTH)] = '1'	Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes				

361	c19_anticoag_reason_fu	What was the purpose of the anticoagulant treatment? Check all that	checkb	OOX		
	Show the field ONLY if: [covid_19_treatment_fu(B01A)] = '1'		1	c19_anticoag_reason_fu1	Prophylad (without to presence either as inpatient outpatier	he of a VTE an or
			2	c19_anticoag_reason_fu2	Therapeu (for know ATE histor	n VTE or
			2a	c19_anticoag_reason_fu2a	(for known VTE diagnosis)	
			2b	c19_anticoag_reason_fu2b		
			2c	c19_anticoag_reason_fu2c	Therapeu the abser thrombos for prever stroke in fibrillation	nce of any sis (e.g., ntion of atrial
			3	c19_anticoag_reason_fu3	For DIC d hospitaliz	
			UNK	c19_anticoag_reason_fuunk	Unknown	
			OTH	c19_anticoag_reason_fuoth	Other	
			Field Annotation: @HIDECHOICE='2'			
362	c19_anticoag_reason_oth_specify _fu Show the field ONLY if: [c19_anticoag_reason_fu(OTH)] = '1'	Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes			
363	covid_19_tx_interleukin_fu Show the field ONLY if: [covid_19_treatment_fu(ATC-L04A C)] = '1'	ONLY if: apply.	checkbox			
			L04A0	covid_19_tx_interleukin_fu_	_l04ac03	anakinra
			L04A0			basiliximab
			L04A0			briakinumak
			L04A0			brodalumab
			L04A0			canakinuma
			L04A0			daclizumab
				covid_19_tx_interleukin_fu_		_
			l 	covid_19_tx_interleukin_fu_ covid_19_tx_interleukin_fu_		ixekizumab
				C18 covid_19_tx_interleukin_fu_		rilonacept risankizuma
			L04A0			sarilumab
				C10 covid_19_tx_interleukin_fu_		secukinuma
			L04A0			siltuximab
			L04A0			sirukumab
			L04A0			tildrakizuma
			L04A0			DEPRECATE
			L04A0			ustekinumal
				nnotation: Field:ATC L04AC; Valu		

364	jak_fu	JAK inhibitor treatment. Check all that apply.	checkbox			
	Show the field ONLY if: [covid_19_treatment_fu(HO-4586 1)] = '1'		L01XE18	jak_ful01xe18	Ruxolitinib (Jakafi)	
			L04AA29	jak_ful04aa29	Tofacitinib (Xeljanz)	
			RXCUI- 1487006	jak_furxcui_1487006	Oclacitinib	
			L04AA37	jak_ful04aa37	Baricitinib	
			Peficitinib	jak_fupeficitinib	Peficitinib	
			L01XE57	jak_ful01xe57	Fedratinib (Inrebic)	
			L04AA44	jak_ful04aa44	Upadacitinib	
			Field Annotation: Terminologies: ATC, RxNorm			
365	covid_19_tx_tnf_fu Show the field ONLY if: [covid_19_treatment_fu(ATC-L04A B)] = '1'	w the field ONLY if: id_19_treatment_fu(ATC-L04A	checkbox			
			L04AB04 covid_19_tx_tnf_ful04a		Adalimumab	
			L04AB03 cov	id_19_tx_tnf_ful04ab03	Afelimomab	
			L04AB05 cov	id_19_tx_tnf_ful04ab05	Certolizumab pegol	
			L04AB01 cov	id_19_tx_tnf_ful04ab01	Etanercept	
			L04AB06 cov	id_19_tx_tnf_ful04ab06	Golimumab	
			L04AB02 cov	id_19_tx_tnf_ful04ab02	Infliximab	
			L04AB07 cov	id_19_tx_tnf_ful04ab07	Opinercept	
			Field Annotatio	n: Field:ATC L04AB; Values	ATC	
366	covid_19_treatment_trial_fu	trial?	radio	1		
	Show the field ONLY if: [c19_addl_treatment] = '1'		0 No	-		
			1 Yes	-		
			99 Unknown			

367	covid_19_trial_tx_fu	COVID-19 clinical trial treatment. Check all that apply. If you do not	checkbox, Requi	checkbox, Required				
	Show the field ONLY if:	know which drug(s) were given on clinical trial, please check	DB-15718	DB-15718 covid_19_trial_tx_fudb_15718				
	[covid_19_treatment_trial_fu] = '1'	"Unknown". If you are not able to disclose drug names due to institutional restrictions, please check "Other".	Bam-Et	covid_19_trial_tx_fubam_et	Bam			
			REGEN-COV2	covid_19_trial_tx_furegen_cov2	Casii			
			RXCUI-2393	covid_19_trial_tx_furxcui_2393	Chlo			
			RXCUI-5521	covid_19_trial_tx_furxcui_5521	Hydr (Plac			
			HO-44995	covid_19_trial_tx_fuho_44995	Anti-			
			ATC-J05AE08	covid_19_trial_tx_fuatc_j05ae08	Ataz			
			ATC-J05AR10	covid_19_trial_tx_fuatc_j05ar10	Lopi			
			RXCUI-260101	covid_19_trial_tx_furxcui_260101	Osel			
			OMOP4873974	covid_19_trial_tx_fuomop4873974	Rem			
			RXCUI-18631	covid_19_trial_tx_furxcui_18631	Azith (Zith			
			HO-45523	covid_19_trial_tx_fuho_45523	Syst			
			ATC-C10AA	covid_19_trial_tx_fuatc_c10aa	Stat			
			L04AC03	covid_19_trial_tx_ful04ac03	anal			
			L04AA37	covid_19_trial_tx_ful04aa37	Bari			
			L04AC02	covid_19_trial_tx_ful04ac02	basi			
			L04AC09	covid_19_trial_tx_ful04ac09	bria			
			L04AC12	covid_19_trial_tx_ful04ac12	bro			
			L04AC08	covid_19_trial_tx_ful04ac08	can			
			L04AC01	covid_19_trial_tx_ful04ac01	dac			
			L04AC16	covid_19_trial_tx_ful04ac16	gus			
			L04AC13	covid_19_trial_tx_ful04ac13	ixek			
			L04AC04	covid_19_trial_tx_ful04ac04	rilo			
			L04AC18	covid_19_trial_tx_ful04ac18	risa			
			L04AC14	covid_19_trial_tx_ful04ac14	sari			
			L04AC10	covid_19_trial_tx_ful04ac10	sec			
			L04AC11	covid_19_trial_tx_ful04ac11	siltu			
			L04AC15	covid_19_trial_tx_ful04ac15	siru			
			L04AC17	covid_19_trial_tx_ful04ac17	tild			
			L04AC07	covid_19_trial_tx_ful04ac07	toci			
			L04AC05	covid_19_trial_tx_ful04ac05	uste			
			L04AB04	covid_19_trial_tx_ful04ab04	ada			
			L04AB03	covid_19_trial_tx_ful04ab03	afe			
			L04AB05	covid_19_trial_tx_ful04ab05	cer			
			L04AB01	covid_19_trial_tx_ful04ab01	eta			
			L04AB06	covid_19_trial_tx_ful04ab06	goli			
			L04AB02	covid_19_trial_tx_ful04ab02	infli			
			L04AB07	covid_19_trial_tx_ful04ab07	opir			
			OTH-plasma	covid_19_trial_tx_fuoth_plasma	Plas			
			B05AX03	covid_19_trial_tx_fub05ax03	Plas			
					indi			
			OTH	covid_19_trial_tx_fuoth	Oth			
			Field Annotation ATC/HemOnc/ON plasma'	covid_19_trial_tx_fuunk : Terminologies: MOP/RxNorm @HIDECHOICE = 'OTH-	Unk			

368	dx_cp_interval_fu_2 Show the field ONLY if: ([covid_19_trial_tx(B05AX03)] = '0'	How many days elapsed between the COVID-19 diagnosis and the first convalescent plasma infusion? If the patient was infused on the same day as their diagnosis, enter 0 here. If you do not know the answer,	text (integer)
	or [covid_19_trial_tx(B05AX03)] = ") and [covid_19_treatment(B05A X03)] = '0' and [covid_19_treatme nt_fu(B05AX03)] = '0' and [covid_1 9_trial_tx_fu(B05AX03)] = '1'	enter 9999 here.	
369	covid_19_trial_more_fu Show the field ONLY if: [covid_19_trial_tx_fu(OTH)] = '1'	Please specify. (Note: some institutions have restrictions on sharing of this information, please check with your institutional official if you have any questions.) Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
370	fu_info	Thank you for completing this form. If you have additional updates in the future, please use the link from the Survey Queue to return to the survey and add a new instance of the form.	descriptive
371	comments_form_5	Comments Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
372	followup_complete	Section Header: Form Status	dropdown
		Complete?	0 Incomplete
			1 Unverified
			2 Complete
Instru	ument: Manual Exclude (manu	ual_exclude)	^ Collapse
373	manual_exclude	Field to manually exclude records identified as needing exclusion (e.g., false positive PCR)	truefalse
		Table positive Ferry	1 True
			0 False
			Field Annotation: @DEFAULT='0'
374	exclude_why	Why was the patient excluded?	radio, Required
	Show the field ONLY if:		1 Duplicate record
	[manual_exclude] = '1'		2 In situ solid malignancy
			6 Non-melanoma skin cancer, non-invasive
			3 Precursor hematologic condition
			4 Benign hematologic condition
			5 False positive SARS-CoV-2 test
			7 Low quality score, non-CCC19 site
			88 Other
			99 Unknown
375	manual_exclude_more	Why was patient manually excluded?	notes
376	manual_exclude_complete	Section Header: Form Status	dropdown
		Complete?	0 Incomplete
			1 Unverified
			2 Complete