

COVID-19 and Cancer Consortium (CCC19) Registry

PID 108899

Codebook

Data Dictionary Codebook

04/01/2021 1:09pm

^ Collapse all instruments

| # | Variable / Field Name | Field Label <small>Field Note</small> | Field Attributes (Field Type, Validation, Choices, Calculations, etc.) |
|---|--|---|--|
| Instrument: Screening form (screening_form) Enabled as survey ^ 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 <small>Show the field ONLY if: [inclusion_yn] = '0'</small> | We're sorry, but this survey 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 <small>Show the field ONLY if: [inclusion_yn] = '1'</small> | 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 <small>Show the field ONLY if: [previous_report] = '2'</small> | 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 <small>Show the field ONLY if: [previous_report] = '3'</small> | 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 <small>Show the field ONLY if: [inclusion_yn] = '1'</small> | Are you reporting on behalf on an institution participating in the CCC19 consortium? | yesno, Required 1 Yes 0 No |
| 9 | ccc19_exclude <small>Show the field ONLY if: [ccc19] = '0'</small> | 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 <small>Show the field ONLY if: [ccc19] = '0'</small> | Please click the button below to exit the survey. | radio, Required x Exit the survey Stop actions on x |
| 11 | ccc19_institution <small>Show the field ONLY if: [ccc19] = '1'</small> | Please identify the participating institution. | dropdown (autocomplete), Required 181 Albert Einstein Cancer Center 101 Aurora Health Care 1-118 Banner MD Anderson Cancer Center 158 Baptist Cancer Center (Memphis, TN) 196 Baptist Healthcare System (IN/KY) 1-109 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 |

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|-------|--|
| 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 Ixtalapa |
| 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 Kentucky |
| 110 | Massachusetts General Hospital (MGH) |
| 111 | Mayo Clinic |
| 112 | Mays Cancer Center at UT Health San Antonio |
| 391 | McGill University Health Centre |
| 113 | MD Anderson Cancer Center |
| 1-116 | MD Anderson Cancer Center at Cooper |

| | |
|-------|--|
| 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 Cancer 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 |
| 122 | University of Connecticut |

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| | | | <table border="1"> <tr><td>161</td><td>University of Florida Health Cancer Center</td></tr> <tr><td>156</td><td>University of Hawaii Cancer Center</td></tr> <tr><td>169</td><td>University of Illinois at Chicago (UIC)</td></tr> <tr><td>165</td><td>University of Iowa Holden Comprehensive Cancer Center</td></tr> <tr><td>123</td><td>University of Kansas</td></tr> <tr><td>1-105</td><td>University of Louisville James Graham Brown Cancer Center</td></tr> <tr><td>124</td><td>University of Maryland</td></tr> <tr><td>125</td><td>University of Miami/Sylvester Comprehensive Cancer Center</td></tr> <tr><td>153</td><td>University of Michigan/Rogel Cancer Center</td></tr> <tr><td>126</td><td>University of Minnesota</td></tr> <tr><td>1-106</td><td>University of Mississippi Medical Center</td></tr> <tr><td>184</td><td>University of Nebraska Medical Center/Bufett Cancer Center</td></tr> <tr><td>127</td><td>University of North Carolina/Lineberger Comprehensive Cancer Center</td></tr> <tr><td>132</td><td>University of Rochester Medical Center</td></tr> <tr><td>174</td><td>University of Wisconsin Carbone Cancer Center</td></tr> <tr><td>1100</td><td>UPMC Western Maryland</td></tr> <tr><td>128</td><td>Vanderbilt University Medical Center/Vanderbilt-Ingram Cancer Center</td></tr> <tr><td>1-111</td><td>Vidant Medical Center, East Carolina University</td></tr> <tr><td>191</td><td>Virginia Mason Cancer Institute</td></tr> <tr><td>186</td><td>Virtua Health</td></tr> <tr><td>157</td><td>Wake Forest Baptist Comprehensive Cancer Center</td></tr> <tr><td>129</td><td>Washington University in St. Louis/Siteman Cancer Center</td></tr> <tr><td>164</td><td>Weill Cornell Medicine/Meyer Cancer Center</td></tr> <tr><td>170</td><td>WellSpan Health</td></tr> <tr><td>194</td><td>Wentworth-Douglass Hospital</td></tr> <tr><td>130</td><td>West Cancer Center</td></tr> <tr><td>171</td><td>Willis-Knighton Cancer Center</td></tr> <tr><td>145</td><td>Yale New Haven Health/Smilow Cancer Hospital</td></tr> <tr><td>1-108</td><td>Yuma Regional Medical Center</td></tr> <tr><td>9999</td><td>TEST</td></tr> </table> | 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 Center | 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/Bufett 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 Center | 129 | Washington University in St. Louis/Siteman Cancer 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 | 9999 | TEST |
| 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 Center | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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/Bufett 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 Center | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 129 | Washington University in St. Louis/Siteman Cancer 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9999 | TEST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | timing_of_report Show the field ONLY if: [ccc19] = 1 | Is this survey being filled out during the COVID-19 illness, or retrospectively? Unless you know that the patient has either recovered from COVID-19 (with or without complications) or died from COVID-19, you should select "during the COVID-19 illness". If you know that the patient is deceased, you should select "after the course of illness (retrospectively)". | radio, Required <table border="1"> <tr><td>1</td><td>During the illness</td></tr> <tr><td>2</td><td>After the course of illness (retrospectively)</td></tr> </table> | 1 | During the illness | 2 | After the course of illness (retrospectively) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | During the illness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | After the course of illness (retrospectively) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | dx_year Show the field ONLY if: [ccc19] = 1 | What year was the patient diagnosed with COVID-19 in? | radio, Required <table border="1"> <tr><td>2019</td><td>2019</td></tr> <tr><td>2020</td><td>2020</td></tr> <tr><td>2021</td><td>2021</td></tr> </table> | 2019 | 2019 | 2020 | 2020 | 2021 | 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019 | 2019 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020 | 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2021 | 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|--|---|---|---------------------------------------|----|------------------------------|----|------------------------------|----|------------------------------|-----|-------------------------------|-----|-------------------------------|----|------------------------|-----|-------------------------------|-----|--------------------------------|----|--|----|---------|
| 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)? | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Within the past week</td></tr> <tr><td>2</td><td>Within the past 1 to 2 weeks</td></tr> <tr><td>3</td><td>Within the past 2 to 4 weeks</td></tr> <tr><td>4</td><td>Within the past 4 to 8 weeks</td></tr> <tr><td>5</td><td>Within the past 8 to 12 weeks</td></tr> <tr><td>6</td><td>Within the past 3 to 6 months</td></tr> <tr><td>7</td><td>More than 6 months ago</td></tr> <tr><td>8</td><td>Within the past 6 to 9 months</td></tr> <tr><td>9</td><td>Within the past 9 to 12 months</td></tr> <tr><td>10</td><td>More than 12 months ago</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> <p>Field Annotation: @HIDECHOICE = '7'</p> | 1 | Within the past week | 2 | Within the past 1 to 2 weeks | 3 | Within the past 2 to 4 weeks | 4 | Within the past 4 to 8 weeks | 5 | Within the past 8 to 12 weeks | 6 | Within the past 3 to 6 months | 7 | More than 6 months ago | 8 | Within the past 6 to 9 months | 9 | Within the past 9 to 12 months | 10 | More than 12 months ago | 99 | Unknown |
| 1 | Within the past week | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Within the past 1 to 2 weeks | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Within the past 2 to 4 weeks | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Within the past 4 to 8 weeks | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Within the past 8 to 12 weeks | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Within the past 3 to 6 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | More than 6 months ago | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Within the past 6 to 9 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Within the past 9 to 12 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | More than 12 months ago | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | hcw_screen Show the field ONLY if: [ccc19] = '0' | Are you a healthcare provider or entering data on a healthcare provider's behalf? | <p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: @HIDDEN</p> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | <p>radio</p> <table border="1"> <tr><td>x</td><td>Exit the survey</td></tr> </table> <p>Field Annotation: @HIDDEN Stop actions on x</p> | x | Exit the survey | | | | | | | | | | | | | | | | | | | | |
| x | Exit the survey | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | location Show the field ONLY if: [ccc19] = '0' | Are you based in any of the listed countries or regions? | <p>radio</p> <table border="1"> <tr><td>1</td><td>United States or the U.S. territories</td></tr> <tr><td>EU</td><td>European Union (EU)</td></tr> <tr><td>11</td><td>Argentina</td></tr> <tr><td>39</td><td>Canada</td></tr> <tr><td>140</td><td>Mexico</td></tr> <tr><td>224</td><td>United Kingdom</td></tr> <tr><td>83</td><td>Germany</td></tr> <tr><td>107</td><td>Italy</td></tr> <tr><td>197</td><td>Spain</td></tr> <tr><td>0</td><td>No - I am not based in any of those countries or regions</td></tr> </table> <p>Field Annotation: @HIDECHOICE = '83,107,197' @HIDDEN</p> | 1 | United States or the U.S. territories | EU | European Union (EU) | 11 | Argentina | 39 | Canada | 140 | Mexico | 224 | United Kingdom | 83 | Germany | 107 | Italy | 197 | Spain | 0 | No - I am not based in any of those countries or regions | | |
| 1 | United States or the U.S. territories | | | | | | | | | | | | | | | | | | | | | | | | |
| EU | European Union (EU) | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Argentina | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | Canada | | | | | | | | | | | | | | | | | | | | | | | | |
| 140 | Mexico | | | | | | | | | | | | | | | | | | | | | | | | |
| 224 | United Kingdom | | | | | | | | | | | | | | | | | | | | | | | | |
| 83 | Germany | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 | Italy | | | | | | | | | | | | | | | | | | | | | | | | |
| 197 | Spain | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No - I am not based in any of those countries or regions | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | intl_stop Show the field ONLY if: [location] = '0' | We're sorry, but the IRB does not allow us to collect data from your country at this time. However, we are actively looking into adding international participation on a country-by-country basis. Please visit our website for more information; you will be redirected there once you end the survey by clicking the button. | <p>radio</p> <table border="1"> <tr><td>x</td><td>Exit the survey</td></tr> </table> <p>Field Annotation: @HIDDEN Stop actions on x</p> | x | Exit the survey | | | | | | | | | | | | | | | | | | | | |
| x | Exit the survey | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | screening_form_complete | Section Header: <i>Form Status</i> Complete? | <p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete | | | | | | | | | | | | | | | | |
| 0 | Incomplete | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Unverified | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Complete | | | | | | | | | | | | | | | | | | | | | | | | |
| Instrument: Patient Demographics (patient_demographics) Enabled as survey ^ Collapse | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | ts_1 | Timestamp for the patient demographics form | text (datetime_dmy), Required Field Annotation: @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 (integer) Field Annotation: @HIDDEN | | | | | | | | | | | | | | | | | | | | | | |
| 22 | patient_id Show the field ONLY if: [ccc19] = '1' | Please enter your local unique patient identifier here (no PHI!). If this is a test case, please enter "9999". | text (integer, Min: 1), Required | | | | | | | | | | | | | | | | | | | | | | |

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

| | |
|----|--------------------------------|
| 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 |
| 81 | Gambia |

| | |
|-----|----------------------------|
| 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 | Malaysia |
| 132 | Maldives |
| 133 | Mali |
| 134 | Malta |
| 135 | Marshall Islands |

| | |
|-----|----------------------------------|
| 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 |

| | |
|-----|----------------------------------|
| 190 | Singapore |
| 191 | Slovak Republic |
| 192 | Slovenia |
| 193 | Solomon Islands |
| 194 | Somalia |
| 195 | South Africa |
| 196 | S. Georgia and S. Sandwich Isls. |
| 197 | Spain |
| 198 | Sri Lanka |
| 199 | St. Helena |
| 200 | St. Pierre and Miquelon |
| 201 | Sudan |
| 202 | Suriname |
| 203 | Svalbard and Jan Mayen Islands |
| 204 | Swaziland |
| 205 | Sweden |
| 206 | Switzerland |
| 207 | Syria |
| 208 | Taiwan |
| 209 | Tajikistan |
| 210 | Tanzania |
| 211 | Thailand |
| 212 | Togo |
| 213 | Tokelau |
| 214 | Tonga |
| 215 | Trinidad and Tobago |
| 216 | Tunisia |
| 217 | Turkey |
| 218 | Turkmenistan |
| 219 | Turks and Caicos Islands |
| 220 | Tuvalu |
| 221 | Uganda |
| 222 | Ukraine |
| 223 | United Arab Emirates |
| 224 | United Kingdom (Britain / UK) |
| 225 | US Minor Outlying Islands |
| 226 | Uruguay |
| 227 | Uzbekistan |
| 228 | Vanuatu |
| 229 | Vatican City State (Holy See) |
| 230 | Venezuela |
| 231 | Viet Nam |
| 232 | Virgin Islands (British) |
| 233 | Virgin Islands (US) |
| 234 | Wallis and Futuna Islands |
| 235 | Western Sahara |
| 236 | Yemen |
| 237 | Yugoslavia |
| 238 | Zaire |
| 239 | Zambia |
| 240 | Zimbabwe |

Field Annotation: SNOMED: 223369002

dropdown (autocomplete), Required

AL Alabama (AL)

28 state_of_patient_residence

State or territory of patient residence

Show the field ONLY if:

[country_of_patient_residen] = '1'

| | |
|----|-------------------------------|
| AK | Alaska (AK) |
| AZ | Arizona (AZ) |
| AR | Arkansas (AR) |
| CA | California (CA) |
| CO | Colorado (CO) |
| CT | Connecticut (CT) |
| DE | Delaware (DE) |
| FL | Florida (FL) |
| GA | Georgia (GA) |
| HI | Hawaii (HI) |
| ID | Idaho (ID) |
| IL | Illinois (IL) |
| IN | Indiana (IN) |
| IA | Iowa (IA) |
| KS | Kansas (KS) |
| KY | Kentucky (KY) |
| LA | Louisiana (LA) |
| ME | Maine (ME) |
| MD | Maryland (MD) |
| MA | Massachusetts (MA) |
| MI | Michigan (MI) |
| MN | Minnesota (MN) |
| MS | Mississippi (MS) |
| MO | Missouri (MO) |
| MT | Montana (MT) |
| NE | Nebraska (NE) |
| NV | Nevada (NV) |
| NH | New Hampshire (NH) |
| NJ | New Jersey (NJ) |
| NM | New Mexico (NM) |
| NY | New York (NY) |
| NC | North Carolina (NC) |
| ND | North Dakota (ND) |
| OH | Ohio (OH) |
| OK | Oklahoma (OK) |
| OR | Oregon (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) |
| WA | Washington (WA) |
| WV | West Virginia (WV) |
| WI | Wisconsin (WI) |
| WY | Wyoming (WY) |
| DC | District of Columbia (DC) |
| AS | American Samoa (AS) |
| GU | Guam (GU) |
| MP | Northern Mariana Islands (MP) |
| 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 <table border="1"> <tr> <td>1002-5</td> <td>race__1002_5</td> <td>American Indian/Alaska Native</td> </tr> <tr> <td>2028-9</td> <td>race__2028_9</td> <td>Asian</td> </tr> <tr> <td>2076-8</td> <td>race__2076_8</td> <td>Native Hawaiian or Other Pacific Islander</td> </tr> <tr> <td>2054-5</td> <td>race__2054_5</td> <td>Black or African American</td> </tr> <tr> <td>2106-3</td> <td>race__2106_3</td> <td>White</td> </tr> <tr> <td>2131-1</td> <td>race__2131_1</td> <td>Other</td> </tr> <tr> <td>UNK</td> <td>race__unk</td> <td>Unknown / Not Reported</td> </tr> </table> Field Annotation: Value Set: 2.16.840.1.114222.4.11.6065 | 1002-5 | race__1002_5 | American Indian/Alaska Native | 2028-9 | race__2028_9 | Asian | 2076-8 | race__2076_8 | Native Hawaiian or Other Pacific Islander | 2054-5 | race__2054_5 | Black or African American | 2106-3 | race__2106_3 | White | 2131-1 | race__2131_1 | Other | UNK | race__unk | Unknown / Not Reported |
| 1002-5 | race__1002_5 | American Indian/Alaska Native | | | | | | | | | | | | | | | | | | | | | | |
| 2028-9 | race__2028_9 | Asian | | | | | | | | | | | | | | | | | | | | | | |
| 2076-8 | race__2076_8 | Native Hawaiian or Other Pacific Islander | | | | | | | | | | | | | | | | | | | | | | |
| 2054-5 | race__2054_5 | Black or African American | | | | | | | | | | | | | | | | | | | | | | |
| 2106-3 | race__2106_3 | White | | | | | | | | | | | | | | | | | | | | | | |
| 2131-1 | race__2131_1 | Other | | | | | | | | | | | | | | | | | | | | | | |
| UNK | race__unk | Unknown / Not Reported | | | | | | | | | | | | | | | | | | | | | | |
| 33 | ethnicity | Patient-reported ethnicity | radio <table border="1"> <tr> <td>2135-2</td> <td>Hispanic or Latino</td> </tr> <tr> <td>2186-5</td> <td>NOT Hispanic or Latino</td> </tr> <tr> <td>UNK</td> <td>Unknown / Not Reported</td> </tr> </table> Custom alignment: RH Field Annotation: Value Set: 2.16.840.1.114222.4.11.837 | 2135-2 | Hispanic or Latino | 2186-5 | NOT Hispanic or Latino | UNK | Unknown / Not Reported | | | | | | | | | | | | | | | |
| 2135-2 | Hispanic or Latino | | | | | | | | | | | | | | | | | | | | | | | |
| 2186-5 | NOT Hispanic or Latino | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | Unknown / Not Reported | | | | | | | | | | | | | | | | | | | | | | | |
| 34 | urban_rural | What type of area does the patient primarily reside in? | radio <table border="1"> <tr> <td>1</td> <td>Urban (city)</td> </tr> <tr> <td>2</td> <td>Suburban (town, suburbs)</td> </tr> <tr> <td>3</td> <td>Rural (country)</td> </tr> <tr> <td>88</td> <td>Other</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | Urban (city) | 2 | Suburban (town, suburbs) | 3 | Rural (country) | 88 | Other | 99 | Unknown | | | | | | | | | | | |
| 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 [ccc19] = '1' or [country_of_patient_residen] = '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 <table border="1"> <tr> <td>0</td> <td>insurance__0</td> <td>Not insured</td> </tr> <tr> <td>1</td> <td>insurance__1</td> <td>Private insurance/managed care</td> </tr> <tr> <td>2</td> <td>insurance__2</td> <td>Medicaid</td> </tr> <tr> <td>3</td> <td>insurance__3</td> <td>Medicare</td> </tr> <tr> <td>4</td> <td>insurance__4</td> <td>Other government</td> </tr> <tr> <td>99</td> <td>insurance__99</td> <td>Unknown</td> </tr> </table> | 0 | insurance__0 | Not insured | 1 | insurance__1 | Private insurance/managed care | 2 | insurance__2 | Medicaid | 3 | insurance__3 | Medicare | 4 | insurance__4 | Other government | 99 | insurance__99 | Unknown | | | |
| 0 | insurance__0 | Not insured | | | | | | | | | | | | | | | | | | | | | | |
| 1 | insurance__1 | Private insurance/managed care | | | | | | | | | | | | | | | | | | | | | | |
| 2 | insurance__2 | Medicaid | | | | | | | | | | | | | | | | | | | | | | |
| 3 | insurance__3 | Medicare | | | | | | | | | | | | | | | | | | | | | | |
| 4 | insurance__4 | Other government | | | | | | | | | | | | | | | | | | | | | | |
| 99 | insurance__99 | Unknown | | | | | | | | | | | | | | | | | | | | | | |
| 36 | hcw | Is the patient a healthcare worker? | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|-----------|--|--|--|-----------|---|------------|--|----------------------------|--|-----------|--|--------------|---|----------------------------|---|-----|----------------------|-------|---------|----------------------|---------|
| 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 COVID-19 diagnosis, you should choose "No ECOG PS recorded within 3 months prior to COVID-19 diagnosis". | <div>radio, Required</div> <table border="1"> <tr> <td>0</td> <td>0: Fully active, able to continue with all pre-disease activities without restriction</td> </tr> <tr> <td>1</td> <td>1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work</td> </tr> <tr> <td>2</td> <td>2: Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours</td> </tr> <tr> <td>3</td> <td>3: Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours</td> </tr> <tr> <td>4</td> <td>4: Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair</td> </tr> <tr> <td>88</td> <td>No ECOG PS recorded within the 3 months prior to COVID-19 diagnosis</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | 0: Fully active, able to continue with all pre-disease activities without restriction | 1 | 1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work | 2 | 2: Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours | 3 | 3: Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours | 4 | 4: Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair | 88 | No ECOG PS recorded within the 3 months prior to COVID-19 diagnosis | 99 | Unknown | | | | |
| 0 | 0: Fully active, able to continue with all pre-disease activities without restriction | | | | | | | | | | | | | | | | | | | | |
| 1 | 1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work | | | | | | | | | | | | | | | | | | | | |
| 2 | 2: Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours | | | | | | | | | | | | | | | | | | | | |
| 3 | 3: Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours | | | | | | | | | | | | | | | | | | | | |
| 4 | 4: Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair | | | | | | | | | | | | | | | | | | | | |
| 88 | No ECOG PS recorded within the 3 months prior to COVID-19 diagnosis | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | |
| 39 | smoking_status | Smoking status | <div>radio</div> <table border="1"> <tr> <td>1</td> <td>Current smoker</td> </tr> <tr> <td>2</td> <td>Former smoker, NOS</td> </tr> <tr> <td>2a</td> <td>Former smoker, quit less than 1 year ago</td> </tr> <tr> <td>2b</td> <td>Former smoker, quit between 1 and 5 years ago</td> </tr> <tr> <td>2c</td> <td>Former smoker, quit between 6 and 10 years ago</td> </tr> <tr> <td>2d</td> <td>Former smoker, quit more than 10 years ago</td> </tr> <tr> <td>3</td> <td>Never smoker</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | Current smoker | 2 | Former smoker, NOS | 2a | Former smoker, quit less than 1 year ago | 2b | Former smoker, quit between 1 and 5 years ago | 2c | Former smoker, quit between 6 and 10 years ago | 2d | Former smoker, quit more than 10 years ago | 3 | Never smoker | 99 | Unknown | | |
| 1 | Current smoker | | | | | | | | | | | | | | | | | | | | |
| 2 | Former smoker, NOS | | | | | | | | | | | | | | | | | | | | |
| 2a | Former smoker, quit less than 1 year ago | | | | | | | | | | | | | | | | | | | | |
| 2b | Former smoker, quit between 1 and 5 years ago | | | | | | | | | | | | | | | | | | | | |
| 2c | Former smoker, quit between 6 and 10 years ago | | | | | | | | | | | | | | | | | | | | |
| 2d | Former smoker, quit more than 10 years ago | | | | | | | | | | | | | | | | | | | | |
| 3 | Never smoker | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | |
| 40 | smoking_product Show the field ONLY if: [smoking_status] = '1' or [smoking_status] = '2a' | Types of inhaled smoking products. Check all that apply. | <div>checkbox</div> <table border="1"> <tr> <td>722496004</td> <td>smoking_product__722496004</td> <td>Cigarettes</td> </tr> <tr> <td>722497008</td> <td>smoking_product__722497008</td> <td>Cigars</td> </tr> <tr> <td>722498003</td> <td>smoking_product__722498003</td> <td>e-Cigarettes</td> </tr> <tr> <td>722495000</td> <td>smoking_product__722495000</td> <td>Hookah pipe</td> </tr> <tr> <td>OTH</td> <td>smoking_product__oth</td> <td>Other</td> </tr> <tr> <td>UNK</td> <td>smoking_product__unk</td> <td>Unknown</td> </tr> </table> <div>Field Annotation: Variable:SNOMED 698101006; Value set:SNOMED</div> | 722496004 | smoking_product__722496004 | Cigarettes | 722497008 | smoking_product__722497008 | Cigars | 722498003 | smoking_product__722498003 | e-Cigarettes | 722495000 | smoking_product__722495000 | Hookah pipe | OTH | smoking_product__oth | Other | UNK | smoking_product__unk | Unknown |
| 722496004 | smoking_product__722496004 | Cigarettes | | | | | | | | | | | | | | | | | | | |
| 722497008 | smoking_product__722497008 | Cigars | | | | | | | | | | | | | | | | | | | |
| 722498003 | smoking_product__722498003 | e-Cigarettes | | | | | | | | | | | | | | | | | | | |
| 722495000 | smoking_product__722495000 | Hookah pipe | | | | | | | | | | | | | | | | | | | |
| OTH | smoking_product__oth | Other | | | | | | | | | | | | | | | | | | | |
| UNK | smoking_product__unk | Unknown | | | | | | | | | | | | | | | | | | | |
| 41 | smoking_product_oth_specify Show the field ONLY if: [smoking_product(OTH)] = '1' | Please specify type of other smoking products Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | | | | |
| 42 | height | Patient height, please specify units. If you know BMI, please skip this 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, Min: 5) | | | | | | | | | | | | | | | | | | |
| 45 | surg_med_hx_header | Surgical and Medical History | descriptive | | | | | | | | | | | | | | | | | | |
| 46 | recent_surgery | Has the patient had a surgery of any kind in the past year? This should include but not be limited to cancer surgeries. | <div>radio</div> <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | |
| 47 | surgery_timing Show the field ONLY if: [recent_surgery] = '1' | What is the timing of the most recent surgery, relative to the date of COVID-19 diagnosis? | <div>radio</div> <table border="1"> <tr> <td>1</td> <td>Within the past month prior to COVID-19 diagnosis</td> </tr> <tr> <td>2</td> <td>Within the past 1 to 3 months prior to COVID-19 diagnosis</td> </tr> <tr> <td>3</td> <td>Within the past 3 to 12 months prior to COVID-19 diagnosis</td> </tr> <tr> <td>88</td> <td>AFTER COVID-19 diagnosis</td> </tr> <tr> <td>UNK</td> <td>Unknown</td> </tr> </table> | 1 | Within the past month prior to COVID-19 diagnosis | 2 | Within the past 1 to 3 months prior to COVID-19 diagnosis | 3 | Within the past 3 to 12 months prior to COVID-19 diagnosis | 88 | AFTER COVID-19 diagnosis | UNK | Unknown | | | | | | | | |
| 1 | Within the past month prior to COVID-19 diagnosis | | | | | | | | | | | | | | | | | | | | |
| 2 | Within the past 1 to 3 months prior to COVID-19 diagnosis | | | | | | | | | | | | | | | | | | | | |
| 3 | Within the past 3 to 12 months prior to COVID-19 diagnosis | | | | | | | | | | | | | | | | | | | | |
| 88 | AFTER COVID-19 diagnosis | | | | | | | | | | | | | | | | | | | | |
| UNK | Unknown | | | | | | | | | | | | | | | | | | | | |


| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|--|--|---|-----|-------------------------------|--------------------------|-------------------------------|------------------------|-------------------------------------|------------|---|-------------|--------------------------------------|------------------------------|--------------------------------|--------------|--------------------------------|-------------|------|------------------------|----------------|------|------------------------|---|-----------|-----------------------------|---------|-----|-----------------------|-------------|-------------|-------------------------------|----------------------|----------|----------------------------|-------------|-------------|-------------------------------|---------------------|--------------|--------------------------------|-----------------------|---------|---------------------------|-----------------------|------|------------------------|-----------------------------|-------|-------------------------|---------|-------|-------------------------|-------------------------------|---------|---------------------------|-----------|-------|-------------------------|-----------|------|------------------------|----------------|------|------------------------|---------------|-----|-----------------------|-------|-----|-----------------------|---------|------|------------------------|------|
| 48 | details_surgery Show the field ONLY if: [recent_surgery] = '1' | Additional details Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49 | concomitant_meds | Concomitant medications being taken at time of presentation with COVID-19. These would typically be the medications that the patient was taking as an outpatient at or around the time of COVID-19 diagnosis, unless they were already hospitalized and on additional medications for other reasons. Check all that apply. | <div>checkbox</div> <table border="1"> <tr> <td>H02</td> <td>concomitant_meds__h02</td> <td>Systemic corticosteroids</td> </tr> <tr> <td>L04A</td> <td>concomitant_meds__l04a</td> <td>Immunosuppressants</td> </tr> <tr> <td>RXCUI-2393</td> <td>concomitant_meds__rxcul_2393</td> <td>Chloroquine</td> </tr> <tr> <td>RXCUI-5521</td> <td>concomitant_meds__rxcul_5521</td> <td>Hydroxychloroquine (Plaquenil)</td> </tr> <tr> <td>RXCUI-612865</td> <td>concomitant_meds__rxcul_612865</td> <td>Tocilizumab</td> </tr> <tr> <td>C09A</td> <td>concomitant_meds__c09a</td> <td>ACE inhibitors</td> </tr> <tr> <td>C09C</td> <td>concomitant_meds__c09c</td> <td>Angiotensin receptor antagonists (ARBs)</td> </tr> <tr> <td>ATC-C10AA</td> <td>concomitant_meds__atc_c10aa</td> <td>Statins</td> </tr> <tr> <td>J01</td> <td>concomitant_meds__j01</td> <td>Antibiotics</td> </tr> <tr> <td>RXCUI-18631</td> <td>concomitant_meds__rxcul_18631</td> <td>Azithromycin (Z-Pak)</td> </tr> <tr> <td>HO-44995</td> <td>concomitant_meds__ho_44995</td> <td>Anti-virals</td> </tr> <tr> <td>ATC-J05AR10</td> <td>concomitant_meds__atc_j05ar10</td> <td>Lopinavir/Ritonavir</td> </tr> <tr> <td>RXCUI-260101</td> <td>concomitant_meds__rxcul_260101</td> <td>Oseltamivir (Tamiflu)</td> </tr> <tr> <td>N02BE01</td> <td>concomitant_meds__n02be01</td> <td>Tylenol (paracetamol)</td> </tr> <tr> <td>M01A</td> <td>concomitant_meds__m01a</td> <td>Ibuprofen, naproxen, NSAIDs</td> </tr> <tr> <td>N02BA</td> <td>concomitant_meds__n02ba</td> <td>Aspirin</td> </tr> <tr> <td>B01AC</td> <td>concomitant_meds__b01ac</td> <td>Antiplatelet agents (aspirin)</td> </tr> <tr> <td>A10BA02</td> <td>concomitant_meds__a10ba02</td> <td>Metformin</td> </tr> <tr> <td>A11CC</td> <td>concomitant_meds__a11cc</td> <td>Vitamin D</td> </tr> <tr> <td>B01A</td> <td>concomitant_meds__b01a</td> <td>Anticoagulants</td> </tr> <tr> <td>C07A</td> <td>concomitant_meds__c07a</td> <td>Beta blockers</td> </tr> <tr> <td>OTH</td> <td>concomitant_meds__oth</td> <td>Other</td> </tr> <tr> <td>UNK</td> <td>concomitant_meds__unk</td> <td>Unknown</td> </tr> <tr> <td>NONE</td> <td>concomitant_meds__none</td> <td>None</td> </tr> </table> <div>Custom alignment: LH Field Annotation: Terminology: ATC, RxNorm @NONEOFTHEABOVE='NONE' @HIDECHOICE='C07A'</div> | H02 | concomitant_meds__h02 | Systemic corticosteroids | L04A | concomitant_meds__l04a | Immunosuppressants | RXCUI-2393 | concomitant_meds__rxcul_2393 | Chloroquine | RXCUI-5521 | concomitant_meds__rxcul_5521 | Hydroxychloroquine (Plaquenil) | RXCUI-612865 | concomitant_meds__rxcul_612865 | Tocilizumab | C09A | concomitant_meds__c09a | ACE inhibitors | C09C | concomitant_meds__c09c | Angiotensin receptor antagonists (ARBs) | ATC-C10AA | concomitant_meds__atc_c10aa | Statins | J01 | concomitant_meds__j01 | Antibiotics | RXCUI-18631 | concomitant_meds__rxcul_18631 | Azithromycin (Z-Pak) | HO-44995 | concomitant_meds__ho_44995 | Anti-virals | ATC-J05AR10 | concomitant_meds__atc_j05ar10 | Lopinavir/Ritonavir | RXCUI-260101 | concomitant_meds__rxcul_260101 | Oseltamivir (Tamiflu) | N02BE01 | concomitant_meds__n02be01 | Tylenol (paracetamol) | M01A | concomitant_meds__m01a | Ibuprofen, naproxen, NSAIDs | N02BA | concomitant_meds__n02ba | Aspirin | B01AC | concomitant_meds__b01ac | Antiplatelet agents (aspirin) | A10BA02 | concomitant_meds__a10ba02 | Metformin | A11CC | concomitant_meds__a11cc | Vitamin D | B01A | concomitant_meds__b01a | Anticoagulants | C07A | concomitant_meds__c07a | Beta blockers | OTH | concomitant_meds__oth | Other | UNK | concomitant_meds__unk | Unknown | NONE | concomitant_meds__none | None |
| H02 | concomitant_meds__h02 | Systemic corticosteroids | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04A | concomitant_meds__l04a | Immunosuppressants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RXCUI-2393 | concomitant_meds__rxcul_2393 | Chloroquine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RXCUI-5521 | concomitant_meds__rxcul_5521 | Hydroxychloroquine (Plaquenil) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RXCUI-612865 | concomitant_meds__rxcul_612865 | Tocilizumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C09A | concomitant_meds__c09a | ACE inhibitors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C09C | concomitant_meds__c09c | Angiotensin receptor antagonists (ARBs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ATC-C10AA | concomitant_meds__atc_c10aa | Statins | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J01 | concomitant_meds__j01 | Antibiotics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RXCUI-18631 | concomitant_meds__rxcul_18631 | Azithromycin (Z-Pak) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HO-44995 | concomitant_meds__ho_44995 | Anti-virals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ATC-J05AR10 | concomitant_meds__atc_j05ar10 | Lopinavir/Ritonavir | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RXCUI-260101 | concomitant_meds__rxcul_260101 | Oseltamivir (Tamiflu) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N02BE01 | concomitant_meds__n02be01 | Tylenol (paracetamol) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M01A | concomitant_meds__m01a | Ibuprofen, naproxen, NSAIDs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N02BA | concomitant_meds__n02ba | Aspirin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AC | concomitant_meds__b01ac | Antiplatelet agents (aspirin) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A10BA02 | concomitant_meds__a10ba02 | Metformin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A11CC | concomitant_meds__a11cc | Vitamin D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01A | concomitant_meds__b01a | Anticoagulants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C07A | concomitant_meds__c07a | Beta blockers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | concomitant_meds__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | concomitant_meds__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | concomitant_meds__none | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | steroid_specific_2 Show the field ONLY if: [concomitant_meds(H02)] = '1' | Steroid dosing, in prednisone dose equivalents Note: 3 mg of dexamethasone is equivalent to 20 mg of prednisone, so any dose of dexamethasone of more than 3 mg/day (21 mg/week) would be equivalent to more than 20 mg of prednisone/day. | <div>radio</div> <table border="1"> <tr> <td>1</td> <td>20 mg/day or below [low dose]</td> </tr> <tr> <td>1a</td> <td>10 mg/day or below [low dose]</td> </tr> <tr> <td>1b</td> <td>More than 10 mg/day up to 20 mg/day</td> </tr> <tr> <td>2</td> <td>More than 20 mg/day but less than 1 mg/kg/day</td> </tr> <tr> <td>3</td> <td>Equal to or greater than 1 mg/kg/day</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> <div>Field Annotation: @HIDECHOICE='1'</div> | 1 | 20 mg/day or below [low dose] | 1a | 10 mg/day or below [low dose] | 1b | More than 10 mg/day up to 20 mg/day | 2 | More than 20 mg/day but less than 1 mg/kg/day | 3 | Equal to or greater than 1 mg/kg/day | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 20 mg/day or below [low dose] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1a | 10 mg/day or below [low dose] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b | More than 10 mg/day up to 20 mg/day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | More than 20 mg/day but less than 1 mg/kg/day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Equal to or greater than 1 mg/kg/day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----------|---|---|--|-----------|---------------------------------|--|--------------------|-------------------------|---|---------|---------------------------|------------------------|---------|-------------------------|---|---------|-------------------------|---|---------|---------------------------|----------------------------------|---------|-----------------------|-----------------------|---------|-----------------------|-------------|---------|----------------------|--------------|---------|----------------------|------------------|---------|----------------------|------------|---------|----------------------|----------------------|---------|----------------------|----------------------|-----|------------------|-------|-----|------------------|---------|
| 51 | immuno_type Show the field ONLY if: [concomitant_meds(L04A)] = '1' | Please specify which immunosuppressant(s). Check all that apply. | checkbox <table border="1"> <tr> <td>L04AD01</td> <td>immuno_type__l04ad01</td> <td>Cyclosporine</td> </tr> <tr> <td>L04AD02</td> <td>immuno_type__l04ad02</td> <td>Tacrolimus (Prograf)</td> </tr> <tr> <td>L04AA10</td> <td>immuno_type__l04aa10</td> <td>Silrolimus</td> </tr> <tr> <td>L04AA18</td> <td>immuno_type__l04aa18</td> <td>Everolimus</td> </tr> <tr> <td>L04AX01</td> <td>immuno_type__l04ax01</td> <td>Azathioprine (Imuran)</td> </tr> <tr> <td>L04AA06</td> <td>immuno_type__l04aa06</td> <td>Mycophenolate mofetil (CellCept)</td> </tr> <tr> <td>L01BB02</td> <td>immuno_type__l01bb02</td> <td>Mercaptopurine (6-MP)</td> </tr> <tr> <td>L04AA33</td> <td>immuno_type__l04aa33</td> <td>Vedolizumab</td> </tr> <tr> <td>L01BA01</td> <td>immuno_type__l01ba01</td> <td>Methotrexate</td> </tr> <tr> <td>L01AA01</td> <td>immuno_type__l01aa01</td> <td>Cyclophosphamide</td> </tr> <tr> <td>L04AB04</td> <td>immuno_type__l04ab04</td> <td>Adalimumab</td> </tr> <tr> <td>L01XE18</td> <td>immuno_type__l01xe18</td> <td>Ruxolitinib (Jakafi)</td> </tr> <tr> <td>L01XE57</td> <td>immuno_type__l01xe57</td> <td>Fedratinib (Inrebic)</td> </tr> <tr> <td>OTH</td> <td>immuno_type__oth</td> <td>Other</td> </tr> <tr> <td>UNK</td> <td>immuno_type__unk</td> <td>Unknown</td> </tr> </table> Field Annotation: Terminologies: ATC | L04AD01 | immuno_type__l04ad01 | Cyclosporine | L04AD02 | immuno_type__l04ad02 | Tacrolimus (Prograf) | L04AA10 | immuno_type__l04aa10 | Silrolimus | L04AA18 | immuno_type__l04aa18 | Everolimus | L04AX01 | immuno_type__l04ax01 | Azathioprine (Imuran) | L04AA06 | immuno_type__l04aa06 | Mycophenolate mofetil (CellCept) | L01BB02 | immuno_type__l01bb02 | Mercaptopurine (6-MP) | L04AA33 | immuno_type__l04aa33 | Vedolizumab | L01BA01 | immuno_type__l01ba01 | Methotrexate | L01AA01 | immuno_type__l01aa01 | Cyclophosphamide | L04AB04 | immuno_type__l04ab04 | Adalimumab | L01XE18 | immuno_type__l01xe18 | Ruxolitinib (Jakafi) | L01XE57 | immuno_type__l01xe57 | Fedratinib (Inrebic) | OTH | immuno_type__oth | Other | UNK | immuno_type__unk | Unknown |
| L04AD01 | immuno_type__l04ad01 | Cyclosporine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AD02 | immuno_type__l04ad02 | Tacrolimus (Prograf) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AA10 | immuno_type__l04aa10 | Silrolimus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AA18 | immuno_type__l04aa18 | Everolimus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AX01 | immuno_type__l04ax01 | Azathioprine (Imuran) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AA06 | immuno_type__l04aa06 | Mycophenolate mofetil (CellCept) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L01BB02 | immuno_type__l01bb02 | Mercaptopurine (6-MP) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AA33 | immuno_type__l04aa33 | Vedolizumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L01BA01 | immuno_type__l01ba01 | Methotrexate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L01AA01 | immuno_type__l01aa01 | Cyclophosphamide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AB04 | immuno_type__l04ab04 | Adalimumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L01XE18 | immuno_type__l01xe18 | Ruxolitinib (Jakafi) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L01XE57 | immuno_type__l01xe57 | Fedratinib (Inrebic) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | immuno_type__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | immuno_type__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Show the field ONLY if: [concomitant_meds(N02BA)] = '1' | Aspirin dosing | radio <table border="1"> <tr> <td>262459003</td> <td>Low dose (less than 200 mg/day)</td> </tr> <tr> <td>261829003</td> <td>Full dose</td> </tr> <tr> <td>261665006</td> <td>Unknown</td> </tr> </table> Field Annotation: Terminology: SNOMED | 262459003 | Low dose (less than 200 mg/day) | 261829003 | Full dose | 261665006 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 262459003 | Low dose (less than 200 mg/day) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 261829003 | Full dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 261665006 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54 | bl_anticoag_type Show the field ONLY if: [concomitant_meds(B01A)] = '1' | Which anticoagulants were used? Check all that apply. | checkbox <table border="1"> <tr> <td>B01AA</td> <td>bl_anticoag_type__b01aa</td> <td>Vitamin K antagonists (e.g., warfarin)</td> </tr> <tr> <td>B01AB</td> <td>bl_anticoag_type__b01ab</td> <td>Low-molecular weight heparin (e.g., enoxaparin [Lovenox])</td> </tr> <tr> <td>B01AB01</td> <td>bl_anticoag_type__b01ab01</td> <td>Unfractionated heparin</td> </tr> <tr> <td>B01AE</td> <td>bl_anticoag_type__b01ae</td> <td>Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa])</td> </tr> <tr> <td>B01AF</td> <td>bl_anticoag_type__b01af</td> <td>Direct factor Xa inhibitors (e.g., apixaban [Eliquis], rivaroxaban [Xarelto])</td> </tr> <tr> <td>B01AX05</td> <td>bl_anticoag_type__b01ax05</td> <td>Fondaparinux</td> </tr> <tr> <td>UNK</td> <td>bl_anticoag_type__unk</td> <td>Unknown</td> </tr> <tr> <td>OTH</td> <td>bl_anticoag_type__oth</td> <td>Other</td> </tr> </table> Field Annotation: Terminology: ATC | B01AA | bl_anticoag_type__b01aa | Vitamin K antagonists (e.g., warfarin) | B01AB | bl_anticoag_type__b01ab | Low-molecular weight heparin (e.g., enoxaparin [Lovenox]) | B01AB01 | bl_anticoag_type__b01ab01 | Unfractionated heparin | B01AE | bl_anticoag_type__b01ae | Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa]) | B01AF | bl_anticoag_type__b01af | Direct factor Xa inhibitors (e.g., apixaban [Eliquis], rivaroxaban [Xarelto]) | B01AX05 | bl_anticoag_type__b01ax05 | Fondaparinux | UNK | bl_anticoag_type__unk | Unknown | OTH | bl_anticoag_type__oth | Other | | | | | | | | | | | | | | | | | | | | | |
| B01AA | bl_anticoag_type__b01aa | Vitamin K antagonists (e.g., warfarin) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AB | bl_anticoag_type__b01ab | Low-molecular weight heparin (e.g., enoxaparin [Lovenox]) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AB01 | bl_anticoag_type__b01ab01 | Unfractionated heparin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AE | bl_anticoag_type__b01ae | Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa]) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AF | bl_anticoag_type__b01af | Direct factor Xa inhibitors (e.g., apixaban [Eliquis], rivaroxaban [Xarelto]) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AX05 | bl_anticoag_type__b01ax05 | Fondaparinux | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | bl_anticoag_type__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | bl_anticoag_type__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55 | bl_anticoag_reason Show the field ONLY if: [concomitant_meds(B01A)] = '1' | Why were anticoagulants being used? | radio <table border="1"> <tr> <td>360271000</td> <td>Prophylaxis</td> </tr> <tr> <td>262202000</td> <td>Therapeutic dosing</td> </tr> <tr> <td>261665006</td> <td>Unknown</td> </tr> </table> Field Annotation: Terminology: SNOMED | 360271000 | Prophylaxis | 262202000 | Therapeutic dosing | 261665006 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 360271000 | Prophylaxis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 262202000 | Therapeutic dosing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 261665006 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----------------|--|--|---|-----------------|----|----|--|----|--|-----|---------------------------|-----|--------------------------------------|----|---|----|-------------------------------------|----|----------------------------------|----|-------|----|---------|
| 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 | | | | | | | | | | | | | | | | | | | | |
| 58 | gcsf | Did the patient receive G-CSF within two weeks of the COVID-19 diagnosis? | <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes, Prophylactic G-CSF use (within 1-3 days of completion of chemo)</td> </tr> <tr> <td>2</td> <td>Yes, Therapeutic G-CSF use (later than 1-3 days after chemo or during a neutropenic hospitalization)</td> </tr> <tr> <td>OTH</td> <td>Other</td> </tr> <tr> <td>UNK</td> <td>Unknown</td> </tr> </table> | 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 | | | | | | | | | | |
| 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? | <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | |
| 62 | sars_vax_which Show the field ONLY if: [sars_vax] = '1' | Which of the following SARS-CoV-2 vaccines did the patient receive? | <table border="1"> <tr> <td colspan="2">radio, Required</td> </tr> <tr> <td>1a</td> <td>AstraZeneca vaccine (one dose only)</td> </tr> <tr> <td>1b</td> <td>AstraZeneca vaccine (both doses)</td> </tr> <tr> <td>4</td> <td>Johnson & Johnson vaccine</td> </tr> <tr> <td>2a</td> <td>Moderna mRNA vaccine (one dose only)</td> </tr> <tr> <td>2b</td> <td>Moderna mRNA vaccine (both doses)</td> </tr> <tr> <td>3a</td> <td>Pfizer mRNA vaccine (one dose only)</td> </tr> <tr> <td>3b</td> <td>Pfizer mRNA vaccine (both doses)</td> </tr> <tr> <td>88</td> <td>Other</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | radio, Required | | 1a | AstraZeneca vaccine (one dose only) | 1b | AstraZeneca vaccine (both doses) | 4 | Johnson & Johnson vaccine | 2a | Moderna mRNA vaccine (one dose only) | 2b | Moderna mRNA vaccine (both doses) | 3a | Pfizer mRNA vaccine (one dose only) | 3b | Pfizer mRNA vaccine (both doses) | 88 | Other | 99 | Unknown |
| radio, Required | | | | | | | | | | | | | | | | | | | | | | | |
| 1a | AstraZeneca vaccine (one dose only) | | | | | | | | | | | | | | | | | | | | | | |
| 1b | AstraZeneca vaccine (both doses) | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Johnson & Johnson vaccine | | | | | | | | | | | | | | | | | | | | | | |
| 2a | Moderna mRNA vaccine (one dose only) | | | | | | | | | | | | | | | | | | | | | | |
| 2b | Moderna mRNA vaccine (both doses) | | | | | | | | | | | | | | | | | | | | | | |
| 3a | 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: [sars_vax_which] = '88' | 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 year. | notes | | | | | | | | | | | | | | | | | | | | |
| 64 | sars_vax_when Show the field ONLY if: [sars_vax] = '1' | How long after the FIRST dose of vaccine was COVID-19 diagnosed? | <table border="1"> <tr> <td colspan="2">radio, Required</td> </tr> <tr> <td>1</td> <td>Less than 4 weeks</td> </tr> <tr> <td>2</td> <td>4 to 8 weeks</td> </tr> <tr> <td>3</td> <td>8 to 12 weeks</td> </tr> <tr> <td>4</td> <td>More than 12 weeks</td> </tr> <tr> <td>88</td> <td>N/A - patient was vaccinated AFTER the COVID-19 diagnosis</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | radio, Required | | 1 | Less than 4 weeks | 2 | 4 to 8 weeks | 3 | 8 to 12 weeks | 4 | More than 12 weeks | 88 | N/A - patient was vaccinated AFTER the COVID-19 diagnosis | 99 | Unknown | | | | | | |
| radio, Required | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Less than 4 weeks | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 4 to 8 weeks | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 8 to 12 weeks | | | | | | | | | | | | | | | | | | | | | | |
| 4 | More than 12 weeks | | | | | | | | | | | | | | | | | | | | | | |
| 88 | N/A - patient was vaccinated AFTER the COVID-19 diagnosis | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | |
| 65 | influenza_vax | Did the patient have an influenza vaccine in the season which they contracted SARS-CoV-2? | <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | |
| 66 | bcg_vax | Has the patient ever had a BCG vaccine? | <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | |

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|-----------|--------------------------------------|---|---|-----------|-------------------------------------|-------------------|----------|-------------------------------------|----------|----------|-------------------------------------|-----------|-----------|--------------------------------------|--------|----------|-------------------------------------|----------------|----------|-------------------------------------|-------------------|----------|-------------------------------------|-------------------|-----------|--------------------------------------|---------------|----------|-------------------------------------|----------------|----------|-------------------------------------|--------------|----------|-------------------------------------|----------------|----------|-------------------------------------|-------------------------------|----------|-------------------------------------|---|-----------|--------------------------------------|----------------|----------|-------------------------------------|---------------------|-----------|--------------------------------------|---------------------------------------|-----------|--------------------------------------|-----------------------------|----------|-------------------------------------|--------------------|-----------|--------------------------------------|----------------------------|----------|-------------------------------------|---------------|-----------|--------------------------------------|------------------------------|----------|-------------------------------------|--------------------------------|-----------|--------------------------------------|-------------------|-----------|--------------------------------------|---------------|----------|-------------------------------------|-----------|-------|----------------------------------|--------------------|----------|-------------------------------------|----------|---------|------------------------------------|------------|----------|-------------------------------------|----------|
| 67 | blood_type | Patient ABO blood type | <div>radio</div> <table border="1"> <tr><td>A</td><td>A</td></tr> <tr><td>B</td><td>B</td></tr> <tr><td>AB</td><td>AB</td></tr> <tr><td>O</td><td>O</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> <div>Field Annotation: SNOMED: 112143006</div> | A | A | B | B | AB | AB | O | O | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AB | AB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O | O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 68 | blood_type_rh | Patient RH blood type | <div>radio</div> <table border="1"> <tr><td>165747007</td><td>Rh+</td></tr> <tr><td>165746003</td><td>Rh-</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> <div>Field Annotation: SNOMED: 115758001</div> | 165747007 | Rh+ | 165746003 | Rh- | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 165747007 | Rh+ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 165746003 | Rh- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 69 | comorbid_header | Comorbidities In this section, please report on any pre-existing conditions other than cancer that were present prior to the COVID-19 illness. | descriptive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | significant_comorbidities | Significant comorbidities (other than cancer). Check all that apply. If you do not know specific diagnoses, ok to choose the "NOS" categories (e.g., Pulmonary disease, NOS). Immune suppression is defined as outpatient use of prednisone (10mg/d or greater), use of chemotherapy, use of nonsteroidal immunosuppressive agents for solid organ transplant or for an autoimmune disease. | <div>checkbox</div> <table border="1"> <tr><td>38013005</td><td>significant_comorbidities__38013005</td><td>Immune deficiency</td></tr> <tr><td>62479008</td><td>significant_comorbidities__62479008</td><td>HIV +/-A</td></tr> <tr><td>19829001</td><td>significant_comorbidities__19829001</td><td>Pulmonary</td></tr> <tr><td>195967001</td><td>significant_comorbidities__195967001</td><td>Asthma</td></tr> <tr><td>13645005</td><td>significant_comorbidities__13645005</td><td>COPD/Emphysema</td></tr> <tr><td>78275009</td><td>significant_comorbidities__78275009</td><td>Obstructive (OSA)</td></tr> <tr><td>84004001</td><td>significant_comorbidities__84004001</td><td>Radiation therapy</td></tr> <tr><td>427046006</td><td>significant_comorbidities__427046006</td><td>ICU pneumonia</td></tr> <tr><td>56265001</td><td>significant_comorbidities__56265001</td><td>Cardiovascular</td></tr> <tr><td>38341003</td><td>significant_comorbidities__38341003</td><td>Hypertension</td></tr> <tr><td>55822004</td><td>significant_comorbidities__55822004</td><td>Hyperlipidemia</td></tr> <tr><td>53741008</td><td>significant_comorbidities__53741008</td><td>Coronary artery disease (CAD)</td></tr> <tr><td>42343007</td><td>significant_comorbidities__42343007</td><td>Congestive heart failure (CHF) including HF with reduced EF (HFrEF)</td></tr> <tr><td>698247007</td><td>significant_comorbidities__698247007</td><td>Cardiac arrest</td></tr> <tr><td>49436004</td><td>significant_comorbidities__49436004</td><td>Atrial fibrillation</td></tr> <tr><td>400047006</td><td>significant_comorbidities__400047006</td><td>Peripheral vascular disease (PVD)/PAD</td></tr> <tr><td>275526006</td><td>significant_comorbidities__275526006</td><td>History of fall or accident</td></tr> <tr><td>59282003</td><td>significant_comorbidities__59282003</td><td>Pulmonary embolism</td></tr> <tr><td>128053003</td><td>significant_comorbidities__128053003</td><td>Deep vein thrombosis (DVT)</td></tr> <tr><td>90708001</td><td>significant_comorbidities__90708001</td><td>Renal disease</td></tr> <tr><td>723190009</td><td>significant_comorbidities__723190009</td><td>Chronic kidney disease (CKD)</td></tr> <tr><td>46177005</td><td>significant_comorbidities__46177005</td><td>End-stage renal disease (ESRD)</td></tr> <tr><td>236435004</td><td>significant_comorbidities__236435004</td><td>ESRD, on dialysis</td></tr> <tr><td>235856003</td><td>significant_comorbidities__235856003</td><td>Liver disease</td></tr> <tr><td>19943007</td><td>significant_comorbidities__19943007</td><td>Cirrhosis</td></tr> <tr><td>OTH-x</td><td>significant_comorbidities__oth_x</td><td>Other organ system</td></tr> <tr><td>52448006</td><td>significant_comorbidities__52448006</td><td>Dementia</td></tr> <tr><td>7200002</td><td>significant_comorbidities__7200002</td><td>Alcoholism</td></tr> <tr><td>73211009</td><td>significant_comorbidities__73211009</td><td>Diabetes</td></tr> </table> | 38013005 | significant_comorbidities__38013005 | Immune deficiency | 62479008 | significant_comorbidities__62479008 | HIV +/-A | 19829001 | significant_comorbidities__19829001 | Pulmonary | 195967001 | significant_comorbidities__195967001 | Asthma | 13645005 | significant_comorbidities__13645005 | COPD/Emphysema | 78275009 | significant_comorbidities__78275009 | Obstructive (OSA) | 84004001 | significant_comorbidities__84004001 | Radiation therapy | 427046006 | significant_comorbidities__427046006 | ICU pneumonia | 56265001 | significant_comorbidities__56265001 | Cardiovascular | 38341003 | significant_comorbidities__38341003 | Hypertension | 55822004 | significant_comorbidities__55822004 | Hyperlipidemia | 53741008 | significant_comorbidities__53741008 | Coronary artery disease (CAD) | 42343007 | significant_comorbidities__42343007 | Congestive heart failure (CHF) including HF with reduced EF (HFrEF) | 698247007 | significant_comorbidities__698247007 | Cardiac arrest | 49436004 | significant_comorbidities__49436004 | Atrial fibrillation | 400047006 | significant_comorbidities__400047006 | Peripheral vascular disease (PVD)/PAD | 275526006 | significant_comorbidities__275526006 | History of fall or accident | 59282003 | significant_comorbidities__59282003 | Pulmonary embolism | 128053003 | significant_comorbidities__128053003 | Deep vein thrombosis (DVT) | 90708001 | significant_comorbidities__90708001 | Renal disease | 723190009 | significant_comorbidities__723190009 | Chronic kidney disease (CKD) | 46177005 | significant_comorbidities__46177005 | End-stage renal disease (ESRD) | 236435004 | significant_comorbidities__236435004 | ESRD, on dialysis | 235856003 | significant_comorbidities__235856003 | Liver disease | 19943007 | significant_comorbidities__19943007 | Cirrhosis | OTH-x | significant_comorbidities__oth_x | Other organ system | 52448006 | significant_comorbidities__52448006 | Dementia | 7200002 | significant_comorbidities__7200002 | Alcoholism | 73211009 | significant_comorbidities__73211009 | Diabetes |
| 38013005 | significant_comorbidities__38013005 | Immune deficiency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62479008 | significant_comorbidities__62479008 | HIV +/-A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19829001 | significant_comorbidities__19829001 | Pulmonary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 195967001 | significant_comorbidities__195967001 | Asthma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13645005 | significant_comorbidities__13645005 | COPD/Emphysema | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 78275009 | significant_comorbidities__78275009 | Obstructive (OSA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 84004001 | significant_comorbidities__84004001 | Radiation therapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 427046006 | significant_comorbidities__427046006 | ICU pneumonia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 56265001 | significant_comorbidities__56265001 | Cardiovascular | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38341003 | significant_comorbidities__38341003 | Hypertension | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55822004 | significant_comorbidities__55822004 | Hyperlipidemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53741008 | significant_comorbidities__53741008 | Coronary artery disease (CAD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42343007 | significant_comorbidities__42343007 | Congestive heart failure (CHF) including HF with reduced EF (HFrEF) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 698247007 | significant_comorbidities__698247007 | Cardiac arrest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49436004 | significant_comorbidities__49436004 | Atrial fibrillation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 400047006 | significant_comorbidities__400047006 | Peripheral vascular disease (PVD)/PAD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 275526006 | significant_comorbidities__275526006 | History of fall or accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59282003 | significant_comorbidities__59282003 | Pulmonary embolism | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128053003 | significant_comorbidities__128053003 | Deep vein thrombosis (DVT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90708001 | significant_comorbidities__90708001 | Renal disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 723190009 | significant_comorbidities__723190009 | Chronic kidney disease (CKD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46177005 | significant_comorbidities__46177005 | End-stage renal disease (ESRD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 236435004 | significant_comorbidities__236435004 | ESRD, on dialysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 235856003 | significant_comorbidities__235856003 | Liver disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19943007 | significant_comorbidities__19943007 | Cirrhosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH-x | significant_comorbidities__oth_x | Other organ system | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52448006 | significant_comorbidities__52448006 | Dementia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7200002 | significant_comorbidities__7200002 | Alcoholism | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 73211009 | significant_comorbidities__73211009 | Diabetes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----------|---|--|---|-----------|---|-------------------|--|--------------------------------------|----------|-----------|--------------------------------------|---------|-----------|--------------------------------------|-----------------------------------|-----------|--------------------------------------|----------|----------|-------------------------------------|-------------------|----------|-------------------------------------|--------------------|-----------|--------------------------------------|------------------------------------|-----------|--------------------------------------|-----------------------|-----|--------------------------------|-------|-----|--------------------------------|--------|------|---------------------------------|------|
| | | | <table><tr><td>190388001</td><td>significant_comorbidities__190388001</td><td>Diabetes complica</td></tr><tr><td>237602007</td><td>significant_comorbidities__237602007</td><td>Metaboli</td></tr><tr><td>414916001</td><td>significant_comorbidities__414916001</td><td>Obesity</td></tr><tr><td>238136002</td><td>significant_comorbidities__238136002</td><td>Morbid c BMI > 35 related h</td></tr><tr><td>444316004</td><td>significant_comorbidities__444316004</td><td>Seasonal</td></tr><tr><td>24526004</td><td>significant_comorbidities__24526004</td><td>Inflamma (IBD)</td></tr><tr><td>85828009</td><td>significant_comorbidities__85828009</td><td>Rheumat disease</td></tr><tr><td>234336002</td><td>significant_comorbidities__234336002</td><td>History o transpar stem cell</td></tr><tr><td>313039003</td><td>significant_comorbidities__313039003</td><td>History o transpar</td></tr><tr><td>OTH</td><td>significant_comorbidities__oth</td><td>Other</td></tr><tr><td>UNK</td><td>significant_comorbidities__unk</td><td>Unknow</td></tr><tr><td>NONE</td><td>significant_comorbidities__none</td><td>None</td></tr></table> <p>Field Annotation: Terminology: SNOMED @NONEOFTHEABOVE='NONE'</p> | 190388001 | significant_comorbidities__190388001 | Diabetes complica | 237602007 | significant_comorbidities__237602007 | Metaboli | 414916001 | significant_comorbidities__414916001 | Obesity | 238136002 | significant_comorbidities__238136002 | Morbid c BMI > 35 related h | 444316004 | significant_comorbidities__444316004 | Seasonal | 24526004 | significant_comorbidities__24526004 | Inflamma (IBD) | 85828009 | significant_comorbidities__85828009 | Rheumat disease | 234336002 | significant_comorbidities__234336002 | History o transpar stem cell | 313039003 | significant_comorbidities__313039003 | History o transpar | OTH | significant_comorbidities__oth | Other | UNK | significant_comorbidities__unk | Unknow | NONE | significant_comorbidities__none | None |
| 190388001 | significant_comorbidities__190388001 | Diabetes complica | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 237602007 | significant_comorbidities__237602007 | Metaboli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 414916001 | significant_comorbidities__414916001 | Obesity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 238136002 | significant_comorbidities__238136002 | Morbid c BMI > 35 related h | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 444316004 | significant_comorbidities__444316004 | Seasonal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24526004 | significant_comorbidities__24526004 | Inflamma (IBD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85828009 | significant_comorbidities__85828009 | Rheumat disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 234336002 | significant_comorbidities__234336002 | History o transpar stem cell | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 313039003 | significant_comorbidities__313039003 | History o transpar | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | significant_comorbidities__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | significant_comorbidities__unk | Unknow | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | significant_comorbidities__none | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 71 | hiv_cd4 Show the field ONLY if: [significant_comorbidities(62479008)] = '1' | What is the patient's CD4+ T-cell count? | text (number, Min: 0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72 | hiv_vl Show the field ONLY if: [significant_comorbidities(62479008)] = '1' | What is the patient's viral load, in copies/mL? | text (number, Min: 0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 73 | ibd Show the field ONLY if: [significant_comorbidities(24526004)] = '1' | Please consider reporting this patient to the Secure-IBD Registry as well. | descriptive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <table><tr><td>1</td><td>Yes, patient requires chronic supplemental O2</td></tr><tr><td>0</td><td>No, patient does not require supplemental O2</td></tr><tr><td>99</td><td>Unknown</td></tr></table> | 1 | Yes, patient requires chronic supplemental O2 | 0 | No, patient does not require supplemental O2 | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes, patient requires chronic supplemental O2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No, patient does not require supplemental O2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 76 | comorbid_no | Number of comorbid conditions requiring active therapy. | radio <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr><tr><td>99</td><td>Unknown</td></tr></table> | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 or more | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 or more | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <i>Free text entry (optional)</i> 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: <i>Form Status</i> Complete? | dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table> | 0 | Incomplete | 1 | Unverified | 2 | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Incomplete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Unverified | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Instrument: COVID-19 details (covid19_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 Why did the patient come to be evaluated for SARS-CoV-2 or COVID-19? | radio <table><tr><td>1</td><td colspan="2">Symptoms</td></tr><tr><td>2</td><td colspan="2">Screening prior to a procedure</td></tr><tr><td>3</td><td colspan="2">Screening prior to a systemic anti-cancer treatment</td></tr><tr><td>4</td><td colspan="2">Screening due to a high-risk situation (e.g., known exposure)</td></tr><tr><td>OTH</td><td colspan="2">Other</td></tr><tr><td>UNK</td><td colspan="2">Unknown</td></tr></table> Field Annotation: @HIDDEN DEPRECATED | 1 | Symptoms | | 2 | Screening prior to a procedure | | 3 | Screening prior to a systemic anti-cancer treatment | | 4 | Screening due to a high-risk situation (e.g., known exposure) | | OTH | Other | | UNK | Unknown | | | | |
| 1 | Symptoms | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Screening prior to a procedure | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Screening prior to a systemic anti-cancer treatment | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Screening due to a high-risk situation (e.g., known exposure) | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | Other | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | Unknown | | | | | | | | | | | | | | | | | | | | | | | |
| 82 | c19_workup_why_2 | Why did the patient come to be evaluated for SARS-CoV-2 or COVID-19? Check all that apply. | checkbox, Required <table><tr><td>1</td><td>c19_workup_why_2__1</td><td>Symptoms</td></tr><tr><td>2</td><td>c19_workup_why_2__2</td><td>Screening prior to a procedure</td></tr><tr><td>3</td><td>c19_workup_why_2__3</td><td>Screening prior to a systemic anti-cancer treatment</td></tr><tr><td>4</td><td>c19_workup_why_2__4</td><td>Screening due to a high-risk situation (e.g., known exposure)</td></tr><tr><td>5</td><td>c19_workup_why_2__5</td><td>Screening required for public health reasons (e.g., prior to nursing home placement)</td></tr><tr><td>OTH</td><td>c19_workup_why_2__oth</td><td>Other</td></tr><tr><td>UNK</td><td>c19_workup_why_2__unk</td><td>Unknown</td></tr></table> | 1 | c19_workup_why_2__1 | Symptoms | 2 | c19_workup_why_2__2 | Screening prior to a procedure | 3 | c19_workup_why_2__3 | Screening prior to a systemic anti-cancer treatment | 4 | c19_workup_why_2__4 | Screening due to a high-risk situation (e.g., known exposure) | 5 | c19_workup_why_2__5 | Screening required for public health reasons (e.g., prior to nursing home placement) | OTH | c19_workup_why_2__oth | Other | UNK | c19_workup_why_2__unk | Unknown |
| 1 | c19_workup_why_2__1 | Symptoms | | | | | | | | | | | | | | | | | | | | | | |
| 2 | c19_workup_why_2__2 | Screening prior to a procedure | | | | | | | | | | | | | | | | | | | | | | |
| 3 | c19_workup_why_2__3 | Screening prior to a systemic anti-cancer treatment | | | | | | | | | | | | | | | | | | | | | | |
| 4 | c19_workup_why_2__4 | Screening due to a high-risk situation (e.g., known exposure) | | | | | | | | | | | | | | | | | | | | | | |
| 5 | c19_workup_why_2__5 | Screening required for public health reasons (e.g., prior to nursing home placement) | | | | | | | | | | | | | | | | | | | | | | |
| OTH | c19_workup_why_2__oth | Other | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_workup_why_2__unk | 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 presentation? Check all that apply. | <div>checkbox, Required</div> <table border="1"> <tr><td>367391008</td><td>symptoms__367391008</td><td>Fatigue/Malaise</td></tr> <tr><td>386661006</td><td>symptoms__386661006</td><td>Fever</td></tr> <tr><td>49727002</td><td>symptoms__49727002</td><td>Cough</td></tr> <tr><td>248595008</td><td>symptoms__248595008</td><td>Productive cough (with sputum)</td></tr> <tr><td>267036007</td><td>symptoms__267036007</td><td>Dyspnea (SOB/DOE)</td></tr> <tr><td>68962001</td><td>symptoms__68962001</td><td>Myalgias (muscle pains, body aches)</td></tr> <tr><td>57676002</td><td>symptoms__57676002</td><td>Arthralgias (joint pains)</td></tr> <tr><td>162397003</td><td>symptoms__162397003</td><td>Sore throat</td></tr> <tr><td>25064002</td><td>symptoms__25064002</td><td>Headache</td></tr> <tr><td>419284004</td><td>symptoms__419284004</td><td>Altered mental status (AMS)</td></tr> <tr><td>44169009</td><td>symptoms__44169009</td><td>Loss of sense of smell (anosmia)</td></tr> <tr><td>36955009</td><td>symptoms__36955009</td><td>Loss of taste (ageusia)</td></tr> <tr><td>64531003</td><td>symptoms__64531003</td><td>Rhinorrhea (runny nose)</td></tr> <tr><td>422587007</td><td>symptoms__422587007</td><td>Nausea</td></tr> <tr><td>272044004</td><td>symptoms__272044004</td><td>Vomiting</td></tr> <tr><td>62315008</td><td>symptoms__62315008</td><td>Diarrhea</td></tr> <tr><td>43364001</td><td>symptoms__43364001</td><td>Abdominal discomfort (other than frank abdominal pain)</td></tr> <tr><td>21522001</td><td>symptoms__21522001</td><td>Abdominal pain</td></tr> <tr><td>166643006</td><td>symptoms__166643006</td><td>LFT abnormalities</td></tr> <tr><td>301095005</td><td>symptoms__301095005</td><td>Cardiac involvement</td></tr> <tr><td>9826008</td><td>symptoms__9826008</td><td>Conjunctivitis</td></tr> <tr><td>OTH</td><td>symptoms__oth</td><td>Other</td></tr> <tr><td>84387000</td><td>symptoms__84387000</td><td>None (patient was asymptomatic)</td></tr> <tr><td>UNK</td><td>symptoms__unk</td><td>Unknown</td></tr> </table> <div>Field Annotation: Terminology: SNOMED @NONEOFTHEABOVE='84387000'</div> | 367391008 | symptoms__367391008 | Fatigue/Malaise | 386661006 | symptoms__386661006 | Fever | 49727002 | symptoms__49727002 | Cough | 248595008 | symptoms__248595008 | Productive cough (with sputum) | 267036007 | symptoms__267036007 | Dyspnea (SOB/DOE) | 68962001 | symptoms__68962001 | Myalgias (muscle pains, body aches) | 57676002 | symptoms__57676002 | Arthralgias (joint pains) | 162397003 | symptoms__162397003 | Sore throat | 25064002 | symptoms__25064002 | Headache | 419284004 | symptoms__419284004 | Altered mental status (AMS) | 44169009 | symptoms__44169009 | Loss of sense of smell (anosmia) | 36955009 | symptoms__36955009 | Loss of taste (ageusia) | 64531003 | symptoms__64531003 | Rhinorrhea (runny nose) | 422587007 | symptoms__422587007 | Nausea | 272044004 | symptoms__272044004 | Vomiting | 62315008 | symptoms__62315008 | Diarrhea | 43364001 | symptoms__43364001 | Abdominal discomfort (other than frank abdominal pain) | 21522001 | symptoms__21522001 | Abdominal pain | 166643006 | symptoms__166643006 | LFT abnormalities | 301095005 | symptoms__301095005 | Cardiac involvement | 9826008 | symptoms__9826008 | Conjunctivitis | OTH | symptoms__oth | Other | 84387000 | symptoms__84387000 | None (patient was asymptomatic) | UNK | symptoms__unk | Unknown |
| 367391008 | symptoms__367391008 | Fatigue/Malaise | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 386661006 | symptoms__386661006 | Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49727002 | symptoms__49727002 | Cough | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 248595008 | symptoms__248595008 | Productive cough (with sputum) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 267036007 | symptoms__267036007 | Dyspnea (SOB/DOE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 68962001 | symptoms__68962001 | Myalgias (muscle pains, body aches) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57676002 | symptoms__57676002 | Arthralgias (joint pains) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 162397003 | symptoms__162397003 | Sore throat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25064002 | symptoms__25064002 | Headache | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 419284004 | symptoms__419284004 | Altered mental status (AMS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44169009 | symptoms__44169009 | Loss of sense of smell (anosmia) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36955009 | symptoms__36955009 | Loss of taste (ageusia) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64531003 | symptoms__64531003 | Rhinorrhea (runny nose) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 422587007 | symptoms__422587007 | Nausea | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 272044004 | symptoms__272044004 | Vomiting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62315008 | symptoms__62315008 | Diarrhea | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43364001 | symptoms__43364001 | Abdominal discomfort (other than frank abdominal pain) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21522001 | symptoms__21522001 | Abdominal pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 166643006 | symptoms__166643006 | LFT abnormalities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 301095005 | symptoms__301095005 | Cardiac involvement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9826008 | symptoms__9826008 | Conjunctivitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | symptoms__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 84387000 | symptoms__84387000 | None (patient was asymptomatic) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | symptoms__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85 | symptoms_oth_specify Show the field ONLY if: [symptoms(OTH)] = '1' | Please specify other symptoms. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 86 | symptoms_none_why Show the field ONLY if: [symptoms(84387000)] = '1' | Was the patient tested as part of a pre-treatment or pre-procedure screening program? | <div>radio</div> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 87 | covid_19_diagnosis | COVID-19 diagnosis Note: if the patient ever had a positive laboratory result, please choose "laboratory-confirmed". This should be checked 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, antibodies, or any other test that would be consistent with a current or prior SARS-CoV-2 infection. | <div>radio, Required</div> <table border="1"> <tr><td>1</td><td>Suspected based on symptoms</td></tr> <tr><td>11</td><td>Suspected based on contact with confirmed case</td></tr> <tr><td>2</td><td>Suspected based on CXR findings</td></tr> <tr><td>3</td><td>Suspected based on CT scan findings</td></tr> <tr><td>4</td><td>Laboratory-confirmed</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 1 | Suspected based on symptoms | 11 | Suspected based on contact with confirmed case | 2 | Suspected based on CXR findings | 3 | Suspected based on CT scan findings | 4 | Laboratory-confirmed | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Suspected based on symptoms | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Suspected based on contact with confirmed case | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Suspected based on CXR findings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Suspected based on CT scan findings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Laboratory-confirmed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----------|---|--|--|---------|------------------------------------|-----|--------------------------------------|----------------------------|---|---------|------------------------------------|-------------------------------------|-----------|------------------------------|-------|----------|-----------------------------|---------|
| 88 | covid_19_lab_type Show the field ONLY if: [covid_19_diagnosis] = '4' | What was the type of laboratory confirmation? Check all that apply | checkbox, Required <table border="1"> <tr> <td>94746-5</td> <td>covid_19_lab_type__94746_5</td> <td>PCR</td> </tr> <tr> <td>94558-4</td> <td>covid_19_lab_type__94558_4</td> <td>Antigen test (ELISA)</td> </tr> <tr> <td>94762-2</td> <td>covid_19_lab_type__94762_2</td> <td>Serology (antibodies to SARS-CoV-2)</td> </tr> <tr> <td>LA14698-7</td> <td>covid_19_lab_type__la14698_7</td> <td>Other</td> </tr> <tr> <td>LA4489-6</td> <td>covid_19_lab_type__la4489_6</td> <td>Unknown</td> </tr> </table> Field Annotation: Vocabulary: LOINC | 94746-5 | covid_19_lab_type__94746_5 | PCR | 94558-4 | covid_19_lab_type__94558_4 | Antigen test (ELISA) | 94762-2 | covid_19_lab_type__94762_2 | Serology (antibodies to SARS-CoV-2) | LA14698-7 | covid_19_lab_type__la14698_7 | Other | LA4489-6 | covid_19_lab_type__la4489_6 | Unknown |
| 94746-5 | covid_19_lab_type__94746_5 | PCR | | | | | | | | | | | | | | | | |
| 94558-4 | covid_19_lab_type__94558_4 | Antigen test (ELISA) | | | | | | | | | | | | | | | | |
| 94762-2 | covid_19_lab_type__94762_2 | Serology (antibodies to SARS-CoV-2) | | | | | | | | | | | | | | | | |
| LA14698-7 | covid_19_lab_type__la14698_7 | Other | | | | | | | | | | | | | | | | |
| LA4489-6 | covid_19_lab_type__la4489_6 | Unknown | | | | | | | | | | | | | | | | |
| 89 | covid_19_dx_imaging Show the field ONLY if: [covid_19_diagnosis] = '2' or [covid_19_diagnosis] = '3' | Please describe the imaging abnormalities. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | |
| 90 | neg_test Show the field ONLY if: [covid_19_diagnosis] = '1' or [covid_19_diagnosis] = '11' or [covid_19_diagnosis] = '2' or [covid_19_diagnosis] = '3' or [covid_19_diagnosis] = '99' | Did the patient have a negative laboratory test despite having symptoms or signs supportive of the COVID-19 diagnosis? | radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | Yes | 2 | No | 99 | Unknown | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | |
| 91 | covid_19_test_more Show the field ONLY if: [neg_test] = '1' or [covid_19_diagnosis] = '4' | Please provide additional details, including the type of COVID-19 test. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | |
| 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: <i>Initial Severity and Course of Illness</i> Initial severity of COVID-19 Note 1: this is probably the most important single piece of information that we are gathering, please try not to answer "unknown" if at all possible. Note 2: if hospitalization or ICU admission were indicated but the patient was not actually admitted, 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 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. | radio, Required <table border="1"> <tr> <td>1</td> <td>Mild (no hospitalization required)</td> </tr> <tr> <td>2</td> <td>Moderate (hospitalization indicated)</td> </tr> <tr> <td>3</td> <td>Severe (ICU admission indicated)</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | Mild (no hospitalization required) | 2 | Moderate (hospitalization indicated) | 3 | Severe (ICU admission indicated) | 99 | Unknown | | | | | | | |
| 1 | Mild (no hospitalization required) | | | | | | | | | | | | | | | | | |
| 2 | Moderate (hospitalization indicated) | | | | | | | | | | | | | | | | | |
| 3 | Severe (ICU admission indicated) | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | |
| 94 | cytokine_yn Show the field ONLY if: [severity_of_covid_19_v2] = '2' or [severity_of_covid_19_v2] = '3' | Did the patient experience a cytokine storm or cytokine release syndrome that was specifically documented in the patient's chart? | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | |
| 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 hospitalization and make a note in the comments about the other hospitalization(s). | radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes - admitted to floor</td> </tr> <tr> <td>2</td> <td>Yes - admitted to floor and then transferred to the ICU</td> </tr> <tr> <td>3</td> <td>Yes - admitted directly to the ICU</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes - admitted to floor | 2 | Yes - admitted to floor and then transferred to the ICU | 3 | Yes - admitted directly to the ICU | 99 | Unknown | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | |
| 1 | Yes - admitted to floor | | | | | | | | | | | | | | | | | |
| 2 | Yes - admitted to floor and then transferred to the ICU | | | | | | | | | | | | | | | | | |
| 3 | Yes - admitted directly to the ICU | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | |
| 96 | dx_hosp_interval Show the field ONLY if: [hosp_status] = '1' or [hosp_status] = '2' or [hosp_status] = '3' | How many days elapsed between the COVID-19 diagnosis and the first hospital admission? If the patient was hospitalized on the same day as their diagnosis, enter 0 here. If they were hospitalized before the 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. | text (integer) | | | | | | | | | | | | | | | |
| 97 | code_status_admit Show the field ONLY if: [hosp_status] = 1 or [hosp_status] = 2 or [hosp_status] = 3 | What was the patient's code status at the time of admission | radio <table border="1"> <tr> <td>1</td> <td>Full code</td> </tr> <tr> <td>2</td> <td>DNR only</td> </tr> <tr> <td>3</td> <td>DNI only</td> </tr> <tr> <td>4</td> <td>DNR/DNI</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | Full code | 2 | DNR only | 3 | DNI only | 4 | DNR/DNI | 99 | Unknown | | | | | |
| 1 | Full code | | | | | | | | | | | | | | | | | |
| 2 | DNR only | | | | | | | | | | | | | | | | | |
| 3 | DNI only | | | | | | | | | | | | | | | | | |
| 4 | DNR/DNI | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | |

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|-----|--|---|---|---|-------------------------------------|---|------------------------|----|-----------------------------|----|----------------|----|------------------------------------|----|------------------------------------|---|-----------------|---|-----------------|---|----------------------------|
| 98 | code_status_change Show the field ONLY if: [hosp_status] = 1 or [hosp_status] = 2 or [hosp_status] = 3 | Did the patient's code status change during the hospitalization? | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | |
| 99 | code_status_change_what Show the field ONLY if: [code_status_change] = 1 | What did the code status change to? | radio <table border="1"> <tr><td>1</td><td>Full code</td></tr> <tr><td>2</td><td>DNR only</td></tr> <tr><td>3</td><td>DNI only</td></tr> <tr><td>4</td><td>DNR/DNI</td></tr> <tr><td>88</td><td>Other</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 1 | Full code | 2 | DNR only | 3 | DNI only | 4 | DNR/DNI | 88 | Other | 99 | Unknown | | | | | | |
| 1 | Full code | | | | | | | | | | | | | | | | | | | | |
| 2 | DNR only | | | | | | | | | | | | | | | | | | | | |
| 3 | DNI only | | | | | | | | | | | | | | | | | | | | |
| 4 | DNR/DNI | | | | | | | | | | | | | | | | | | | | |
| 88 | Other | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | |
| 100 | code_status_change_why Show the field ONLY if: [code_status_change] = 1 | Briefly describe why the code status was changed. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | | | | |
| 101 | palliative_yn Show the field ONLY if: [hosp_status] = 1 or [hosp_status] = 2 or [hosp_status] = 3 | Was a palliative care consultant or team involved in the care of the patient during this admission? | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | |
| 102 | hosp_los Show the field ONLY if: [hosp_status] = '1' | If known, how long was the length of stay, in days? If the patient is still hospitalized, enter 9999 here. | text (integer, Min: 1) | | | | | | | | | | | | | | | | | | |
| 103 | hosp_los_2 Show the field ONLY if: [hosp_status] = '2' | If known, how long was the length of stay prior to transfer to the ICU, in days? | text (integer, Min: 1) | | | | | | | | | | | | | | | | | | |
| 104 | icu_los Show the field ONLY if: [hosp_status] = '2' or [hosp_status] = '3' | If known, how long was the ICU length of stay, in days? If the patient is still in the ICU, enter 9999 here. | text (integer, Min: 1) | | | | | | | | | | | | | | | | | | |
| 105 | current_status Show the field ONLY if: [timing_of_report] = '1' | What is the patient's current location? | radio, Required <table border="1"> <tr><td>1</td><td>Outpatient - new COVID-19 diagnosis</td></tr> <tr><td>2</td><td>Outpatient - follow up</td></tr> <tr><td>3</td><td>ER - new COVID-19 diagnosis</td></tr> <tr><td>4</td><td>ER - Follow up</td></tr> <tr><td>5</td><td>Hospitalized (non-ICU) - new admit</td></tr> <tr><td>6</td><td>Hospitalized (non-ICU) - continued</td></tr> <tr><td>7</td><td>ICU - new admit</td></tr> <tr><td>8</td><td>ICU - continued</td></tr> <tr><td>9</td><td>None - patient is deceased</td></tr> </table> | 1 | Outpatient - new COVID-19 diagnosis | 2 | Outpatient - follow up | 3 | ER - new COVID-19 diagnosis | 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 |
| 1 | Outpatient - new COVID-19 diagnosis | | | | | | | | | | | | | | | | | | | | |
| 2 | Outpatient - follow up | | | | | | | | | | | | | | | | | | | | |
| 3 | ER - new COVID-19 diagnosis | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | |
| 106 | days_to_death_2 Show the field ONLY if: [current_status] = '9' | 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 | | | | | | | | | | | | | | | | | | |
| 107 | cause_of_death Show the field ONLY if: [current_status] = '9' | To the best of your knowledge, what was the proximal cause of death? | radio, Required <table border="1"> <tr><td>1</td><td>COVID-19</td></tr> <tr><td>2</td><td>Cancer</td></tr> <tr><td>3</td><td>Both</td></tr> <tr><td>88</td><td>Other</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 1 | COVID-19 | 2 | Cancer | 3 | Both | 88 | Other | 99 | Unknown | | | | | | | | |
| 1 | COVID-19 | | | | | | | | | | | | | | | | | | | | |
| 2 | Cancer | | | | | | | | | | | | | | | | | | | | |
| 3 | Both | | | | | | | | | | | | | | | | | | | | |
| 88 | Other | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | |
| 108 | deceased_reason Show the field ONLY if: [current_status] = '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 | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|---|--|---|-----------|--------------------------------------|--|-----------------|--------------------------------------|--|-----------|--------------------------------------|--|-----------------|--------------------------------------|---------------------------|-----------------|---------------------------------------|-------------------------|------|----------------------------------|-------|-----|---------------------------------|---------|
| 109 | c19_complications_systemic | <p>Section Header: <i>Complications</i></p> <p>Systemic complications occurring during the COVID-19 illness. Check all that apply. If there were no systemic complications, please check "None".</p> | <p>checkbox, Required</p> <table border="1"> <tr> <td>50960005</td> <td>c19_complications_systemic__50960005</td> <td>Bleed</td> </tr> <tr> <td>67406007</td> <td>c19_complications_systemic__67406007</td> <td>Disseminated intravascular coagulation (DIC)</td> </tr> <tr> <td>57653000</td> <td>c19_complications_systemic__57653000</td> <td>Multiple organ failure</td> </tr> <tr> <td>91302008</td> <td>c19_complications_systemic__91302008</td> <td>Sepsis</td> </tr> <tr> <td>238147009</td> <td>c19_complications_systemic__238147009</td> <td>Other</td> </tr> <tr> <td>NONE</td> <td>c19_complications_systemic__none</td> <td>None</td> </tr> <tr> <td>UNK</td> <td>c19_complications_systemic__unk</td> <td>Unknown</td> </tr> </table> <p>Field Annotation: Terminology: SNOMED @NONEOFTHEABOVE='NONE'</p> | 50960005 | c19_complications_systemic__50960005 | Bleed | 67406007 | c19_complications_systemic__67406007 | Disseminated intravascular coagulation (DIC) | 57653000 | c19_complications_systemic__57653000 | Multiple organ failure | 91302008 | c19_complications_systemic__91302008 | Sepsis | 238147009 | c19_complications_systemic__238147009 | Other | NONE | c19_complications_systemic__none | None | UNK | c19_complications_systemic__unk | Unknown |
| 50960005 | c19_complications_systemic__50960005 | Bleed | | | | | | | | | | | | | | | | | | | | | | |
| 67406007 | c19_complications_systemic__67406007 | Disseminated intravascular coagulation (DIC) | | | | | | | | | | | | | | | | | | | | | | |
| 57653000 | c19_complications_systemic__57653000 | Multiple organ failure | | | | | | | | | | | | | | | | | | | | | | |
| 91302008 | c19_complications_systemic__91302008 | Sepsis | | | | | | | | | | | | | | | | | | | | | | |
| 238147009 | c19_complications_systemic__238147009 | Other | | | | | | | | | | | | | | | | | | | | | | |
| NONE | c19_complications_systemic__none | None | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_complications_systemic__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | |
| 110 | <p>c19_bleeding</p> <p>Show the field ONLY if: [c19_complications_systemic(50960005)] = '1'</p> | Please specify the type of bleeding. Check all that apply. | <p>checkbox</p> <table border="1"> <tr> <td>112648003</td> <td>c19_bleeding__112648003</td> <td>Major bleeding (requiring multiple RBCs transfusions or ICU admit)</td> </tr> <tr> <td>73099002</td> <td>c19_bleeding__73099002</td> <td>Non-major but clinically relevant bleed</td> </tr> <tr> <td>127563002</td> <td>c19_bleeding__127563002</td> <td>Minor bleed (without transfusion need)</td> </tr> <tr> <td>230690007-Major</td> <td>c19_bleeding__230690007_major</td> <td>CNS hemorrhage, extensive</td> </tr> <tr> <td>230690007-Minor</td> <td>c19_bleeding__230690007_minor</td> <td>CNS hemorrhage, limited</td> </tr> <tr> <td>OTH</td> <td>c19_bleeding__oth</td> <td>Other</td> </tr> <tr> <td>UNK</td> <td>c19_bleeding__unk</td> <td>Unknown</td> </tr> </table> <p>Field Annotation: Terminology: SNOMED-modified</p> | 112648003 | c19_bleeding__112648003 | Major bleeding (requiring multiple RBCs transfusions or ICU admit) | 73099002 | c19_bleeding__73099002 | Non-major but clinically relevant bleed | 127563002 | c19_bleeding__127563002 | Minor bleed (without transfusion need) | 230690007-Major | c19_bleeding__230690007_major | CNS hemorrhage, extensive | 230690007-Minor | c19_bleeding__230690007_minor | CNS hemorrhage, limited | OTH | c19_bleeding__oth | Other | UNK | c19_bleeding__unk | Unknown |
| 112648003 | c19_bleeding__112648003 | Major bleeding (requiring multiple RBCs transfusions or ICU admit) | | | | | | | | | | | | | | | | | | | | | | |
| 73099002 | c19_bleeding__73099002 | Non-major but clinically relevant bleed | | | | | | | | | | | | | | | | | | | | | | |
| 127563002 | c19_bleeding__127563002 | Minor bleed (without transfusion need) | | | | | | | | | | | | | | | | | | | | | | |
| 230690007-Major | c19_bleeding__230690007_major | CNS hemorrhage, extensive | | | | | | | | | | | | | | | | | | | | | | |
| 230690007-Minor | c19_bleeding__230690007_minor | CNS hemorrhage, limited | | | | | | | | | | | | | | | | | | | | | | |
| OTH | c19_bleeding__oth | Other | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_bleeding__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | |
| 111 | <p>c19_bleeding_oth_specify</p> <p>Show the field ONLY if: [c19_bleeding(OTH)] = '1'</p> | 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 | <p>dic_certainty</p> <p>Show the field ONLY if: [c19_complications_systemic(67406007)] = '1'</p> | How definite was the DIC diagnosis? | <p>radio</p> <table border="1"> <tr> <td>1</td> <td>Definite</td> </tr> <tr> <td>2</td> <td>Suspected</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | Definite | 2 | Suspected | 99 | Unknown | | | | | | | | | | | | | | | |
| 1 | Definite | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Suspected | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | |
| 113 | <p>dic_treatment</p> <p>Show the field ONLY if: [c19_complications_systemic(67406007)] = '1'</p> | Which of the following were used to treat the DIC? | <p>radio</p> <table border="1"> <tr> <td>346447007</td> <td>Plasma (FFP)</td> </tr> <tr> <td>256401009</td> <td>Cryoprecipitate</td> </tr> <tr> <td>NONE</td> <td>None</td> </tr> <tr> <td>UNK</td> <td>Unknown</td> </tr> <tr> <td>OTH</td> <td>Other</td> </tr> </table> <p>Field Annotation: Terminology: SNOMED</p> | 346447007 | Plasma (FFP) | 256401009 | Cryoprecipitate | NONE | None | UNK | Unknown | OTH | Other | | | | | | | | | | | |
| 346447007 | Plasma (FFP) | | | | | | | | | | | | | | | | | | | | | | | |
| 256401009 | Cryoprecipitate | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | None | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | Unknown | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | Other | | | | | | | | | | | | | | | | | | | | | | | |
| 114 | <p>dic_more</p> <p>Show the field ONLY if: [c19_complications_systemic(67406007)] = '1'</p> | 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 | | | | | | | | | | | | | | | | | | | | | |
| 115 | <p>c19_comp_systemic_specify</p> <p>Show the field ONLY if: [c19_complications_systemic(238147009)] = '1'</p> | 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 | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|---|---|--|-----------|---|---------------------|------------------------------------|------------------------------------|-----------------------------|-----------|------------------------------------|-----------|----------|-----------------------------------|--|----------|-----------------------------------|-------------------------|----------|-----------------------------------|------------------|-----------|------------------------------------|--|----------|-----------------------------------|-------------------------|------|-------------------------------|---------------------------|-----|------------------------------|---------|
| 116 | o2_requirement_c19 | Did the patient require supplemental O2 during the course of illness? | radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 117 | o2_policy Show the field ONLY if: [o2_requirement_c19] = '1' | Was there an institutional policy in place to refuse intubation for patients with metastatic cancer, at the time when this patient required supplemental O2? | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118 | c19_complications_pulm | Pulmonary complications occurring during the COVID-19 illness. Check all that apply. If there were no pulmonary complications, please check "None". Note: the distinction between pneumonia and pneumonitis can often be very subtle and subjective. Radiology notes may say pneumonitis and clinical notes may say pneumonia. Please use your best judgment. | checkbox, Required <table border="1"> <tr> <td>409622000</td> <td>c19_complications_pulm___409622000</td> <td>Respiratory failure</td> </tr> <tr> <td>205237003</td> <td>c19_complications_pulm___205237003</td> <td>Pneumonia</td> </tr> <tr> <td>233604007</td> <td>c19_complications_pulm___233604007</td> <td>Pneumonia</td> </tr> <tr> <td>67782005</td> <td>c19_complications_pulm___67782005</td> <td>Acute respiratory distress syndrome (ARDS)</td> </tr> <tr> <td>59282003</td> <td>c19_complications_pulm___59282003</td> <td>Pulmonary embolism (PE)</td> </tr> <tr> <td>60046008</td> <td>c19_complications_pulm___60046008</td> <td>Pleural effusion</td> </tr> <tr> <td>312682007</td> <td>c19_complications_pulm___312682007</td> <td>Empyema</td> </tr> <tr> <td>50043002</td> <td>c19_complications_pulm___50043002</td> <td>Other</td> </tr> <tr> <td>NONE</td> <td>c19_complications_pulm___none</td> <td>None</td> </tr> <tr> <td>UNK</td> <td>c19_complications_pulm___unk</td> <td>Unknown</td> </tr> </table> Field Annotation: Terminology: SNOMED | 409622000 | c19_complications_pulm___409622000 | Respiratory failure | 205237003 | c19_complications_pulm___205237003 | Pneumonia | 233604007 | c19_complications_pulm___233604007 | Pneumonia | 67782005 | c19_complications_pulm___67782005 | Acute respiratory distress syndrome (ARDS) | 59282003 | c19_complications_pulm___59282003 | Pulmonary embolism (PE) | 60046008 | c19_complications_pulm___60046008 | Pleural effusion | 312682007 | c19_complications_pulm___312682007 | Empyema | 50043002 | c19_complications_pulm___50043002 | Other | NONE | c19_complications_pulm___none | None | UNK | c19_complications_pulm___unk | Unknown |
| 409622000 | c19_complications_pulm___409622000 | Respiratory failure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 205237003 | c19_complications_pulm___205237003 | Pneumonia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 233604007 | c19_complications_pulm___233604007 | Pneumonia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67782005 | c19_complications_pulm___67782005 | Acute respiratory distress syndrome (ARDS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59282003 | c19_complications_pulm___59282003 | Pulmonary embolism (PE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60046008 | c19_complications_pulm___60046008 | Pleural effusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 312682007 | c19_complications_pulm___312682007 | Empyema | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50043002 | c19_complications_pulm___50043002 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | c19_complications_pulm___none | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_complications_pulm___unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119 | resp_failure_tx Show the field ONLY if: [c19_complications_pulm(409622000)] = '1' or [o2_requirement_c19] = '1' | Which of the following supplemental O2 interventions did the patient require? Select the most invasive intervention required during the course of illness. | radio <table border="1"> <tr><td>1</td><td>Nasal cannula or face mask with standard O2</td></tr> <tr><td>2</td><td>High-flow nasal cannula or blow-by</td></tr> <tr><td>3</td><td>Non-rebreather</td></tr> <tr><td>4</td><td>CPAP</td></tr> <tr><td>5</td><td>BiPAP</td></tr> <tr><td>6</td><td>Intubation</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 1 | Nasal cannula or face mask with standard O2 | 2 | High-flow nasal cannula or blow-by | 3 | Non-rebreather | 4 | CPAP | 5 | BiPAP | 6 | Intubation | 99 | Unknown | | | | | | | | | | | | | | | | |
| 1 | Nasal cannula or face mask with standard O2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | High-flow nasal cannula or blow-by | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Non-rebreather | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | CPAP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | BiPAP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Intubation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | withdrawal_yn Show the field ONLY if: [resp_failure_tx] = '6' | Was there an active decision to withdraw care? | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 121 | withdrawal_who Show the field ONLY if: [withdrawal_yn] = '1' | Who was involved in the decision to withdraw care? Please check all that apply | checkbox <table border="1"> <tr><td>1</td><td>withdrawal_who__1</td><td>Patient</td></tr> <tr><td>2</td><td>withdrawal_who__2</td><td>Spouse or significant other</td></tr> <tr><td>3</td><td>withdrawal_who__3</td><td>Child</td></tr> <tr><td>4</td><td>withdrawal_who__4</td><td>Parent</td></tr> <tr><td>5</td><td>withdrawal_who__5</td><td>Other family</td></tr> <tr><td>6</td><td>withdrawal_who__6</td><td>Friend</td></tr> <tr><td>7</td><td>withdrawal_who__7</td><td>Primary managing hematologist/oncologist</td></tr> <tr><td>8</td><td>withdrawal_who__8</td><td>Hospitalist/Intensivist</td></tr> <tr><td>9</td><td>withdrawal_who__9</td><td>Palliative care clinician</td></tr> </table> | 1 | withdrawal_who__1 | Patient | 2 | withdrawal_who__2 | Spouse or significant other | 3 | withdrawal_who__3 | Child | 4 | withdrawal_who__4 | Parent | 5 | withdrawal_who__5 | Other family | 6 | withdrawal_who__6 | Friend | 7 | withdrawal_who__7 | Primary managing hematologist/oncologist | 8 | withdrawal_who__8 | Hospitalist/Intensivist | 9 | withdrawal_who__9 | Palliative care clinician | | | |
| 1 | withdrawal_who__1 | Patient | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | withdrawal_who__2 | Spouse or significant other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | withdrawal_who__3 | Child | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | withdrawal_who__4 | Parent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | withdrawal_who__5 | Other family | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | withdrawal_who__6 | Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | withdrawal_who__7 | Primary managing hematologist/oncologist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | withdrawal_who__8 | Hospitalist/Intensivist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | withdrawal_who__9 | Palliative care clinician | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 122 | berlin_yn Show the field ONLY if: [c19_complications_pulm(67782005)] = '1' | Were the Berlin criteria formally assessed? | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Unknown/Unsure</td></tr> </table> | 0 | No | 1 | Yes | 99 | Unknown/Unsure | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown/Unsure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----------|--|---|---|----------|----------------------------------|-----------|----------|----------------------------------|----------------------|-----------|-----------------------------------|--------------------|----------|----------------------------------|-------------|----------|----------------------------------|-------------------------|-----------|-----------------------------------|--------------------|----------|----------------------------------|----------|----------|----------------------------------|-----------------------------|----------|----------------------------------|-------------------|-----------|-----------------------------------|-------------------------|-----------|-----------------------------------|----------------------------------|-----------|-----------------------------------|-----------------------------|-----------|-----------------------------------|--------------|----------|----------------------------------|-------|------|------------------------------|------|-----|-----------------------------|---------|
| 123 | <div>berlin_2</div> <div>Show the field ONLY if: [berlin_yn] = '1'</div> | Berlin criteria.The Berlin criteria are based on a decreased PaO2/FiO2 ratio:-mild ARDS: 201 - 300 mmHg (≤ 39.9 kPa)-moderate ARDS: 101 - 200 mmHg (≤ 26.6 kPa)-severe ARDS: ≤ 100 mmHg (≤ 13.3 kPa)Note that the Berlin definition requires a minimum positive end expiratory pressure (PEEP) of 5 cmH2O for consideration of the PaO2/FiO2 ratio. This degree of PEEP may be delivered noninvasively with CPAP to diagnose mild ARDS. Click this link to access a calculator for PaO2/FiO2 ratio (opens a new window) | <div>radio</div> <table><tr><td>1</td><td>Mild</td></tr><tr><td>2</td><td>Moderate</td></tr><tr><td>3</td><td>Severe</td></tr><tr><td>99</td><td>Unknown</td></tr></table> | 1 | Mild | 2 | Moderate | 3 | Severe | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Mild | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Moderate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Severe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 124 | <div>c19_comp_pulm_specify</div> <div>Show the field ONLY if: [c19_complications_pulm(50043002)] = '1'</div> | Please specify other pulmonary complications. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 125 | <div>c19_complications_card</div> | Cardiovascular complications occurring during the COVID-19 illness. Check all that apply. If there were no cardiovascular complications, please check "None". | <div>checkbox, Required</div> <table><tr><td>45007003</td><td>c19_complications_card__45007003</td><td>Hypotensi</td></tr><tr><td>22298006</td><td>c19_complications_card__22298006</td><td>Myocardia infarction</td></tr><tr><td>414545008</td><td>c19_complications_card__414545008</td><td>Other car ischemia</td></tr><tr><td>49436004</td><td>c19_complications_card__49436004</td><td>Atrial fibr</td></tr><tr><td>71908006</td><td>c19_complications_card__71908006</td><td>Ventricula fibrillation</td></tr><tr><td>698247007</td><td>c19_complications_card__698247007</td><td>Other car arrhythm</td></tr><tr><td>85898001</td><td>c19_complications_card__85898001</td><td>Cardiomy</td></tr><tr><td>42343007</td><td>c19_complications_card__42343007</td><td>Congestiv heart failu (CHF)</td></tr><tr><td>59282003</td><td>c19_complications_card__59282003</td><td>Pulmonar embolism</td></tr><tr><td>128053003</td><td>c19_complications_card__128053003</td><td>Deep ven thrombos (DVT)</td></tr><tr><td>275517008</td><td>c19_complications_card__275517008</td><td>Superficia venous thrombos (SVT)</td></tr><tr><td>230690007</td><td>c19_complications_card__230690007</td><td>Cerebrova accident (stroke)</td></tr><tr><td>414086009</td><td>c19_complications_card__414086009</td><td>Thrombos NOS</td></tr><tr><td>49601007</td><td>c19_complications_card__49601007</td><td>Other</td></tr><tr><td>NONE</td><td>c19_complications_card__none</td><td>None</td></tr><tr><td>UNK</td><td>c19_complications_card__unk</td><td>Unknown</td></tr></table> <div>Field Annotation: Terminology: SNOMED</div> | 45007003 | c19_complications_card__45007003 | Hypotensi | 22298006 | c19_complications_card__22298006 | Myocardia infarction | 414545008 | c19_complications_card__414545008 | Other car ischemia | 49436004 | c19_complications_card__49436004 | Atrial fibr | 71908006 | c19_complications_card__71908006 | Ventricula fibrillation | 698247007 | c19_complications_card__698247007 | Other car arrhythm | 85898001 | c19_complications_card__85898001 | Cardiomy | 42343007 | c19_complications_card__42343007 | Congestiv heart failu (CHF) | 59282003 | c19_complications_card__59282003 | Pulmonar embolism | 128053003 | c19_complications_card__128053003 | Deep ven thrombos (DVT) | 275517008 | c19_complications_card__275517008 | Superficia venous thrombos (SVT) | 230690007 | c19_complications_card__230690007 | Cerebrova accident (stroke) | 414086009 | c19_complications_card__414086009 | Thrombos NOS | 49601007 | c19_complications_card__49601007 | Other | NONE | c19_complications_card__none | None | UNK | c19_complications_card__unk | Unknown |
| 45007003 | c19_complications_card__45007003 | Hypotensi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22298006 | c19_complications_card__22298006 | Myocardia infarction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 414545008 | c19_complications_card__414545008 | Other car ischemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49436004 | c19_complications_card__49436004 | Atrial fibr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 71908006 | c19_complications_card__71908006 | Ventricula fibrillation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 698247007 | c19_complications_card__698247007 | Other car arrhythm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85898001 | c19_complications_card__85898001 | Cardiomy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42343007 | c19_complications_card__42343007 | Congestiv heart failu (CHF) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59282003 | c19_complications_card__59282003 | Pulmonar embolism | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128053003 | c19_complications_card__128053003 | Deep ven thrombos (DVT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 275517008 | c19_complications_card__275517008 | Superficia venous thrombos (SVT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 230690007 | c19_complications_card__230690007 | Cerebrova accident (stroke) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 414086009 | c19_complications_card__414086009 | Thrombos NOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49601007 | c19_complications_card__49601007 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | c19_complications_card__none | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_complications_card__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126 | <div>sepsis_pressors</div> <div>Show the field ONLY if: [c19_complications_card(45007003)] = '1'</div> | Did the patient require pressors? | <div>radio</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>99</td><td>Unknown</td></tr></table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127 | <div>c19_comp_card_specify</div> <div>Show the field ONLY if: [c19_complications_card(49601007)] = '1' or [c19_complications_card(414545008)] = '1' or [c19_complications_card(698247007)] = '1'</div> | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|---|--|--|-----------|-----------------------------------|----------------------|------------------------------|-----------------------------------|-------------------|-----------|------------------------------------|-------------------|-----------|------------------------------------|-------------------|-----------|------------------------------------|-------|----------|--------------------------------|-------------|----------|--------------------------------|---------|------|----------------------------|------|-----|---------------------------|---------|
| 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". | <div>checkbox, Required</div> <table border="1"> <tr> <td>427044009</td> <td>c19_complications_gi__427044009</td> <td>Acute hepatic injury</td> </tr> <tr> <td>389026000</td> <td>c19_complications_gi__389026000</td> <td>Ascites</td> </tr> <tr> <td>81060008</td> <td>c19_complications_gi__81060008</td> <td>Bowel obstruction</td> </tr> <tr> <td>56905009</td> <td>c19_complications_gi__56905009</td> <td>Bowel perforation</td> </tr> <tr> <td>710572000</td> <td>c19_complications_gi__710572000</td> <td>Ileus</td> </tr> <tr> <td>48661000</td> <td>c19_complications_gi__48661000</td> <td>Peritonitis</td> </tr> <tr> <td>53619000</td> <td>c19_complications_gi__53619000</td> <td>Other</td> </tr> <tr> <td>NONE</td> <td>c19_complications_gi__none</td> <td>None</td> </tr> <tr> <td>UNK</td> <td>c19_complications_gi__unk</td> <td>Unknown</td> </tr> </table> <div>Field Annotation: Terminology: SNOMED</div> | 427044009 | c19_complications_gi__427044009 | 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 | Ileus | 48661000 | c19_complications_gi__48661000 | Peritonitis | 53619000 | c19_complications_gi__53619000 | Other | NONE | c19_complications_gi__none | None | UNK | c19_complications_gi__unk | Unknown |
| 427044009 | c19_complications_gi__427044009 | 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 | Ileus | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48661000 | c19_complications_gi__48661000 | Peritonitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53619000 | c19_complications_gi__53619000 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | c19_complications_gi__none | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_complications_gi__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 129 | c19_comp_gi_specify Show the field ONLY if: [c19_complications_gi(53619000)] = '1' | Please specify other GI complications. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | c19_complications_other | Other complications occurring during the COVID-19 illness. Check all that apply. If there were no other complications, please check "None". | <div>checkbox, Required</div> <table border="1"> <tr> <td>14669001</td> <td>c19_complications_other__14669001</td> <td>Acute kidney injury</td> </tr> <tr> <td>91175000</td> <td>c19_complications_other__91175000</td> <td>Seizures</td> </tr> <tr> <td>372070002</td> <td>c19_complications_other__372070002</td> <td>Gangrene</td> </tr> <tr> <td>414086009</td> <td>c19_complications_other__414086009</td> <td>Thrombotic NOS</td> </tr> <tr> <td>362965005</td> <td>c19_complications_other__362965005</td> <td>Other</td> </tr> <tr> <td>NONE</td> <td>c19_complications_other__none</td> <td>None</td> </tr> <tr> <td>UNK</td> <td>c19_complications_other__unk</td> <td>Unknown</td> </tr> </table> <div>Field Annotation: Terminology: SNOMED @HIDECHOICE = '414086009'</div> | 14669001 | c19_complications_other__14669001 | Acute kidney injury | 91175000 | c19_complications_other__91175000 | Seizures | 372070002 | c19_complications_other__372070002 | Gangrene | 414086009 | c19_complications_other__414086009 | Thrombotic NOS | 362965005 | c19_complications_other__362965005 | Other | NONE | c19_complications_other__none | None | UNK | c19_complications_other__unk | Unknown | | | | | | |
| 14669001 | c19_complications_other__14669001 | Acute kidney injury | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 91175000 | c19_complications_other__91175000 | Seizures | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 372070002 | c19_complications_other__372070002 | Gangrene | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 414086009 | c19_complications_other__414086009 | Thrombotic NOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 362965005 | c19_complications_other__362965005 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | c19_complications_other__none | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_complications_other__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 131 | c19_complications_oth_specify Show the field ONLY if: [c19_complications_other(362965005)] = '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 Show the field ONLY if: [timing_of_report] = '1' and ([current_status] = '1' or [current_status] = '2' or [current_status] = '3' or [current_status] = '4' or [current_status] = '5' or [current_status] = '6' or [current_status] = '7' or [current_status] = '8') | Section Header: <i>Clinical Status</i> Current COVID-19 status Fully recovered means that the patient has returned to their baseline functional status and repeat SARS-CoV-2 testing, if obtained, is negative. If they are on medications to treat sequelae or have functional compromise (e.g., impaired pulmonary function) but are not considered to have active infection, they should be considered to have recovered with complications. | <div>radio, Required</div> <table border="1"> <tr> <td>1</td> <td>Fully recovered</td> </tr> <tr> <td>1b</td> <td>Recovered with complications</td> </tr> <tr> <td>2</td> <td>Ongoing infection</td> </tr> <tr> <td>3</td> <td>Died</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | Fully recovered | 1b | Recovered with complications | 2 | Ongoing infection | 3 | Died | 99 | Unknown | | | | | | | | | | | | | | | | | |
| 1 | Fully recovered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b | Recovered with complications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Ongoing infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Died | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 133 | current_status_retro Show the field ONLY if: [timing_of_report] = '2' | Final COVID-19 status Fully recovered means that the patient has returned to their baseline functional status and repeat SARS-CoV-2 testing, if obtained, is negative. If they are on medications to treat sequelae or have functional compromise (e.g., impaired pulmonary function) but are not considered to have active infection, they should be considered to have recovered with complications. | <div>radio, Required</div> <table border="1"> <tr> <td>1</td> <td>Fully recovered</td> </tr> <tr> <td>1b</td> <td>Recovered with complications</td> </tr> <tr> <td>3</td> <td>Died</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | Fully recovered | 1b | Recovered with complications | 3 | Died | 99 | Unknown | | | | | | | | | | | | | | | | | | | |
| 1 | Fully recovered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b | Recovered with complications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Died | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 134 | days_to_death Show the field ONLY if: [current_status_retro] = '3' or [current_status_v2] = '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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 135 | cause_of_death_2 Show the field ONLY if: [current_status_v2] = '3' or [current_status_retro] = '3' | To the best of your knowledge, what was the proximal cause of death? | <div>radio, Required</div> <table border="1"> <tr> <td>1</td> <td>COVID-19</td> </tr> <tr> <td>2</td> <td>Cancer</td> </tr> <tr> <td>3</td> <td>Both</td> </tr> <tr> <td>88</td> <td>Other</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | COVID-19 | 2 | Cancer | 3 | Both | 88 | Other | 99 | Unknown | | | | | | | | | | | | | | | | | |
| 1 | COVID-19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Cancer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Both | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 88 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|-----|---|---|--------------------|---|---|
| 136 | deceased_reason_retro Show the field ONLY if: [current_status_v2] = '3' or [current_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, Required | | |
| 137 | current_status_clinical Show the field ONLY if: [current_status_v2] = '2' | Current clinical status | radio, Required | | |
| | | | 0 | Outpatient - No symptoms | |
| | | | 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 | |
| | | | OTH | 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 Show the field ONLY if: [timing_of_report] = '2' | Worst clinical status. Report the worst clinical presentation during the 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 they received prior to the time of death. | radio, Required | | |
| | | | 0 | Outpatient - No symptoms | |
| | | | 1 | Outpatient - Mild symptoms | |
| | | | 2 | Outpatient - Moderate symptoms | |
| | | | 3 | Outpatient - Severe symptoms | |
| | | | 5 | Inpatient - Moderately ill | |
| | | | 6 | Inpatient - Severely ill | |
| | | | 7 | Critical (ICU) - Severely ill, did not require ventilator support | |
| | | | 8 | Critical (ICU) - Severely ill, intubated | |
| | | | OTH | 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 Show the field ONLY if: [current_status_v2] = '1b' or [current_status_v2] = '2' or [current_status_retro] = '1b' | Current severity of COVID-19 complications. Check all that apply. | checkbox, Required | | |
| | | | 0 | complications_severity__0 | No complications |
| | | | 1 | complications_severity__1 | Mild complications (minimal symptoms from complications) |
| | | | 2 | complications_severity__2 | Moderate complications (moderate symptoms from complications) |
| | | | 3 | complications_severity__3 | Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning) |
| | | | OTH | complications_severity__oth | Other |
| | | | 99 | complications_severity__99 | Unknown |
| 142 | complications_severity_oth_specify 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 | <p>worst_complications_severity</p> <p>Show the field ONLY if: [timing_of_report] = '2' and [current_status_retro] != '3'</p> | Worst severity of COVID-19 complications. Check all that apply. | <p>checkbox, Required</p> <table border="1"> <tr> <td>0</td> <td>worst_complications_severity__0</td> <td>None (patient was asymptomatic)</td> </tr> <tr> <td>1</td> <td>worst_complications_severity__1</td> <td>Mild complications (minimal symptoms from complications)</td> </tr> <tr> <td>2</td> <td>worst_complications_severity__2</td> <td>Moderate complications (moderate symptoms from complications)</td> </tr> <tr> <td>3</td> <td>worst_complications_severity__3</td> <td>Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning)</td> </tr> <tr> <td>OTH</td> <td>worst_complications_severity__oth</td> <td>Other</td> </tr> <tr> <td>99</td> <td>worst_complications_severity__99</td> <td>Unknown</td> </tr> </table> | 0 | worst_complications_severity__0 | None (patient was asymptomatic) | 1 | worst_complications_severity__1 | Mild complications (minimal symptoms from complications) | 2 | worst_complications_severity__2 | Moderate complications (moderate symptoms from complications) | 3 | worst_complications_severity__3 | Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning) | OTH | worst_complications_severity__oth | Other | 99 | worst_complications_severity__99 | Unknown |
| 0 | worst_complications_severity__0 | None (patient was asymptomatic) | | | | | | | | | | | | | | | | | | | |
| 1 | worst_complications_severity__1 | Mild complications (minimal symptoms from complications) | | | | | | | | | | | | | | | | | | | |
| 2 | worst_complications_severity__2 | Moderate complications (moderate symptoms from complications) | | | | | | | | | | | | | | | | | | | |
| 3 | worst_complications_severity__3 | Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning) | | | | | | | | | | | | | | | | | | | |
| OTH | worst_complications_severity__oth | Other | | | | | | | | | | | | | | | | | | | |
| 99 | worst_complications_severity__99 | Unknown | | | | | | | | | | | | | | | | | | | |
| 144 | <p>worst_complications_severity_specify</p> <p>Show the field ONLY if: [worst_complications_severity(OTH)] = '1'</p> | 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 dates other than year. | notes, Required | | | | | | | | | | | | | | | | | | |
| 145 | <p>consider_returning</p> <p>Show the field ONLY if: [current_status_v2] = '2'</p> | Please consider returning to add a new form once final status has been 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 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. | descriptive | | | | | | | | | | | | | | | | | | |
| 146 | <p>covid_19_more</p> <p>Show the field ONLY if: [ccc19] = '0'</p> | <p>Section Header: COVID-19 Details - Optional</p> <p>Would you like to answer additional COVID-19 detail questions? This is optional but will really help us understand the granular details better.</p> | <p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 147 | <p>mortality</p> <p>Show the field ONLY if: [covid_19_dx_interval] != '1' and [covid_19_dx_interval] != '2' and [covid_19_dx_interval] != '3'</p> | If it has been at least 30 days from the presumptive or laboratory-proven COVID-19 diagnosis, was the patient alive 30 days after diagnosis? | <p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>88</td> <td>N/A - it has been fewer than 30 days since COVID-19 diagnosis</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | Yes | 0 | No | 88 | N/A - it has been fewer than 30 days since COVID-19 diagnosis | 99 | Unknown | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 88 | N/A - it has been fewer than 30 days since COVID-19 diagnosis | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | |
| 148 | <p>mortality_90</p> <p>Show the field ONLY if: [covid_19_dx_interval] != '1' and [covid_19_dx_interval] != '2' and [covid_19_dx_interval] != '3' and [covid_19_dx_interval] != '4' and [covid_19_dx_interval] != '5' and [mortality] != '0'</p> | If it has been at least 90 days (~3 months) from the presumptive or laboratory-proven COVID-19 diagnosis, was the patient alive 90 days after diagnosis? | <p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>88</td> <td>N/A - it has been fewer than 90 days since COVID-19 diagnosis</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | Yes | 0 | No | 88 | N/A - it has been fewer than 90 days since COVID-19 diagnosis | 99 | Unknown | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 88 | N/A - it has been fewer than 90 days since COVID-19 diagnosis | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | |
| 149 | <p>mortality_180</p> <p>Show the field ONLY if: [covid_19_dx_interval] != '1' and [covid_19_dx_interval] != '2' and [covid_19_dx_interval] != '3' and [covid_19_dx_interval] != '4' and [covid_19_dx_interval] != '5' and [covid_19_dx_interval] != '6' and [mortality] != '0' and [mortality_90] != '0'</p> | If it has been at least 180 days (~6 months) from the presumptive or laboratory-proven COVID-19 diagnosis, was the patient alive 180 days after diagnosis? | <p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>88</td> <td>N/A - it has been fewer than 180 days since COVID-19 diagnosis</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | Yes | 0 | No | 88 | N/A - it has been fewer than 180 days since COVID-19 diagnosis | 99 | Unknown | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 88 | N/A - it has been fewer than 180 days since COVID-19 diagnosis | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|----------------|---|--|--|----------------|--|----|---|-----|--|----|---|----|---|-----|---------|-----|---------|
| 150 | labs | <p>Section Header: <i>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.</i></p> <p>At what time point were labs drawn? This information is important to build predictive models of disease severity based on lab values. Your 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-19 illness.</p> | <table border="1"> <tr> <td colspan="2">radio</td> </tr> <tr> <td>1</td> <td>At the time of initial COVID-19 diagnosis</td> </tr> <tr> <td>2a</td> <td>At the time of a change in clinical status (hospitalization)</td> </tr> <tr> <td>2b</td> <td>At the time of a change in clinical status (other than hospitalization)</td> </tr> <tr> <td>3</td> <td>Labs were not drawn or are not available for review</td> </tr> <tr> <td>OTH</td> <td>Other</td> </tr> <tr> <td>UNK</td> <td>Unknown</td> </tr> </table> | radio | | 1 | At the time of initial COVID-19 diagnosis | 2a | At the time of a change in clinical status (hospitalization) | 2b | At the time of a change in clinical status (other than hospitalization) | 3 | Labs were not drawn or are not available for review | OTH | Other | UNK | Unknown |
| radio | | | | | | | | | | | | | | | | | |
| 1 | At the time of initial COVID-19 diagnosis | | | | | | | | | | | | | | | | |
| 2a | At the time of a change in clinical status (hospitalization) | | | | | | | | | | | | | | | | |
| 2b | At the time of a change in clinical status (other than hospitalization) | | | | | | | | | | | | | | | | |
| 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 Show the field ONLY if: [labs] != '3' | <p>Section Header: <i>CBC values at presentation</i></p> <p>Total WBC count</p> | <table border="1"> <tr> <td colspan="2">radio (Matrix)</td> </tr> <tr> <td>LO</td> <td>Low</td> </tr> <tr> <td>WNL</td> <td>Normal</td> </tr> <tr> <td>HI</td> <td>High</td> </tr> <tr> <td>NT</td> <td>Not tested</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | radio (Matrix) | | LO | Low | WNL | Normal | HI | High | NT | Not tested | 99 | Unknown | | |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| LO | Low | | | | | | | | | | | | | | | | |
| WNL | Normal | | | | | | | | | | | | | | | | |
| HI | High | | | | | | | | | | | | | | | | |
| NT | Not tested | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | |
| 153 | alc_range Show the field ONLY if: [labs] != '3' | Absolute lymphocyte count (ALC) - less than 1500/uL should be considered low | <table border="1"> <tr> <td colspan="2">radio (Matrix)</td> </tr> <tr> <td>LO</td> <td>Low</td> </tr> <tr> <td>WNL</td> <td>Normal</td> </tr> <tr> <td>HI</td> <td>High</td> </tr> <tr> <td>NT</td> <td>Not tested</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> <p>Field Annotation: less than 1500/uL should be considered low</p> | radio (Matrix) | | LO | Low | WNL | Normal | HI | High | NT | Not tested | 99 | Unknown | | |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| LO | Low | | | | | | | | | | | | | | | | |
| WNL | Normal | | | | | | | | | | | | | | | | |
| HI | High | | | | | | | | | | | | | | | | |
| NT | Not tested | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | |
| 154 | anc_range Show the field ONLY if: [labs] != '3' | Absolute neutrophil count (ANC) | <table border="1"> <tr> <td colspan="2">radio (Matrix)</td> </tr> <tr> <td>LO</td> <td>Low</td> </tr> <tr> <td>WNL</td> <td>Normal</td> </tr> <tr> <td>HI</td> <td>High</td> </tr> <tr> <td>NT</td> <td>Not tested</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> <p>Field Annotation: less than 1000/uL should be considered low</p> | radio (Matrix) | | LO | Low | WNL | Normal | HI | High | NT | Not tested | 99 | Unknown | | |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| LO | Low | | | | | | | | | | | | | | | | |
| WNL | Normal | | | | | | | | | | | | | | | | |
| HI | High | | | | | | | | | | | | | | | | |
| NT | Not tested | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | |
| 155 | aec_range Show the field ONLY if: [labs] != '3' | Absolute eosinophil count (AEC) | <table border="1"> <tr> <td colspan="2">radio (Matrix)</td> </tr> <tr> <td>LO</td> <td>Low</td> </tr> <tr> <td>WNL</td> <td>Normal</td> </tr> <tr> <td>HI</td> <td>High</td> </tr> <tr> <td>NT</td> <td>Not tested</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | radio (Matrix) | | LO | Low | WNL | Normal | HI | High | NT | Not tested | 99 | Unknown | | |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| LO | Low | | | | | | | | | | | | | | | | |
| WNL | Normal | | | | | | | | | | | | | | | | |
| HI | High | | | | | | | | | | | | | | | | |
| NT | Not tested | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | |
| 156 | hgb_range Show the field ONLY if: [labs] != '3' | Hemoglobin | <table border="1"> <tr> <td colspan="2">radio (Matrix)</td> </tr> <tr> <td>LO</td> <td>Low</td> </tr> <tr> <td>WNL</td> <td>Normal</td> </tr> <tr> <td>HI</td> <td>High</td> </tr> <tr> <td>NT</td> <td>Not tested</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | radio (Matrix) | | LO | Low | WNL | Normal | HI | High | NT | Not tested | 99 | Unknown | | |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| LO | Low | | | | | | | | | | | | | | | | |
| WNL | Normal | | | | | | | | | | | | | | | | |
| HI | High | | | | | | | | | | | | | | | | |
| NT | Not tested | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | |
| 157 | plt_range Show the field ONLY if: [labs] != '3' | Platelets | <table border="1"> <tr> <td colspan="2">radio (Matrix)</td> </tr> <tr> <td>LO</td> <td>Low</td> </tr> <tr> <td>WNL</td> <td>Normal</td> </tr> <tr> <td>HI</td> <td>High</td> </tr> <tr> <td>NT</td> <td>Not tested</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | radio (Matrix) | | LO | Low | WNL | Normal | HI | High | NT | Not tested | 99 | Unknown | | |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| LO | Low | | | | | | | | | | | | | | | | |
| WNL | Normal | | | | | | | | | | | | | | | | |
| HI | High | | | | | | | | | | | | | | | | |
| NT | Not tested | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | |

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

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|-----|---|--|---|
| 170 | hs_trop Show the field ONLY if: [labs] != '3' | High-sensitivity troponin | radio (Matrix) 0 Normal 1 Abnormal NT Not tested 99 Unknown |
| 171 | bnp Show the field ONLY if: [labs] != '3' | BNP | radio (Matrix) 0 Normal 1 Abnormal NT Not tested 99 Unknown |
| 172 | crp Show the field ONLY if: [labs] != '3' | CRP | radio (Matrix) 0 Normal 1 Abnormal NT Not tested 99 Unknown |
| 173 | il6 Show the field ONLY if: [labs] != '3' | IL-6 | radio (Matrix) 0 Normal 1 Abnormal NT Not tested 99 Unknown |
| 174 | pt Show the field ONLY if: [labs] != '3' | PT | radio (Matrix) 0 Normal 1 Abnormal NT Not tested 99 Unknown |
| 175 | aptt Show the field ONLY if: [labs] != '3' | aPTT | radio (Matrix) 0 Normal 1 Abnormal NT Not tested 99 Unknown |
| 176 | fibrinogen Show the field ONLY if: [labs] != '3' | Fibrinogen | radio (Matrix) 0 Normal 1 Abnormal NT Not tested 99 Unknown Field Annotation: SNOMED: 71636003 |
| 177 | ddimer Show the field ONLY if: [labs] != '3' | D-Dimer | radio (Matrix) 0 Normal 1 Abnormal NT Not tested 99 Unknown Field Annotation: SNOMED: 1019221000000107 |
| 178 | other_lab Show the field ONLY if: [labs] != '3' | Other (free text will open for more details below) | radio (Matrix) 0 Normal 1 Abnormal NT Not tested 99 Unknown |
| 179 | creat_numeric Show the field ONLY if: [creat] = '1' | Please provide measured creatinine level in mg/dL | text (number, Min: 0) |
| 180 | tbili_numeric Show the field ONLY if: [tbili] = '1' | Please provide measured total bilirubin value in mg/dL | text |


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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--|---|---|----------|-----------------------|------------|-----------|------------------------|-------------|-----------|------------------------|-------------|----------|-----------------------|----------------------|---------|----------------------|------------|---------|----------------------|-----|-----------|------------------------|--------------------------|---------|----------------------|------------------------|-----------|------------------------|------------------------|----------|-----------------------|------------------------|-----------|------------------------|-------------|---------|----------------------|-------------------------------|-----------|------------------------|--|-----------|------------------------|-------------------|-----|------------------|-------|-----|------------------|---------|------|-------------------|------|
| 195 | <div>coinfection</div> <div>Show the field ONLY if: [coinfection_yn] = '1'</div> | <div>Were there other co-infections diagnosed? Check all that apply.</div> <div>Terminology: SNOMED</div> | <div>checkbox</div> <table><tr><td>49872002</td><td>coinfection__49872002</td><td>Viral, NOS</td></tr><tr><td>407479009</td><td>coinfection__407479009</td><td>Influenza A</td></tr><tr><td>407480007</td><td>coinfection__407480007</td><td>Influenza B</td></tr><tr><td>84101006</td><td>coinfection__84101006</td><td>Ordinary coronavirus</td></tr><tr><td>1838001</td><td>coinfection__1838001</td><td>Rhinovirus</td></tr><tr><td>6415009</td><td>coinfection__6415009</td><td>RSV</td></tr><tr><td>409822003</td><td>coinfection__409822003</td><td>Bacterial infection, NOS</td></tr><tr><td>8745002</td><td>coinfection__8745002</td><td>Gram-positive bacteria</td></tr><tr><td>233607000</td><td>coinfection__233607000</td><td>Pneumococcal pneumonia</td></tr><tr><td>81325006</td><td>coinfection__81325006</td><td>Gram-negative bacteria</td></tr><tr><td>414561005</td><td>coinfection__414561005</td><td>Fungal, NOS</td></tr><tr><td>2429008</td><td>coinfection__2429008</td><td>Aspergillus culture-confirmed</td></tr><tr><td>709601002</td><td>coinfection__709601002</td><td>Aspergillus suspected (galactomannan positive)</td></tr><tr><td>442376007</td><td>coinfection__442376007</td><td>Tests are pending</td></tr><tr><td>OTH</td><td>coinfection__oth</td><td>Other</td></tr><tr><td>UNK</td><td>coinfection__unk</td><td>Unknown</td></tr><tr><td>NONE</td><td>coinfection__none</td><td>None</td></tr></table> <div>Field Annotation: Terminology: SNOMED</div> | 49872002 | coinfection__49872002 | Viral, NOS | 407479009 | coinfection__407479009 | Influenza A | 407480007 | coinfection__407480007 | Influenza B | 84101006 | coinfection__84101006 | Ordinary coronavirus | 1838001 | coinfection__1838001 | Rhinovirus | 6415009 | coinfection__6415009 | RSV | 409822003 | coinfection__409822003 | Bacterial infection, NOS | 8745002 | coinfection__8745002 | Gram-positive bacteria | 233607000 | coinfection__233607000 | Pneumococcal pneumonia | 81325006 | coinfection__81325006 | Gram-negative bacteria | 414561005 | coinfection__414561005 | Fungal, NOS | 2429008 | coinfection__2429008 | Aspergillus culture-confirmed | 709601002 | coinfection__709601002 | Aspergillus suspected (galactomannan positive) | 442376007 | coinfection__442376007 | Tests are pending | OTH | coinfection__oth | Other | UNK | coinfection__unk | Unknown | NONE | coinfection__none | None |
| 49872002 | coinfection__49872002 | Viral, NOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 407479009 | coinfection__407479009 | Influenza A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 407480007 | coinfection__407480007 | Influenza B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 84101006 | coinfection__84101006 | Ordinary coronavirus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1838001 | coinfection__1838001 | Rhinovirus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6415009 | coinfection__6415009 | RSV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 409822003 | coinfection__409822003 | Bacterial infection, NOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8745002 | coinfection__8745002 | Gram-positive bacteria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 233607000 | coinfection__233607000 | Pneumococcal pneumonia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 81325006 | coinfection__81325006 | Gram-negative bacteria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 414561005 | coinfection__414561005 | Fungal, NOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2429008 | coinfection__2429008 | Aspergillus culture-confirmed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 709601002 | coinfection__709601002 | Aspergillus suspected (galactomannan positive) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 442376007 | coinfection__442376007 | Tests are pending | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | coinfection__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | coinfection__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | coinfection__none | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 196 | <div>coinfection_other</div> <div>Show the field ONLY if: [coinfection_yn] = '1'</div> | <div>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.</div> | <div>notes</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--------------|--|---|---|-----------|---------------------------------|---------------|-----------|---------------------------|----------------|----------|------------------------------|-----------|-------|---------------------------|---------|-------------|---------------------------------|------------|-------------|---------------------------------|--------------------------|----------|------------------------------|--------------|--------|----------------------------|--------------|------------|--------------------------------|-------------|------------|--------------------------------|-------------|------------|--------------------------------|--------------------------------|----------|------------------------------|----------------------------|-------------|---------------------------------|-----------|--------------|----------------------------------|------------|---------|-----------------------------|--------------------|-------------|---------------------------------|------------|-----------|-------------------------------|---------|----------|------------------------------|---|-----------|-------------------------------|--------------------------------------|--------------|----------------------------------|-------------|-----------|-------------------------------|--------------------------|-----------|-------------------------------|-------------------------------------|-----------|-------------------------------|---|-----|-------------------------|-------|-----|-------------------------|---------|------|--------------------------|------|------------|--------------------------------|-------|
| 197 | covid_19_treatment | <div>Section Header: COVID-19 Treatment</div> <div>COVID-19 treatment, including pre-existing drugs that were continued during the COVID-19 diagnosis. Check all that apply.</div> | <div>checkboxbox</div> <table><tr><td>B01A</td><td>covid_19_treatment__b01a</td><td>Anticoagulant</td></tr><tr><td>B01AC</td><td>covid_19_treatment__b01ac</td><td>Antiplasmodial</td></tr><tr><td>HO-44995</td><td>covid_19_treatment__ho_44995</td><td>Antiviral</td></tr><tr><td>N02BA</td><td>covid_19_treatment__n02ba</td><td>Aspirin</td></tr><tr><td>ATC-J05AE08</td><td>covid_19_treatment__atc_j05ae08</td><td>Atazanavir</td></tr><tr><td>RXCUI-18631</td><td>covid_19_treatment__rxcul_18631</td><td>Azithromycin (Zithromax)</td></tr><tr><td>DB-15718</td><td>covid_19_treatment__db_15718</td><td>Bamlanivimab</td></tr><tr><td>Bam-Et</td><td>covid_19_treatment__bam_et</td><td>Bamlanivimab</td></tr><tr><td>REGEN-COV2</td><td>covid_19_treatment__regen_cov2</td><td>Casirivimab</td></tr><tr><td>RXCUI-2393</td><td>covid_19_treatment__rxcul_2393</td><td>Chloroquine</td></tr><tr><td>RXCUI-5521</td><td>covid_19_treatment__rxcul_5521</td><td>Hydroxychloroquine (Plaquenil)</td></tr><tr><td>HO-45861</td><td>covid_19_treatment__ho_45861</td><td>JAK inhibitor for adjuvant</td></tr><tr><td>ATC-J05AR10</td><td>covid_19_treatment__atc_j05ar10</td><td>Lopinavir</td></tr><tr><td>RXCUI-260101</td><td>covid_19_treatment__rxcul_260101</td><td>Osetamivir</td></tr><tr><td>B05AX03</td><td>covid_19_treatment__b05ax03</td><td>Plasma, individual</td></tr><tr><td>OMOP4873974</td><td>covid_19_treatment__omop4873974</td><td>Remdesivir</td></tr><tr><td>ATC-C10AA</td><td>covid_19_treatment__atc_c10aa</td><td>Statins</td></tr><tr><td>HO-45523</td><td>covid_19_treatment__ho_45523</td><td>Systemic corticosteroids (will provide details)</td></tr><tr><td>ATC-L04AB</td><td>covid_19_treatment__atc_l04ab</td><td>TNF inhibitor (will provide details)</td></tr><tr><td>RXCUI-612865</td><td>covid_19_treatment__rxcul_612865</td><td>Tocilizumab</td></tr><tr><td>ATC-L04AC</td><td>covid_19_treatment__atc_l04ac</td><td>Other immunosuppressants</td></tr><tr><td>233573008</td><td>covid_19_treatment__233573008</td><td>Extracorporeal membrane oxygenation</td></tr><tr><td>714749008</td><td>covid_19_treatment__714749008</td><td>Continuous renal replacement therapy (CRRT)</td></tr><tr><td>OTH</td><td>covid_19_treatment__oth</td><td>Other</td></tr><tr><td>UNK</td><td>covid_19_treatment__unk</td><td>Unknown</td></tr><tr><td>NONE</td><td>covid_19_treatment__none</td><td>None</td></tr><tr><td>oth_plasma</td><td>covid_19_treatment__oth_plasma</td><td>DEPRE</td></tr></table> <div>Field Annotation: Terminologies: ATC/HemOnc/OMOP/RxNorm/SNOMED @HIDECHOICE='oth_plasma'</div> | B01A | covid_19_treatment__b01a | Anticoagulant | B01AC | covid_19_treatment__b01ac | Antiplasmodial | HO-44995 | covid_19_treatment__ho_44995 | Antiviral | N02BA | covid_19_treatment__n02ba | Aspirin | ATC-J05AE08 | covid_19_treatment__atc_j05ae08 | Atazanavir | RXCUI-18631 | covid_19_treatment__rxcul_18631 | Azithromycin (Zithromax) | DB-15718 | covid_19_treatment__db_15718 | Bamlanivimab | Bam-Et | covid_19_treatment__bam_et | Bamlanivimab | REGEN-COV2 | covid_19_treatment__regen_cov2 | Casirivimab | RXCUI-2393 | covid_19_treatment__rxcul_2393 | Chloroquine | RXCUI-5521 | covid_19_treatment__rxcul_5521 | Hydroxychloroquine (Plaquenil) | HO-45861 | covid_19_treatment__ho_45861 | JAK inhibitor for adjuvant | ATC-J05AR10 | covid_19_treatment__atc_j05ar10 | Lopinavir | RXCUI-260101 | covid_19_treatment__rxcul_260101 | Osetamivir | B05AX03 | covid_19_treatment__b05ax03 | Plasma, individual | OMOP4873974 | covid_19_treatment__omop4873974 | Remdesivir | ATC-C10AA | covid_19_treatment__atc_c10aa | Statins | HO-45523 | covid_19_treatment__ho_45523 | Systemic corticosteroids (will provide details) | ATC-L04AB | covid_19_treatment__atc_l04ab | TNF inhibitor (will provide details) | RXCUI-612865 | covid_19_treatment__rxcul_612865 | Tocilizumab | ATC-L04AC | covid_19_treatment__atc_l04ac | Other immunosuppressants | 233573008 | covid_19_treatment__233573008 | Extracorporeal membrane oxygenation | 714749008 | covid_19_treatment__714749008 | Continuous renal replacement therapy (CRRT) | OTH | covid_19_treatment__oth | Other | UNK | covid_19_treatment__unk | Unknown | NONE | covid_19_treatment__none | None | oth_plasma | covid_19_treatment__oth_plasma | DEPRE |
| B01A | covid_19_treatment__b01a | Anticoagulant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AC | covid_19_treatment__b01ac | Antiplasmodial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HO-44995 | covid_19_treatment__ho_44995 | Antiviral | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N02BA | covid_19_treatment__n02ba | Aspirin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ATC-J05AE08 | covid_19_treatment__atc_j05ae08 | Atazanavir | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RXCUI-18631 | covid_19_treatment__rxcul_18631 | Azithromycin (Zithromax) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DB-15718 | covid_19_treatment__db_15718 | Bamlanivimab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bam-Et | covid_19_treatment__bam_et | Bamlanivimab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REGEN-COV2 | covid_19_treatment__regen_cov2 | Casirivimab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RXCUI-2393 | covid_19_treatment__rxcul_2393 | Chloroquine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RXCUI-5521 | covid_19_treatment__rxcul_5521 | Hydroxychloroquine (Plaquenil) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HO-45861 | covid_19_treatment__ho_45861 | JAK inhibitor for adjuvant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ATC-J05AR10 | covid_19_treatment__atc_j05ar10 | Lopinavir | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RXCUI-260101 | covid_19_treatment__rxcul_260101 | Osetamivir | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B05AX03 | covid_19_treatment__b05ax03 | Plasma, individual | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OMOP4873974 | covid_19_treatment__omop4873974 | Remdesivir | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ATC-C10AA | covid_19_treatment__atc_c10aa | Statins | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HO-45523 | covid_19_treatment__ho_45523 | Systemic corticosteroids (will provide details) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ATC-L04AB | covid_19_treatment__atc_l04ab | TNF inhibitor (will provide details) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RXCUI-612865 | covid_19_treatment__rxcul_612865 | Tocilizumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ATC-L04AC | covid_19_treatment__atc_l04ac | Other immunosuppressants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 233573008 | covid_19_treatment__233573008 | Extracorporeal membrane oxygenation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 714749008 | covid_19_treatment__714749008 | Continuous renal replacement therapy (CRRT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | covid_19_treatment__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | covid_19_treatment__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | covid_19_treatment__none | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| oth_plasma | covid_19_treatment__oth_plasma | DEPRE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 198 | <div>dx_cp_interval</div> <div>Show the field ONLY if: [covid_19_treatment(B05AX03)] = '1'</div> | 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 199 | <div>c19_aspirin_dose</div> <div>Show the field ONLY if: [covid_19_treatment(N02BA)] = '1'</div> | Aspirin dosing | <div>radio</div> <table><tr><td>262459003</td><td>Low dose (less than 200 mg/day)</td></tr><tr><td>261829003</td><td>Full dose</td></tr><tr><td>261665006</td><td>Unknown</td></tr></table> <div>Field Annotation: Terminology: SNOMED</div> | 262459003 | Low dose (less than 200 mg/day) | 261829003 | Full dose | 261665006 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 262459003 | Low dose (less than 200 mg/day) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 261829003 | Full dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 261665006 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------|---|--|--|---------|----------------------------------|---|-------------------------------|------------------------------|-------------------------------------|---------|--|---|--------------------------------------|-------------------------|---|---------|-------------------------|--|---|------------------------|--------------------------------|------|---------------------------|---|-----|--------------------------|---------|-----|--------------------------|-------|
| 200 | steroid_type Show the field ONLY if: [covid_19_treatment(HO-45523)] = '1' | Steroid type. Check all that apply. | checkbox <table border="1"> <tr> <td>H02AB02</td> <td>steroid_type__h02ab02</td> <td>Dexamethasone (Decadron)</td> </tr> <tr> <td>H02AB09</td> <td>steroid_type__h02ab09</td> <td>Hydrocortisone (Cortef)</td> </tr> <tr> <td>H02AB04</td> <td>steroid_type__h02ab04</td> <td>Methylprednisolone (Solumedrol)</td> </tr> <tr> <td>H02AB06</td> <td>steroid_type__h02ab06</td> <td>Prednisolone</td> </tr> <tr> <td>H02AB07</td> <td>steroid_type__h02ab07</td> <td>Prednisone</td> </tr> </table> Field Annotation: Terminology: ATC | H02AB02 | steroid_type__h02ab02 | Dexamethasone (Decadron) | H02AB09 | steroid_type__h02ab09 | Hydrocortisone (Cortef) | H02AB04 | steroid_type__h02ab04 | Methylprednisolone (Solumedrol) | H02AB06 | steroid_type__h02ab06 | Prednisolone | H02AB07 | steroid_type__h02ab07 | Prednisone | | | | | | | | | | | | |
| H02AB02 | steroid_type__h02ab02 | Dexamethasone (Decadron) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H02AB09 | steroid_type__h02ab09 | Hydrocortisone (Cortef) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H02AB04 | steroid_type__h02ab04 | Methylprednisolone (Solumedrol) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H02AB06 | steroid_type__h02ab06 | Prednisolone | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H02AB07 | steroid_type__h02ab07 | Prednisone | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 201 | steroid_specific Show the field ONLY if: [covid_19_treatment(HO-45523)] = '1' | Steroid dosing, in prednisone dose equivalents Note: 3 mg of dexamethasone is equivalent to 20 mg of prednisone, so any dose of dexamethasone of more than 3 mg/day (21 mg/week) would be equivalent to more than 20 mg of prednisone/day. | radio <table border="1"> <tr> <td>1</td> <td>20 mg/day or below [low dose]</td> </tr> <tr> <td>1a</td> <td>10 mg/day or below [low dose]</td> </tr> <tr> <td>1b</td> <td>More than 10 mg/day up to 20 mg/day</td> </tr> <tr> <td>2</td> <td>More than 20 mg/day but less than 1mg/kg/day</td> </tr> <tr> <td>3</td> <td>Equal to or greater than 1 mg/kg/day</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> Field Annotation: @HIDECHOICE='1' | 1 | 20 mg/day or below [low dose] | 1a | 10 mg/day or below [low dose] | 1b | More than 10 mg/day up to 20 mg/day | 2 | More than 20 mg/day but less than 1mg/kg/day | 3 | Equal to or greater than 1 mg/kg/day | 99 | Unknown | | | | | | | | | | | | | | | |
| 1 | 20 mg/day or below [low dose] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1a | 10 mg/day or below [low dose] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b | More than 10 mg/day up to 20 mg/day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | More than 20 mg/day but less than 1mg/kg/day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Equal to or greater than 1 mg/kg/day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 202 | steroid_more Show the field ONLY if: [covid_19_treatment(HO-45523)] = '1' | Please provide more details: prednisone dose equivalents (e.g., 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. | notes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 203 | covid_19_tx_interleukin Show the field ONLY if: [covid_19_treatment(ATC-L04AC)] = '1' | Interleukin inhibitor treatment other than tocilizumab. Check all that apply. | checkbox <table border="1"> <tr> <td>L04AC14</td> <td>covid_19_tx_interleukin__l04ac14</td> <td>Sarilumab</td> </tr> <tr> <td>OTH</td> <td>covid_19_tx_interleukin__oth</td> <td>Other</td> </tr> </table> Field Annotation: Field:ATC L04AC; Values:ATC @HIDECHOICE='L04AC07' | L04AC14 | covid_19_tx_interleukin__l04ac14 | Sarilumab | OTH | covid_19_tx_interleukin__oth | Other | | | | | | | | | | | | | | | | | | | | | |
| L04AC14 | covid_19_tx_interleukin__l04ac14 | Sarilumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | covid_19_tx_interleukin__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 204 | jak Show the field ONLY if: [covid_19_treatment(HO-45861)] = '1' | JAK inhibitor treatment. Check all that apply. | checkbox <table border="1"> <tr> <td>L01XE18</td> <td>jak__l01xe18</td> <td>Ruxolitinib (Jakafi)</td> </tr> <tr> <td>L04AA44</td> <td>jak__l04aa44</td> <td>Upadacitinib</td> </tr> <tr> <td>OTH</td> <td>jak__oth</td> <td>Other</td> </tr> </table> Field Annotation: Terminologies: ATC, RxNorm | L01XE18 | jak__l01xe18 | Ruxolitinib (Jakafi) | L04AA44 | jak__l04aa44 | Upadacitinib | OTH | jak__oth | Other | | | | | | | | | | | | | | | | | | |
| L01XE18 | jak__l01xe18 | Ruxolitinib (Jakafi) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AA44 | jak__l04aa44 | Upadacitinib | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | jak__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 205 | c19_anticoag_reason | Has the patient received any dose or type of anticoagulants at any time 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 | checkbox <table border="1"> <tr> <td>1</td> <td>c19_anticoag_reason__1</td> <td>Prophylactic use (without the presence of a VTE either as an inpatient or outpatient)</td> </tr> <tr> <td>2</td> <td>c19_anticoag_reason__2</td> <td>DEPRECATED</td> </tr> <tr> <td>2a</td> <td>c19_anticoag_reason__2a</td> <td>Therapeutic use (for known VTE diagnosis)</td> </tr> <tr> <td>2b</td> <td>c19_anticoag_reason__2b</td> <td>Therapeutic use (for known ATE diagnosis)</td> </tr> <tr> <td>2c</td> <td>c19_anticoag_reason__2c</td> <td>Therapeutic use in the absence of any thrombosis (e.g., for prevention of stroke in atrial fibrillation)</td> </tr> <tr> <td>3</td> <td>c19_anticoag_reason__3</td> <td>For DIC during hospitalization</td> </tr> <tr> <td>NONE</td> <td>c19_anticoag_reason__none</td> <td>None (patient did not receive any anticoagulants)</td> </tr> <tr> <td>UNK</td> <td>c19_anticoag_reason__unk</td> <td>Unknown</td> </tr> <tr> <td>OTH</td> <td>c19_anticoag_reason__oth</td> <td>Other</td> </tr> </table> Field Annotation: @HIDECHOICE='2' | 1 | c19_anticoag_reason__1 | Prophylactic use (without the presence of a VTE either as an inpatient or outpatient) | 2 | c19_anticoag_reason__2 | DEPRECATED | 2a | c19_anticoag_reason__2a | Therapeutic use (for known VTE diagnosis) | 2b | c19_anticoag_reason__2b | Therapeutic use (for known ATE diagnosis) | 2c | c19_anticoag_reason__2c | Therapeutic use in the absence of any thrombosis (e.g., for prevention of stroke in atrial fibrillation) | 3 | c19_anticoag_reason__3 | For DIC during hospitalization | NONE | c19_anticoag_reason__none | None (patient did not receive any anticoagulants) | UNK | c19_anticoag_reason__unk | Unknown | OTH | c19_anticoag_reason__oth | Other |
| 1 | c19_anticoag_reason__1 | Prophylactic use (without the presence of a VTE either as an inpatient or outpatient) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | c19_anticoag_reason__2 | DEPRECATED | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2a | c19_anticoag_reason__2a | Therapeutic use (for known VTE diagnosis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2b | c19_anticoag_reason__2b | Therapeutic use (for known ATE diagnosis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2c | c19_anticoag_reason__2c | Therapeutic use in the absence of any thrombosis (e.g., for prevention of stroke in atrial fibrillation) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | c19_anticoag_reason__3 | For DIC during hospitalization | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | c19_anticoag_reason__none | None (patient did not receive any anticoagulants) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_anticoag_reason__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | c19_anticoag_reason__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------|--|---|--|---------|--------------------------|--|-------|--------------------------|---|---------|----------------------------|------------------------|-------|--------------------------|---|-------|--------------------------|---|---------|----------------------------|--------------|-----|------------------------|---------|-----|------------------------|-------|
| 206 | covid_19_tx_tnf Show the field ONLY if: [covid_19_treatment(ATC-L04AB)] = '1' | Tumor necrosis factor alpha (TNF-α) inhibitor treatment. Check all that apply. | checkbox <table border="1"> <tr> <td>L04AB01</td> <td>covid_19_tx_tnf__l04ab01</td> <td>Etanercept</td> </tr> <tr> <td>OTH</td> <td>covid_19_tx_tnf__oth</td> <td>Other</td> </tr> </table> Field Annotation: Field:ATC L04AB; Values:ATC | L04AB01 | covid_19_tx_tnf__l04ab01 | Etanercept | OTH | covid_19_tx_tnf__oth | Other | | | | | | | | | | | | | | | | | | |
| L04AB01 | covid_19_tx_tnf__l04ab01 | Etanercept | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | covid_19_tx_tnf__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| 207 | 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| 208 | c19_anticoag_type Show the field ONLY if: [c19_anticoag_reason(1)] = '1' or [c19_anticoag_reason(2a)] = '1' or [c19_anticoag_reason(2b)] = '1' or [c19_anticoag_reason(2c)] = '1' or [c19_anticoag_reason(3)] = '1' or [c19_anticoag_reason(OTH)] = '1' | Which anticoagulants were used? Check all that apply. | checkbox <table border="1"> <tr> <td>B01AA</td> <td>c19_anticoag_type__b01aa</td> <td>Vitamin K antagonists (e.g., warfarin)</td> </tr> <tr> <td>B01AB</td> <td>c19_anticoag_type__b01ab</td> <td>Low-molecular weight heparin (e.g., enoxaparin [Lovenox])</td> </tr> <tr> <td>B01AB01</td> <td>c19_anticoag_type__b01ab01</td> <td>Unfractionated heparin</td> </tr> <tr> <td>B01AE</td> <td>c19_anticoag_type__b01ae</td> <td>Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa])</td> </tr> <tr> <td>B01AF</td> <td>c19_anticoag_type__b01af</td> <td>Direct factor Xa inhibitors (e.g., apixaban [Eliquis], rivaroxaban [Xarelto])</td> </tr> <tr> <td>B01AX05</td> <td>c19_anticoag_type__b01ax05</td> <td>Fondaparinux</td> </tr> <tr> <td>UNK</td> <td>c19_anticoag_type__unk</td> <td>Unknown</td> </tr> <tr> <td>OTH</td> <td>c19_anticoag_type__oth</td> <td>Other</td> </tr> </table> Field Annotation: Terminology: ATC | B01AA | c19_anticoag_type__b01aa | Vitamin K antagonists (e.g., warfarin) | B01AB | c19_anticoag_type__b01ab | Low-molecular weight heparin (e.g., enoxaparin [Lovenox]) | B01AB01 | c19_anticoag_type__b01ab01 | Unfractionated heparin | B01AE | c19_anticoag_type__b01ae | Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa]) | B01AF | c19_anticoag_type__b01af | Direct factor Xa inhibitors (e.g., apixaban [Eliquis], rivaroxaban [Xarelto]) | B01AX05 | c19_anticoag_type__b01ax05 | Fondaparinux | UNK | c19_anticoag_type__unk | Unknown | OTH | c19_anticoag_type__oth | Other |
| B01AA | c19_anticoag_type__b01aa | Vitamin K antagonists (e.g., warfarin) | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AB | c19_anticoag_type__b01ab | Low-molecular weight heparin (e.g., enoxaparin [Lovenox]) | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AB01 | c19_anticoag_type__b01ab01 | Unfractionated heparin | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AE | c19_anticoag_type__b01ae | Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa]) | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AF | c19_anticoag_type__b01af | Direct factor Xa inhibitors (e.g., apixaban [Eliquis], rivaroxaban [Xarelto]) | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AX05 | c19_anticoag_type__b01ax05 | Fondaparinux | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_anticoag_type__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | c19_anticoag_type__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| 209 | 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| 210 | covid_19_treatment_trial | Was any COVID-19 treatment given as part of a clinical trial? | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|---|--|----------|-------------------------------|------------|--------------------------|---------------------------|-------------|------------|-------------------------------|-----------|---------------------------------------|-------------------------------|---------------------|----------|-----------------------------|-------------|-------------|--------------------------------|-----------|-------------|--------------------------------|------------|-------------|--------------------------------|--------------------------|----------|-----------------------------|--------------------------|---------|----------------------------|-------------|---------|----------------------------|------------|---------|----------------------------|-----------|---------|----------------------------|-------------|---------|----------------------------|------------|---------|----------------------------|-------------------------------|-----|------------------------|-------|-----|------------------------|---------|
| 211 | covid_19_trial_tx Show the field ONLY if: [covid_19_treatment_trial] = '1' | COVID-19 clinical trial treatment. Check all that apply. If you do not know which drug(s) were given on clinical trial, please check "Unknown". If you are not able to disclose drug names due to institutional restrictions, please check "Other". | checkbox, Required <table border="1"> <tr> <td>DB-15718</td> <td>covid_19_trial_tx__db_15718</td> <td>Bamlanivir</td> </tr> <tr> <td>Bam-Et</td> <td>covid_19_trial_tx__bam_et</td> <td>Bamlanivir</td> </tr> <tr> <td>REGEN-COV2</td> <td>covid_19_trial_tx__regen_cov2</td> <td>Casirivir</td> </tr> <tr> <td>RXCUI-5521</td> <td>covid_19_trial_tx__rxcul_5521</td> <td>Hydroxyclo (Plaque)</td> </tr> <tr> <td>HO-44995</td> <td>covid_19_trial_tx__ho_44995</td> <td>Anti-virals</td> </tr> <tr> <td>ATC-J05AR10</td> <td>covid_19_trial_tx__atc_j05ar10</td> <td>Lopinavir</td> </tr> <tr> <td>OMOP4873974</td> <td>covid_19_trial_tx__omop4873974</td> <td>Remdesivir</td> </tr> <tr> <td>RXCUI-18631</td> <td>covid_19_trial_tx__rxcul_18631</td> <td>Azithromycin (Zithromax)</td> </tr> <tr> <td>HO-45523</td> <td>covid_19_trial_tx__ho_45523</td> <td>Systemic corticosteroids</td> </tr> <tr> <td>L04AC08</td> <td>covid_19_trial_tx__l04ac08</td> <td>Canakinumab</td> </tr> <tr> <td>L04AC16</td> <td>covid_19_trial_tx__l04ac16</td> <td>Guselkumab</td> </tr> <tr> <td>L04AC14</td> <td>covid_19_trial_tx__l04ac14</td> <td>Sarilumab</td> </tr> <tr> <td>L04AC07</td> <td>covid_19_trial_tx__l04ac07</td> <td>Tocilizumab</td> </tr> <tr> <td>L04AB02</td> <td>covid_19_trial_tx__l04ab02</td> <td>Infliximab</td> </tr> <tr> <td>B05AX03</td> <td>covid_19_trial_tx__b05ax03</td> <td>Plasma from individual plasma</td> </tr> <tr> <td>OTH</td> <td>covid_19_trial_tx__oth</td> <td>Other</td> </tr> <tr> <td>UNK</td> <td>covid_19_trial_tx__unk</td> <td>Unknown</td> </tr> </table> Field Annotation: Terminologies: ATC/HemOnc/OMOP/RxNorm @HIDECHOICE = 'OTH-plasma' | DB-15718 | covid_19_trial_tx__db_15718 | Bamlanivir | Bam-Et | covid_19_trial_tx__bam_et | Bamlanivir | REGEN-COV2 | covid_19_trial_tx__regen_cov2 | Casirivir | RXCUI-5521 | covid_19_trial_tx__rxcul_5521 | Hydroxyclo (Plaque) | HO-44995 | covid_19_trial_tx__ho_44995 | Anti-virals | ATC-J05AR10 | covid_19_trial_tx__atc_j05ar10 | Lopinavir | OMOP4873974 | covid_19_trial_tx__omop4873974 | Remdesivir | RXCUI-18631 | covid_19_trial_tx__rxcul_18631 | Azithromycin (Zithromax) | HO-45523 | covid_19_trial_tx__ho_45523 | Systemic corticosteroids | L04AC08 | covid_19_trial_tx__l04ac08 | Canakinumab | L04AC16 | covid_19_trial_tx__l04ac16 | Guselkumab | L04AC14 | covid_19_trial_tx__l04ac14 | Sarilumab | L04AC07 | covid_19_trial_tx__l04ac07 | Tocilizumab | L04AB02 | covid_19_trial_tx__l04ab02 | Infliximab | B05AX03 | covid_19_trial_tx__b05ax03 | Plasma from individual plasma | OTH | covid_19_trial_tx__oth | Other | UNK | covid_19_trial_tx__unk | Unknown |
| DB-15718 | covid_19_trial_tx__db_15718 | Bamlanivir | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bam-Et | covid_19_trial_tx__bam_et | Bamlanivir | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REGEN-COV2 | covid_19_trial_tx__regen_cov2 | Casirivir | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RXCUI-5521 | covid_19_trial_tx__rxcul_5521 | Hydroxyclo (Plaque) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HO-44995 | covid_19_trial_tx__ho_44995 | Anti-virals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ATC-J05AR10 | covid_19_trial_tx__atc_j05ar10 | Lopinavir | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OMOP4873974 | covid_19_trial_tx__omop4873974 | Remdesivir | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RXCUI-18631 | covid_19_trial_tx__rxcul_18631 | Azithromycin (Zithromax) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HO-45523 | covid_19_trial_tx__ho_45523 | Systemic corticosteroids | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC08 | covid_19_trial_tx__l04ac08 | Canakinumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC16 | covid_19_trial_tx__l04ac16 | Guselkumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC14 | covid_19_trial_tx__l04ac14 | Sarilumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC07 | covid_19_trial_tx__l04ac07 | Tocilizumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AB02 | covid_19_trial_tx__l04ab02 | Infliximab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B05AX03 | covid_19_trial_tx__b05ax03 | Plasma from individual plasma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | covid_19_trial_tx__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | covid_19_trial_tx__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 212 | dx_cp_interval_2 Show the field ONLY if: [covid_19_trial_tx(B05AX03)] = '1' and [covid_19_treatment(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, enter 9999 here. | text (integer) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 213 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 214 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 215 | prbc | Did the patient receive any PRBC transfusions? | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 216 | comments_form_2 | Section Header: <i>Free text entry (optional)</i> Comments Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 217 | covid19_details_complete | Section Header: <i>Form Status</i> Complete? | dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Incomplete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Unverified | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Instrument: Cancer details (cancer_details)  Enabled as survey ^ Collapse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 218 | ts_3 | Timestamp for the cancer details form | text (datetime_dmy), Required Field Annotation: @HIDDEN @NOW.UTC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 219 | cancer_type | Section Header: <i>Cancer-specific data - Mandatory</i> Cancer type. If the patient has multiple primaries, please report on the cancer that was most recently treated. | dropdown (autocomplete), Required <table border="1"> <tr> <td>C132146</td> <td>Malignant Solid Neoplasm, NOS</td> </tr> <tr> <td>C9325</td> <td>Adrenocortical Carcinoma</td> </tr> <tr> <td>C9291</td> <td>Anal Cancer</td> </tr> <tr> <td>C9330</td> <td>Appendix Cancer</td> </tr> <tr> <td>C4436</td> <td>Bile Duct Cancer (Cholangiocarcinoma)</td> </tr> <tr> <td>C4912</td> <td>Bladder Cancer</td> </tr> </table> | C132146 | Malignant Solid Neoplasm, NOS | C9325 | Adrenocortical Carcinoma | C9291 | Anal Cancer | C9330 | Appendix Cancer | C4436 | Bile Duct Cancer (Cholangiocarcinoma) | C4912 | Bladder Cancer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C132146 | Malignant Solid Neoplasm, NOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 SCC) |
| C2921 | Invasive Cutaneous BCC (do not record localized BCC) |
| C3234 | Mesothelioma |
| C4039 | Ill 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 |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------|--|---|--|-------|-------------|--------|-------------------------------------|-------|----------------|-------|------------------------------|-------|------------------------------------|-------|-----------------------------------|-------|--------------------------------|-------|--------------------------------|-------|---------------------|-------|------------------|-------|----------------------------|-------|---------------------------------------|-------|----------------------------|-------|------------------|-------|-------------------|-------|---------------------|-------|------------------------------------|-------|------------------------|-------|-----------------------|-------|------------------|-------|----------------|--------|-----------------------------|-------|------------------------------|-------|---------------------|-----|-------|-------|------------|-------|-------------------|
| | | | <table border="1"> <tr><td>C3267</td><td>Wilms Tumor</td></tr> <tr><td>C27134</td><td>Malignant Hematologic Neoplasm, NOS</td></tr> <tr><td>C9300</td><td>Acute Leukemia</td></tr> <tr><td>C3171</td><td>Acute myeloid leukemia (AML)</td></tr> <tr><td>C3167</td><td>Acute lymphoblastic leukemia (ALL)</td></tr> <tr><td>C4345</td><td>Myeloproliferative neoplasm (MPN)</td></tr> <tr><td>C3174</td><td>Chronic myeloid leukemia (CML)</td></tr> <tr><td>C3247</td><td>Myelodysplastic syndrome (MDS)</td></tr> <tr><td>C9244</td><td>Aggressive lymphoma</td></tr> <tr><td>C9357</td><td>Hodgkin lymphoma</td></tr> <tr><td>C3211</td><td>Non-Hodgkin lymphoma (NHL)</td></tr> <tr><td>C8851</td><td>Diffuse large B-cell lymphoma (DLBCL)</td></tr> <tr><td>C4337</td><td>Mantle cell lymphoma (MCL)</td></tr> <tr><td>C2912</td><td>Burkitt lymphoma</td></tr> <tr><td>C8504</td><td>Indolent lymphoma</td></tr> <tr><td>C3209</td><td>Follicular lymphoma</td></tr> <tr><td>C3163</td><td>Chronic lymphocytic leukemia (CLL)</td></tr> <tr><td>C4341</td><td>Marginal zone lymphoma</td></tr> <tr><td>C4665</td><td>Plasma cell dyscrasia</td></tr> <tr><td>C3242</td><td>Multiple myeloma</td></tr> <tr><td>C3819</td><td>AL amyloidosis</td></tr> <tr><td>C27908</td><td>T-cell and NK-cell neoplasm</td></tr> <tr><td>C9308</td><td>Lymphoproliferative disorder</td></tr> <tr><td>C3106</td><td>Histiocyte disorder</td></tr> <tr><td>OTH</td><td>Other</td></tr> <tr><td>OTH_H</td><td>Other Heme</td></tr> <tr><td>OTH_S</td><td>Other Solid Tumor</td></tr> </table> <p>Field Annotation: LOINC:63929-4; Terminology: NCIT @HIDECHOICE = 'OTH'</p> | 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 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 220 | <p>cancer_type_oth</p> <p>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'</p> | Please specify cancer type | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 221 | <p>acute_leukemia_more</p> <p>Show the field ONLY if: [cancer_type] = 'C9300'</p> | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 222 | <p>lung_nos_more</p> <p>Show the field ONLY if: [cancer_type] = 'C4878'</p> | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 223 | <p>teravolt</p> <p>Show the field ONLY if: [cancer_type] = 'C4878' or [cancer_type] = 'C2926' or [cancer_type] = 'C4917' or [cancer_type] = 'C3411'</p> | Please consider donating data to the TERA-VOLT (Thoracic cancer 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 224 | <p>multiple_ca</p> | Does the patient have multiple malignancies? This includes multiple active malignancies as well as historic cancers. | <p>radio, Required</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|---|--|---|---------|-------------------------------|-------|--------------------------|-------|-------------|-------|-----------------|-------|---------------------------------------|-------|----------------|-------|------------------|-------|--|---------|---------------------------------|-------|--|-------|-------------------------|-------|---------------|-------|-----------------|-------|--------------|-------|---------------------|-------|------------------|-------|---------------|-------|-----------------------|-------|--------------------|-------|-----------------|-------|------|-------|----------------------|-------|--|-------|--|-------|--------------|-------|---------------------------------------|-------|--------------------|-------|------------------|-------|----------|-------|-------------|-------|--------------------------|-------|---------------|-------|---|-------|------------------------------------|-------|--------------|-------|----------------|-------|-------------------|-------|--------------------|-------|--------------|-------|-------------------|-------|---|-------|-----------------|-------|--------------------------------|-------|---------------------------|-------|---------------------|-------|----------------|-------|------------------|
| 225 | multiple_ca_quant Show the field ONLY if: [multiple_ca] = '1' | 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 three separate malignancies, enter three). | radio, Required <table border="1"> <tr><td>2</td><td>Two</td></tr> <tr><td>3</td><td>Three</td></tr> <tr><td>4</td><td>Four</td></tr> <tr><td>5</td><td>Five or more</td></tr> </table> | 2 | Two | 3 | Three | 4 | Four | 5 | Five or more | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Two | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Three | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Four | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Five or more | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 226 | cancer_type_2 Show the field ONLY if: [multiple_ca] = '1' | Cancer type of second malignancy. If the patient has more than two malignancies, please select the second-most recently diagnosed cancer type. If unknown or unclear, please specify in the free text box below. | dropdown (autocomplete), Required <table border="1"> <tr><td>C132146</td><td>Malignant Solid Neoplasm, NOS</td></tr> <tr><td>C9325</td><td>Adrenocortical Carcinoma</td></tr> <tr><td>C9291</td><td>Anal Cancer</td></tr> <tr><td>C9330</td><td>Appendix Cancer</td></tr> <tr><td>C4436</td><td>Bile Duct Cancer (Cholangiocarcinoma)</td></tr> <tr><td>C4912</td><td>Bladder Cancer</td></tr> <tr><td>C9312</td><td>Bone cancer, NOS</td></tr> <tr><td>C5111</td><td>Brain Cancer - benign (e.g., meningioma)</td></tr> <tr><td>C132067</td><td>Brain Cancer - low-grade glioma</td></tr> <tr><td>C3059</td><td>Brain Cancer - high-grade glioma (e.g., GBM)</td></tr> <tr><td>C4627</td><td>Brain (CNS) Cancer, NOS</td></tr> <tr><td>C4872</td><td>Breast Cancer</td></tr> <tr><td>C9039</td><td>Cervical Cancer</td></tr> <tr><td>C4910</td><td>Colon Cancer</td></tr> <tr><td>C2955</td><td>Colon/Rectum Cancer</td></tr> <tr><td>C3513</td><td>Esophagus Cancer</td></tr> <tr><td>C4817</td><td>Ewing Sarcoma</td></tr> <tr><td>C3867</td><td>Fallopian Tube Cancer</td></tr> <tr><td>C3844</td><td>Gallbladder Cancer</td></tr> <tr><td>C3708</td><td>Germ Cell Tumor</td></tr> <tr><td>C3868</td><td>GIST</td></tr> <tr><td>C4013</td><td>Head and Neck Cancer</td></tr> <tr><td>C4819</td><td>Invasive Cutaneous SCC (do not record localized SCC)</td></tr> <tr><td>C2921</td><td>Invasive Cutaneous BCC (do not record localized BCC)</td></tr> <tr><td>C3234</td><td>Mesothelioma</td></tr> <tr><td>C4039</td><td>Ill Defined/Cancer of Unknown Primary</td></tr> <tr><td>C3099</td><td>Liver Cancer (HCC)</td></tr> <tr><td>C4878</td><td>Lung Cancer, NOS</td></tr> <tr><td>C3224</td><td>Melanoma</td></tr> <tr><td>C9231</td><td>Merkel Cell</td></tr> <tr><td>C3871</td><td>Nasopharyngeal Carcinoma</td></tr> <tr><td>C3270</td><td>Neuroblastoma</td></tr> <tr><td>C3809</td><td>Neuroendocrine tumor (NET) or Carcinoid</td></tr> <tr><td>C2926</td><td>Non Small Cell Lung Cancer (NSCLC)</td></tr> <tr><td>C9145</td><td>Osteosarcoma</td></tr> <tr><td>C7431</td><td>Ovarian Cancer</td></tr> <tr><td>C3850</td><td>Pancreatic Cancer</td></tr> <tr><td>C4906</td><td>Parathyroid Cancer</td></tr> <tr><td>C9061</td><td>Penis Cancer</td></tr> <tr><td>C3538</td><td>Peritoneum Cancer</td></tr> <tr><td>C3555</td><td>Placenta Cancer (incl. Choriocarcinoma)</td></tr> <tr><td>C4863</td><td>Prostate Cancer</td></tr> <tr><td>C9382</td><td>Rectum and Rectosigmoid Cancer</td></tr> <tr><td>C9385</td><td>Renal Kidney Cancer (RCC)</td></tr> <tr><td>C7355</td><td>Renal Pelvis Cancer</td></tr> <tr><td>C7541</td><td>Retinoblastoma</td></tr> <tr><td>C3359</td><td>Rhabdomyosarcoma</td></tr> </table> | C132146 | Malignant Solid Neoplasm, NOS | 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 SCC) | C2921 | Invasive Cutaneous BCC (do not record localized BCC) | C3234 | Mesothelioma | C4039 | Ill 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 |
| C132146 | Malignant Solid Neoplasm, NOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 SCC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C2921 | Invasive Cutaneous BCC (do not record localized BCC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C3234 | Mesothelioma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C4039 | Ill 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | | <table><tr><td>C6389</td><td>Scrotum Cancer</td></tr><tr><td>C4917</td><td>Small Cell Lung Cancer</td></tr><tr><td>C7724</td><td>Small Intestine Cancer</td></tr><tr><td>C9306</td><td>Soft Tissue Sarcoma, NOS</td></tr><tr><td>C4911</td><td>Stomach (Gastric) Cancer</td></tr><tr><td>C9063</td><td>Testis Cancer</td></tr><tr><td>C3411</td><td>Thymus Cancer</td></tr><tr><td>C4815</td><td>Thyroid Cancer</td></tr><tr><td>C7558</td><td>Uterus (Endometrial) Cancer</td></tr><tr><td>C3917</td><td>Vagina Cancer</td></tr><tr><td>C8538</td><td>Vascular Sarcoma, NOS</td></tr><tr><td>C4866</td><td>Vulva Cancer</td></tr><tr><td>C3267</td><td>Wilms Tumor</td></tr><tr><td>C27134</td><td>Malignant Hematologic Neoplasm, NOS</td></tr><tr><td>C9300</td><td>Acute Leukemia</td></tr><tr><td>C3171</td><td>Acute myeloid leukemia (AML)</td></tr><tr><td>C3167</td><td>Acute lymphoblastic leukemia (ALL)</td></tr><tr><td>C4345</td><td>Myeloproliferative neoplasm (MPN)</td></tr><tr><td>C3174</td><td>Chronic myeloid leukemia (CML)</td></tr><tr><td>C3247</td><td>Myelodysplastic syndrome (MDS)</td></tr><tr><td>C9244</td><td>Aggressive lymphoma</td></tr><tr><td>C9357</td><td>Hodgkin lymphoma</td></tr><tr><td>C3211</td><td>Non-Hodgkin lymphoma (NHL)</td></tr><tr><td>C8851</td><td>Diffuse large B-cell lymphoma (DLBCL)</td></tr><tr><td>C4337</td><td>Mantle cell lymphoma (MCL)</td></tr><tr><td>C2912</td><td>Burkitt lymphoma</td></tr><tr><td>C8504</td><td>Indolent lymphoma</td></tr><tr><td>C3209</td><td>Follicular lymphoma</td></tr><tr><td>C3163</td><td>Chronic lymphocytic leukemia (CLL)</td></tr><tr><td>C4341</td><td>Marginal zone lymphoma</td></tr><tr><td>C4665</td><td>Plasma cell dyscrasia</td></tr><tr><td>C3242</td><td>Multiple myeloma</td></tr><tr><td>C3819</td><td>AL amyloidosis</td></tr><tr><td>C27908</td><td>T-cell and NK-cell neoplasm</td></tr><tr><td>C9308</td><td>Lymphoproliferative disorder</td></tr><tr><td>C3106</td><td>Histiocyte disorder</td></tr><tr><td>OTH</td><td>Other</td></tr><tr><td>OTH_H</td><td>Other Heme</td></tr><tr><td>OTH_S</td><td>Other Solid Tumor</td></tr></table> <div>Field Annotation: LOINC:63929-4; Terminology: NCIT @HIDECHOICE = 'OTH'</div> | 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 | OTH | Other | OTH_H | Other Heme | OTH_S | Other Solid Tumor |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH_H | Other Heme | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH_S | Other Solid Tumor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 227 | <div>cancer_type_oth_2</div> <div>Show the field ONLY if: [cancer_type_2] = 'OTH' or [cancer_type_2] = 'C132146' or [cancer_type_2] = 'OTH_H' or [cancer_type_2] = 'OTH_S' or [cancer_type_2] = 'C27134'</div> | Please specify cancer type | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 228 | <div>cancer_type_3</div> <div>Show the field ONLY if: [multiple_ca_quant] = '3' or [multiple_ca_quant] = '4' or [multiple_ca_quant] = '5'</div> | Cancer type of third malignancy. If the patient has more than three malignancies, please select the third-most recently diagnosed cancer type. If unknown or unclear, please specify in the free text box below. | <div>dropdown (autocomplete), Required</div> <table><tr><td>C132146</td><td>Malignant Solid Neoplasm, NOS</td></tr><tr><td>C9325</td><td>Adrenocortical Carcinoma</td></tr><tr><td>C9291</td><td>Anal Cancer</td></tr><tr><td>C9330</td><td>Appendix Cancer</td></tr><tr><td>C4436</td><td>Bile Duct Cancer (Cholangiocarcinoma)</td></tr><tr><td>C4912</td><td>Bladder Cancer</td></tr><tr><td>C9312</td><td>Bone cancer, NOS</td></tr></table> | C132146 | Malignant Solid Neoplasm, NOS | C9325 | Adrenocortical Carcinoma | C9291 | Anal Cancer | C9330 | Appendix Cancer | C4436 | Bile Duct Cancer (Cholangiocarcinoma) | C4912 | Bladder Cancer | C9312 | Bone cancer, NOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C132146 | Malignant Solid Neoplasm, NOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C9325 | Adrenocortical Carcinoma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C9291 | Anal Cancer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C9330 | Appendix Cancer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C4436 | Bile Duct Cancer (Cholangiocarcinoma) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C4912 | Bladder Cancer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C9312 | Bone cancer, NOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 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 SCC) |
| C2921 | Invasive Cutaneous BCC (do not record localized BCC) |
| C3234 | Mesothelioma |
| C4039 | Ill 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 |

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| | | | <table><tr><td>C27134</td><td>Malignant Hematologic Neoplasm, NOS</td></tr><tr><td>C9300</td><td>Acute Leukemia</td></tr><tr><td>C3171</td><td>Acute myeloid leukemia (AML)</td></tr><tr><td>C3167</td><td>Acute lymphoblastic leukemia (ALL)</td></tr><tr><td>C4345</td><td>Myeloproliferative neoplasm (MPN)</td></tr><tr><td>C3174</td><td>Chronic myeloid leukemia (CML)</td></tr><tr><td>C3247</td><td>Myelodysplastic syndrome (MDS)</td></tr><tr><td>C9244</td><td>Aggressive lymphoma</td></tr><tr><td>C9357</td><td>Hodgkin lymphoma</td></tr><tr><td>C3211</td><td>Non-Hodgkin lymphoma (NHL)</td></tr><tr><td>C8851</td><td>Diffuse large B-cell lymphoma (DLBCL)</td></tr><tr><td>C4337</td><td>Mantle cell lymphoma (MCL)</td></tr><tr><td>C2912</td><td>Burkitt lymphoma</td></tr><tr><td>C8504</td><td>Indolent lymphoma</td></tr><tr><td>C3209</td><td>Follicular lymphoma</td></tr><tr><td>C3163</td><td>Chronic lymphocytic leukemia (CLL)</td></tr><tr><td>C4341</td><td>Marginal zone lymphoma</td></tr><tr><td>C4665</td><td>Plasma cell dyscrasia</td></tr><tr><td>C3242</td><td>Multiple myeloma</td></tr><tr><td>C3819</td><td>AL amyloidosis</td></tr><tr><td>C27908</td><td>T-cell and NK-cell neoplasm</td></tr><tr><td>C9308</td><td>Lymphoproliferative disorder</td></tr><tr><td>C3106</td><td>Histiocyte disorder</td></tr><tr><td>OTH_H</td><td>Other Heme</td></tr><tr><td>OTH_S</td><td>Other Solid Tumor</td></tr></table> <div>Field Annotation: LOINC:63929-4; Terminology: NCIT</div> | 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_H | Other Heme | OTH_S | Other Solid 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_H | Other Heme | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH_S | Other Solid Tumor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 229 | <div>cancer_type_oth_3</div> <div>Show the field ONLY if: [cancer_type_3] = 'C132146' or [cancer_type_3] = 'OTH_H' or [cancer_type_3] = 'OTH_S' or [cancer_type_3] = 'C27134'</div> | Please specify cancer type | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 230 | <div>cancer_type_4</div> <div>Show the field ONLY if: [multiple_ca_quant] = '4' or [multiple_ca_quant] = '5'</div> | Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer type. If unknown or unclear, please specify in the free text box below. | <div>dropdown (autocomplete), Required</div> <table><tr><td>C132146</td><td>Malignant Solid Neoplasm, NOS</td></tr><tr><td>C9325</td><td>Adrenocortical Carcinoma</td></tr><tr><td>C9291</td><td>Anal Cancer</td></tr><tr><td>C9330</td><td>Appendix Cancer</td></tr><tr><td>C4436</td><td>Bile Duct Cancer (Cholangiocarcinoma)</td></tr><tr><td>C4912</td><td>Bladder Cancer</td></tr><tr><td>C9312</td><td>Bone cancer, NOS</td></tr><tr><td>C5111</td><td>Brain Cancer - benign (e.g., meningioma)</td></tr><tr><td>C132067</td><td>Brain Cancer - low-grade glioma</td></tr><tr><td>C3059</td><td>Brain Cancer - high-grade glioma (e.g., GBM)</td></tr><tr><td>C4627</td><td>Brain (CNS) Cancer, NOS</td></tr><tr><td>C4872</td><td>Breast Cancer</td></tr><tr><td>C9039</td><td>Cervical Cancer</td></tr><tr><td>C4910</td><td>Colon Cancer</td></tr><tr><td>C2955</td><td>Colon/Rectum Cancer</td></tr><tr><td>C3513</td><td>Esophagus Cancer</td></tr><tr><td>C4817</td><td>Ewing Sarcoma</td></tr><tr><td>C3867</td><td>Fallopian Tube Cancer</td></tr><tr><td>C3844</td><td>Gallbladder Cancer</td></tr><tr><td>C3708</td><td>Germ Cell Tumor</td></tr><tr><td>C3868</td><td>GIST</td></tr><tr><td>C4013</td><td>Head and Neck Cancer</td></tr></table> | C132146 | Malignant Solid Neoplasm, NOS | 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 | | | | | | |
| C132146 | Malignant Solid Neoplasm, NOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| C4819 | Invasive Cutaneous SCC (do not record localized SCC) |
| C2921 | Invasive Cutaneous BCC (do not record localized BCC) |
| C3234 | Mesothelioma |
| C4039 | Ill 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 |

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|---------|---|---|--|---------|------------------------------------|-------|--------------------------|-------|-----------------------|-------|------------------|-------|---------------------------------------|--------|-----------------------------|-------|------------------------------|-------|--|---------|---------------------------------|-------|--|-------|-------------------------|-------|---------------|-------|-----------------|-------|--------------|-------|---------------------|-------|------------------|-------|---------------|-------|-----------------------|-------|--------------------|-------|-----------------|-------|------|-------|----------------------|-------|--|-------|--|-------|--------------|-------|---------------------------------------|-------|--------------------|-------|------------------|-------|----------|-------|-------------|-------|--------------------------|-------|---------------|-------|---|-------|------------------------------------|-------|--------------|-------|----------------|
| | | | <table><tr><td>C3163</td><td>Chronic lymphocytic leukemia (CLL)</td></tr><tr><td>C4341</td><td>Marginal zone lymphoma</td></tr><tr><td>C4665</td><td>Plasma cell dyscrasia</td></tr><tr><td>C3242</td><td>Multiple myeloma</td></tr><tr><td>C3819</td><td>AL amyloidosis</td></tr><tr><td>C27908</td><td>T-cell and NK-cell neoplasm</td></tr><tr><td>C9308</td><td>Lymphoproliferative disorder</td></tr><tr><td>C3106</td><td>Histiocyte disorder</td></tr><tr><td>OTH_H</td><td>Other Heme</td></tr><tr><td>OTH_S</td><td>Other Solid Tumor</td></tr></table> <div>Field Annotation: LOINC:63929-4; Terminology: NCIT</div> | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | <div>cancer_type_oth_4</div> <div>Show the field ONLY if: [cancer_type_4] = 'C132146' or [cancer_type_4] = 'OTH_H' or [cancer_type_4] = 'OTH_S' or [cancer_type_4] = 'C27134'</div> | Please specify cancer type | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 232 | <div>cancer_type_5</div> <div>Show the field ONLY if: [multiple_ca_quant] = '5'</div> | Cancer type of fifth malignancy. If the patient has more than five malignancies, please select the fifth-most recently diagnosed cancer type. If unknown or unclear, please specify in the free text box below. | <div>dropdown (autocomplete), Required</div> <table><tr><td>C132146</td><td>Malignant Solid Neoplasm, NOS</td></tr><tr><td>C9325</td><td>Adrenocortical Carcinoma</td></tr><tr><td>C9291</td><td>Anal Cancer</td></tr><tr><td>C9330</td><td>Appendix Cancer</td></tr><tr><td>C4436</td><td>Bile Duct Cancer (Cholangiocarcinoma)</td></tr><tr><td>C4912</td><td>Bladder Cancer</td></tr><tr><td>C9312</td><td>Bone cancer, NOS</td></tr><tr><td>C5111</td><td>Brain Cancer - benign (e.g., meningioma)</td></tr><tr><td>C132067</td><td>Brain Cancer - low-grade glioma</td></tr><tr><td>C3059</td><td>Brain Cancer - high-grade glioma (e.g., GBM)</td></tr><tr><td>C4627</td><td>Brain (CNS) Cancer, NOS</td></tr><tr><td>C4872</td><td>Breast Cancer</td></tr><tr><td>C9039</td><td>Cervical Cancer</td></tr><tr><td>C4910</td><td>Colon Cancer</td></tr><tr><td>C2955</td><td>Colon/Rectum Cancer</td></tr><tr><td>C3513</td><td>Esophagus Cancer</td></tr><tr><td>C4817</td><td>Ewing Sarcoma</td></tr><tr><td>C3867</td><td>Fallopian Tube Cancer</td></tr><tr><td>C3844</td><td>Gallbladder Cancer</td></tr><tr><td>C3708</td><td>Germ Cell Tumor</td></tr><tr><td>C3868</td><td>GIST</td></tr><tr><td>C4013</td><td>Head and Neck Cancer</td></tr><tr><td>C4819</td><td>Invasive Cutaneous SCC (do not record localized SCC)</td></tr><tr><td>C2921</td><td>Invasive Cutaneous BCC (do not record localized BCC)</td></tr><tr><td>C3234</td><td>Mesothelioma</td></tr><tr><td>C4039</td><td>Ill Defined/Cancer of Unknown Primary</td></tr><tr><td>C3099</td><td>Liver Cancer (HCC)</td></tr><tr><td>C4878</td><td>Lung Cancer, NOS</td></tr><tr><td>C3224</td><td>Melanoma</td></tr><tr><td>C9231</td><td>Merkel Cell</td></tr><tr><td>C3871</td><td>Nasopharyngeal Carcinoma</td></tr><tr><td>C3270</td><td>Neuroblastoma</td></tr><tr><td>C3809</td><td>Neuroendocrine tumor (NET) or Carcinoid</td></tr><tr><td>C2926</td><td>Non Small Cell Lung Cancer (NSCLC)</td></tr><tr><td>C9145</td><td>Osteosarcoma</td></tr><tr><td>C7431</td><td>Ovarian Cancer</td></tr></table> | C132146 | Malignant Solid Neoplasm, NOS | 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 SCC) | C2921 | Invasive Cutaneous BCC (do not record localized BCC) | C3234 | Mesothelioma | C4039 | Ill 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 |
| C132146 | Malignant Solid Neoplasm, NOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 SCC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C2921 | Invasive Cutaneous BCC (do not record localized BCC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C3234 | Mesothelioma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C4039 | Ill 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--------|---|
| 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 |
| OTH_H | Other Heme |
| OTH_S | Other Solid Tumor |

Field Annotation: LOINC:63929-4; Terminology: NCIT

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|------|---|--|---|----|-----------------------|--|-----------------|-------------------------|-------------------------------------|------|-------------------------|---|-----------------|-----------------------|-----------------|----|-----------------|----|-----------------|----|------------------|----|--|----|---|----|---|
| 233 | cancer_type_oth_5 Show the field ONLY if: [cancer_type_5] = 'C132146' or [cancer_type_5] = 'OTH_H' or [cancer_type_5] = 'OTH_S' or [cancer_type_5] = 'C27134' | Please specify cancer type | text | | | | | | | | | | | | | | | | | | | | | | | | |
| 234 | 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| 235 | breast_biomarkers Show the field ONLY if: [cancer_type] = 'C4872' or [cancer_type_2] = 'C4872' or [cancer_type_3] = 'C4872' or [cancer_type_4] = 'C4872' or [cancer_type_5] = 'C4872' | Breast cancer specific: What is the breast cancer phenotype? Check all 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 pathology report is not required (unless the clinic notes fails to comment on both hormone receptors as well as HER2 status). 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 recent biopsy of the metastatic site, if unavailable, can use information from primary surgery or initial diagnostic biopsy. For stages I-III breast cancer, use information from surgery if available, otherwise use information from initial diagnostic biopsy. Hormone receptor (HR) 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. | checkbox <table border="1"> <tr> <td>ER</td> <td>breast_biomarkers__er</td> <td>Estrogen and/or progesterone-receptor positive (ER or PR positive)</td> </tr> <tr> <td>HER2</td> <td>breast_biomarkers__her2</td> <td>HER2 overexpressing (HER2 positive)</td> </tr> <tr> <td>TNBC</td> <td>breast_biomarkers__tnbc</td> <td>Triple-negative breast cancer (ER, PR, and HER2 negative)</td> </tr> <tr> <td>99</td> <td>breast_biomarkers__99</td> <td>Unknown</td> </tr> </table> | ER | breast_biomarkers__er | Estrogen and/or progesterone-receptor positive (ER or PR positive) | HER2 | breast_biomarkers__her2 | HER2 overexpressing (HER2 positive) | TNBC | breast_biomarkers__tnbc | Triple-negative breast cancer (ER, PR, and HER2 negative) | 99 | breast_biomarkers__99 | Unknown | | | | | | | | | | | | |
| ER | breast_biomarkers__er | Estrogen and/or progesterone-receptor positive (ER or PR positive) | | | | | | | | | | | | | | | | | | | | | | | | | |
| HER2 | breast_biomarkers__her2 | HER2 overexpressing (HER2 positive) | | | | | | | | | | | | | | | | | | | | | | | | | |
| TNBC | breast_biomarkers__tnbc | Triple-negative breast cancer (ER, PR, and HER2 negative) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | breast_biomarkers__99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | |
| 236 | 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? | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 237 | gleason Show the field ONLY if: [cancer_type] = 'C4863' or [cancer_type_2] = 'C4863' or [cancer_type_3] = 'C4863' or [cancer_type_4] = 'C4863' or [cancer_type_5] = 'C4863' | Prostate cancer specific: Gleason Score - Document the highest Gleason score (from either biopsy or radical prostatectomy - preferred if available). For example, Gleason 4 + 3 would be marked as Gleason 7. | radio <table border="1"> <tr><td>02</td><td>Gleason score 2</td></tr> <tr><td>03</td><td>Gleason score 3</td></tr> <tr><td>04</td><td>Gleason score 4</td></tr> <tr><td>05</td><td>Gleason score 5</td></tr> <tr><td>06</td><td>Gleason score 6</td></tr> <tr><td>07</td><td>Gleason score 7</td></tr> <tr><td>08</td><td>Gleason score 8</td></tr> <tr><td>09</td><td>Gleason score 9</td></tr> <tr><td>10</td><td>Gleason score 10</td></tr> <tr><td>X7</td><td>No needle core biopsy/TURP/prostatectomy performed</td></tr> <tr><td>X8</td><td>Not applicable: Information not collected for this case</td></tr> <tr><td>X9</td><td>Not documented in medical record or Gleason Score not assessed or unknown if assessed</td></tr> </table> <p>Field Annotation: NAACCR 3840/3841</p> | 02 | Gleason score 2 | 03 | Gleason score 3 | 04 | Gleason score 4 | 05 | Gleason score 5 | 06 | Gleason score 6 | 07 | Gleason score 7 | 08 | Gleason score 8 | 09 | Gleason score 9 | 10 | Gleason score 10 | X7 | No needle core biopsy/TURP/prostatectomy performed | X8 | Not applicable: Information not collected for this case | X9 | Not documented in medical record or Gleason Score not assessed or unknown if assessed |
| 02 | Gleason score 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | Gleason score 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 | Gleason score 4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | Gleason score 5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | Gleason score 6 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | Gleason score 7 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | Gleason score 8 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | Gleason score 9 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Gleason score 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X7 | No needle core biopsy/TURP/prostatectomy performed | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X8 | Not applicable: Information not collected for this case | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X9 | Not documented in medical record or Gleason Score not assessed or unknown if assessed | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|------|---|---|---|------|---|------|---|-----|--|-----|---|----|---|----|---------|
| 238 | gleason_source Show the field ONLY if: ([cancer_type] = 'C4863' or [cancer_type_2] = 'C4863' or [cancer_type_3] = 'C4863' or [cancer_type_4] = 'C4863' or [cancer_type_5] = 'C4863') and ([gleason] = '02' or [gleason] = '03' or [gleason] = '04' or [gleason] = '05' or [gleason] = '06' or [gleason] = '07' or [gleason] = '08' or [gleason] = '09' or [gleason] = '10') | Prostate cancer specific: What type of specimen was the Gleason score based on? | radio <table border="1"> <tr> <td>3840</td> <td>Prostate biopsy or TURP</td> </tr> <tr> <td>3841</td> <td>Radical prostatectomy</td> </tr> <tr> <td>MET</td> <td>Metastatic site of disease</td> </tr> <tr> <td>UNK</td> <td>Unknown</td> </tr> </table> | 3840 | Prostate biopsy or TURP | 3841 | Radical prostatectomy | MET | Metastatic site of disease | UNK | Unknown | | | | |
| 3840 | Prostate biopsy or TURP | | | | | | | | | | | | | | |
| 3841 | Radical prostatectomy | | | | | | | | | | | | | | |
| MET | Metastatic site of disease | | | | | | | | | | | | | | |
| UNK | Unknown | | | | | | | | | | | | | | |
| 239 | cancer_status | Cancer status. If the patient has multiple primaries, please report on the cancer that was most recently treated. | radio, Required <table border="1"> <tr> <td>1</td> <td>Remission/NED</td> </tr> <tr> <td>2</td> <td>Active disease, responding to treatment</td> </tr> <tr> <td>3</td> <td>Active disease, stable</td> </tr> <tr> <td>4</td> <td>Active disease, progressing</td> </tr> <tr> <td>5</td> <td>Active disease, status unknown or not yet assessed</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | Remission/NED | 2 | Active disease, responding to treatment | 3 | Active disease, stable | 4 | Active disease, progressing | 5 | Active disease, status unknown or not yet assessed | 99 | Unknown |
| 1 | Remission/NED | | | | | | | | | | | | | | |
| 2 | Active disease, responding to treatment | | | | | | | | | | | | | | |
| 3 | Active disease, stable | | | | | | | | | | | | | | |
| 4 | Active disease, progressing | | | | | | | | | | | | | | |
| 5 | Active disease, status unknown or not yet assessed | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | |
| 240 | hospice Show the field ONLY if: [cancer_status] = 4 or [cancer_status] = 5 | Was the patient on hospice prior to the COVID-19 diagnosis? | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | |
| 241 | on_treatment | Is the patient on anti-cancer treatment? That is, was the patient receiving any treatments intended to directly or indirectly destroy cancer cells in the 3 months prior to COVID-19 diagnosis? This includes systemic therapy, surgery, radiotherapy, and transplant/cellular therapy (including prior to actual transplant/infusion). | radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | Yes | 0 | No | 99 | Unknown | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | |
| 242 | recent_treatment Show the field ONLY if: [on_treatment] = '1' | When was the most recent anti-cancer treatment, relative to the time of COVID-19 diagnosis? Anti-cancer treatment means anything intended to directly or indirectly destroy cancer cells, including systemic therapy, surgery, radiotherapy, and transplant/cellular therapy. | radio, Required <table border="1"> <tr> <td>1</td> <td>Less than 2 weeks prior to COVID-19 diagnosis</td> </tr> <tr> <td>2</td> <td>Within 2 to 4 weeks prior to COVID-19 diagnosis</td> </tr> <tr> <td>3</td> <td>Within the month to 3 months prior to COVID-19 diagnosis</td> </tr> <tr> <td>88</td> <td>More than 3 months prior to COVID-19 diagnosis</td> </tr> <tr> <td>98</td> <td>Treatment was initiated for the first time AFTER the COVID-19 diagnosis</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | Less than 2 weeks prior to COVID-19 diagnosis | 2 | Within 2 to 4 weeks prior to COVID-19 diagnosis | 3 | Within the month to 3 months prior to COVID-19 diagnosis | 88 | More than 3 months prior to COVID-19 diagnosis | 98 | Treatment was initiated for the first time AFTER the COVID-19 diagnosis | 99 | Unknown |
| 1 | Less than 2 weeks prior to COVID-19 diagnosis | | | | | | | | | | | | | | |
| 2 | Within 2 to 4 weeks prior to COVID-19 diagnosis | | | | | | | | | | | | | | |
| 3 | Within the month to 3 months prior to COVID-19 diagnosis | | | | | | | | | | | | | | |
| 88 | More than 3 months prior to COVID-19 diagnosis | | | | | | | | | | | | | | |
| 98 | Treatment was initiated for the first time AFTER the COVID-19 diagnosis | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | |
| 243 | hx_treatment Show the field ONLY if: [on_treatment] = '0' or [recent_treatment] = '88' | 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 systemic therapy, surgery, radiotherapy, and transplant/cellular therapy. | radio <table border="1"> <tr> <td>1</td> <td>Completed within 3 months prior to COVID-19 diagnosis</td> </tr> <tr> <td>2</td> <td>Completed more than 3 months but less than 1 year prior to COVID-19 diagnosis</td> </tr> <tr> <td>3</td> <td>Completed more than 1 year prior to COVID-19 diagnosis</td> </tr> <tr> <td>88</td> <td>Never (patient never received cancer treatment prior to COVID-19 diagnosis)</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | Completed within 3 months prior to COVID-19 diagnosis | 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 | | |
| 1 | Completed within 3 months prior to COVID-19 diagnosis | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |

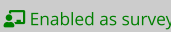
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|--|--|---|---------|---------------------------|---------------------------|---|---------------------------|--|-------------|---|----------------------|---------|---------------------------|-----------------------------|---------|---------------------------|--------------------|---------|---------------------------|---------------------|---------|---------------------------|-----------------------------|-------|---------------------------|------------------------------------|-----|-------------------------|---------|------|------------------------|------|
| 244 | <p>treatment_modality</p> <p>Show the field ONLY if: [on_treatment] = '1' or [hx_treatm ent] = '1' or [hx_treatment] = '2'</p> | <p>Anti-cancer treatment modality. Check all that apply. You should check 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 chemotherapy and radiotherapy. If a patient received neoadjuvant chemotherapy followed by surgery, you should check cytotoxic chemotherapy and surgery. When in doubt, please provide additional details in the free text boxes below. Definitions Cytotoxic chemotherapy: drugs that have direct toxic effects on the cellular reproduction apparatus (e.g., anthracyclines, taxanes, vinca alkaloids, etc.). Immunotherapy: drugs or cellular therapy that primarily act through upregulation of the immune system (e.g., immune checkpoint inhibitors, allogeneic hematopoietic stem cell transplant, BiTEs, CAR-T-cells). Endocrine (Hormone) therapy: drugs that inhibit, mimic, or replace endocrine processes (e.g., tamoxifen, aromatase inhibitors, 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).</p> | <p>checkbox, Required</p> <table border="1"> <tr> <td>685</td> <td>treatment_modality__685</td> <td>Cytotoxic chemotherapy</td> </tr> <tr> <td>694</td> <td>treatment_modality__694</td> <td>Immunotherapy</td> </tr> <tr> <td>58229</td> <td>treatment_modality__58229</td> <td>Targeted therapy</td> </tr> <tr> <td>691</td> <td>treatment_modality__691</td> <td>Endocrine (Hormone) therapy</td> </tr> <tr> <td>695</td> <td>treatment_modality__695</td> <td>Radiotherapy</td> </tr> <tr> <td>14051</td> <td>treatment_modality__14051</td> <td>Surgery</td> </tr> <tr> <td>45186</td> <td>treatment_modality__45186</td> <td>Transplant/Cellular therapy</td> </tr> <tr> <td>45215</td> <td>treatment_modality__45215</td> <td>Intravesicular therapy (e.g., BCG)</td> </tr> <tr> <td>OTH</td> <td>treatment_modality__oth</td> <td>Other</td> </tr> </table> <p>Field Annotation: Terminology: HemOnc</p> | 685 | treatment_modality__685 | Cytotoxic chemotherapy | 694 | treatment_modality__694 | Immunotherapy | 58229 | treatment_modality__58229 | Targeted therapy | 691 | treatment_modality__691 | Endocrine (Hormone) therapy | 695 | treatment_modality__695 | Radiotherapy | 14051 | treatment_modality__14051 | Surgery | 45186 | treatment_modality__45186 | Transplant/Cellular therapy | 45215 | treatment_modality__45215 | Intravesicular therapy (e.g., BCG) | OTH | treatment_modality__oth | Other | | | |
| 685 | treatment_modality__685 | Cytotoxic chemotherapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 694 | treatment_modality__694 | Immunotherapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58229 | treatment_modality__58229 | Targeted therapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 691 | treatment_modality__691 | Endocrine (Hormone) therapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 695 | treatment_modality__695 | Radiotherapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14051 | treatment_modality__14051 | Surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45186 | treatment_modality__45186 | Transplant/Cellular therapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45215 | treatment_modality__45215 | Intravesicular therapy (e.g., BCG) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | treatment_modality__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 245 | <p>intravesicular_bcg</p> <p>Show the field ONLY if: [treatment_modality(45215)] = '1'</p> | <p>Did the intravesicular therapy include BCG?</p> | <p>radio</p> <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 246 | <p>tx_modality_oth_specify</p> <p>Show the field ONLY if: [treatment_modality(OTH)] = '1'</p> | <p>Please specify other modalities. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.</p> | <p>notes</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 247 | <p>what_immunotherapy</p> <p>Show the field ONLY if: [treatment_modality(694)] = '1'</p> | <p>What immunotherapy?</p> | <p>radio, Required</p> <table border="1"> <tr> <td>45838</td> <td>Anti-CTLA4 antibody</td> </tr> <tr> <td>45446</td> <td>Anti-PD-1 antibody (e.g., nivolumab, pembrolizumab)</td> </tr> <tr> <td>45170</td> <td>Anti-PD-L1 antibody (e.g., atezolizumab, avelumab)</td> </tr> <tr> <td>45838-45446</td> <td>Combination of anti-CTLA4 and anti-PD-1 (e.g. ipilimumab & nivolumab)</td> </tr> <tr> <td>OTH</td> <td>Other</td> </tr> <tr> <td>UNK</td> <td>Unknown</td> </tr> </table> <p>Field Annotation: Terminology: HemOnc</p> | 45838 | Anti-CTLA4 antibody | 45446 | Anti-PD-1 antibody (e.g., nivolumab, pembrolizumab) | 45170 | Anti-PD-L1 antibody (e.g., atezolizumab, avelumab) | 45838-45446 | Combination of anti-CTLA4 and anti-PD-1 (e.g. ipilimumab & nivolumab) | OTH | Other | UNK | Unknown | | | | | | | | | | | | | | | | | | |
| 45838 | Anti-CTLA4 antibody | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45446 | Anti-PD-1 antibody (e.g., nivolumab, pembrolizumab) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45170 | Anti-PD-L1 antibody (e.g., atezolizumab, avelumab) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45838-45446 | Combination of anti-CTLA4 and anti-PD-1 (e.g. ipilimumab & nivolumab) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 248 | <p>immuno_other_specify</p> <p>Show the field ONLY if: [what_immunotherapy] = 'OTH'</p> | <p>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.</p> | <p>notes</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 249 | <p>what_targeted_tx</p> <p>Show the field ONLY if: [treatment_modality(58229)] = '1'</p> | <p>Some targeted therapies have postulated antiviral effects. Was the patient taking any of these medications? Check all that apply.</p> | <p>checkbox</p> <table border="1"> <tr> <td>L01XE51</td> <td>what_targeted_tx__L01xe51</td> <td>Acalabrutinib (Calquence)</td> </tr> <tr> <td>L01XE06</td> <td>what_targeted_tx__L01xe06</td> <td>Dasatinib (Sprycel)</td> </tr> <tr> <td>L01XE57</td> <td>what_targeted_tx__L01xe57</td> <td>Fedratinib (Inrebic)</td> </tr> <tr> <td>L01XE27</td> <td>what_targeted_tx__L01xe27</td> <td>Ibrutinib (Imbruvica)</td> </tr> <tr> <td>L01XE01</td> <td>what_targeted_tx__L01xe01</td> <td>Imatinib (Gleevec)</td> </tr> <tr> <td>L01XE08</td> <td>what_targeted_tx__L01xe08</td> <td>Nilotinib (Tasigna)</td> </tr> <tr> <td>L01XE18</td> <td>what_targeted_tx__L01xe18</td> <td>Ruxolitinib (Jakafi)</td> </tr> <tr> <td>OTH</td> <td>what_targeted_tx__oth</td> <td>Other</td> </tr> <tr> <td>UNK</td> <td>what_targeted_tx__unk</td> <td>Unknown</td> </tr> <tr> <td>NONE</td> <td>what_targeted_tx__none</td> <td>None</td> </tr> </table> | L01XE51 | what_targeted_tx__L01xe51 | Acalabrutinib (Calquence) | L01XE06 | what_targeted_tx__L01xe06 | Dasatinib (Sprycel) | L01XE57 | what_targeted_tx__L01xe57 | Fedratinib (Inrebic) | L01XE27 | what_targeted_tx__L01xe27 | Ibrutinib (Imbruvica) | L01XE01 | what_targeted_tx__L01xe01 | Imatinib (Gleevec) | L01XE08 | what_targeted_tx__L01xe08 | Nilotinib (Tasigna) | L01XE18 | what_targeted_tx__L01xe18 | Ruxolitinib (Jakafi) | OTH | what_targeted_tx__oth | Other | UNK | what_targeted_tx__unk | Unknown | NONE | what_targeted_tx__none | None |
| L01XE51 | what_targeted_tx__L01xe51 | Acalabrutinib (Calquence) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L01XE06 | what_targeted_tx__L01xe06 | Dasatinib (Sprycel) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L01XE57 | what_targeted_tx__L01xe57 | Fedratinib (Inrebic) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L01XE27 | what_targeted_tx__L01xe27 | Ibrutinib (Imbruvica) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L01XE01 | what_targeted_tx__L01xe01 | Imatinib (Gleevec) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L01XE08 | what_targeted_tx__L01xe08 | Nilotinib (Tasigna) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L01XE18 | what_targeted_tx__L01xe18 | Ruxolitinib (Jakafi) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | what_targeted_tx__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | what_targeted_tx__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | what_targeted_tx__none | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 250 | <p>targeted_other_specify</p> <p>Show the field ONLY if: [what_targeted_tx(OTH)] = '1'</p> | <p>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.</p> | <p>notes</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|---|---|---|-----------------------------------|----|-------------------------------------|----|--------------------|---|---------------------------|---|----------------------|---|---------------------------|----|-------------|-----|-------|---|--------------------------|----|---------|
| 251 | pneumonitis Show the field ONLY if: [treatment_modality(694)] = '1' | Is there a strong concern for concurrent immune-related adverse event (irAE) pneumonitis? | radio <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Possible</td></tr> <tr><td>3</td><td>Likely</td></tr> <tr><td>4</td><td>Definite irAE pneumonitis</td></tr> </table> | 1 | No | 2 | Possible | 3 | Likely | 4 | Definite irAE pneumonitis | | | | | | | | | | | | |
| 1 | No | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Possible | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Likely | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Definite irAE pneumonitis | | | | | | | | | | | | | | | | | | | | | | |
| 252 | other_irae Show the field ONLY if: [treatment_modality(694)] = '1' | Is there a strong concern for another concurrent irAE? | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | |
| 253 | 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. | notes | | | | | | | | | | | | | | | | | | | | |
| 254 | radiotherapy Show the field ONLY if: [treatment_modality(695)] = '1' | Does or did the radiation treatment field include the lungs to any degree? | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 1 | Yes | 0 | No | 99 | Unknown | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | |
| 255 | transplant_prior_tx Show the field ONLY if: [treatment_modality(45186)] = '1' or [significant_comorbidities(234336002)] = '1' | Transplant and cellular therapy - additional information. So that we can 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. | notes | | | | | | | | | | | | | | | | | | | | |
| 256 | transplant_cellular_therapy Show the field ONLY if: [treatment_modality(45186)] = '1' or [significant_comorbidities(234336002)] = '1' | Transplant & cellular therapy - what type of therapy? | radio <table border="1"> <tr><td>1</td><td>Autologous stem cell transplant</td></tr> <tr><td>10</td><td>Allogeneic SCT (donor/type unknown)</td></tr> <tr><td>2</td><td>MUD allogeneic SCT</td></tr> <tr><td>3</td><td>MRD allogeneic SCT</td></tr> <tr><td>4</td><td>Haplo allogeneic SCT</td></tr> <tr><td>5</td><td>Cord blood allogeneic SCT</td></tr> <tr><td>6</td><td>CAR-T cells</td></tr> <tr><td>OTH</td><td>Other</td></tr> <tr><td>7</td><td>DEPRECATED (was Unknown)</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> Field Annotation: @HIDECHOICE = '7' | 1 | Autologous stem cell transplant | 10 | Allogeneic SCT (donor/type unknown) | 2 | MUD allogeneic SCT | 3 | MRD allogeneic SCT | 4 | Haplo allogeneic SCT | 5 | Cord blood allogeneic SCT | 6 | CAR-T cells | OTH | Other | 7 | DEPRECATED (was Unknown) | 99 | Unknown |
| 1 | Autologous stem cell transplant | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Allogeneic SCT (donor/type unknown) | | | | | | | | | | | | | | | | | | | | | | |
| 2 | MUD allogeneic SCT | | | | | | | | | | | | | | | | | | | | | | |
| 3 | MRD allogeneic SCT | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Haplo allogeneic SCT | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Cord blood allogeneic SCT | | | | | | | | | | | | | | | | | | | | | | |
| 6 | CAR-T cells | | | | | | | | | | | | | | | | | | | | | | |
| OTH | Other | | | | | | | | | | | | | | | | | | | | | | |
| 7 | DEPRECATED (was Unknown) | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | |
| 257 | sct_other_specify Show the field ONLY if: [transplant_cellular_therapy] = 'OTH' | 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. | notes | | | | | | | | | | | | | | | | | | | | |
| 258 | transplant_cellular_timing Show the field ONLY if: [treatment_modality(45186)] = '1' or [significant_comorbidities(234336002)] = '1' | Transplant & cellular therapy - how far out from treatment? | radio <table border="1"> <tr><td>0</td><td>During prep (prior to transplant)</td></tr> <tr><td>1</td><td>0-20 days</td></tr> <tr><td>2</td><td>21-100 days</td></tr> <tr><td>3</td><td>101-365 days</td></tr> <tr><td>4</td><td>More than 1 year</td></tr> <tr><td>5</td><td>DEPRECATED (was Unknown)</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> Field Annotation: @HIDECHOICE = '5' | 0 | During prep (prior to transplant) | 1 | 0-20 days | 2 | 21-100 days | 3 | 101-365 days | 4 | More than 1 year | 5 | DEPRECATED (was Unknown) | 99 | Unknown | | | | | | |
| 0 | During prep (prior to transplant) | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 0-20 days | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 21-100 days | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 101-365 days | | | | | | | | | | | | | | | | | | | | | | |
| 4 | More than 1 year | | | | | | | | | | | | | | | | | | | | | | |
| 5 | DEPRECATED (was Unknown) | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | |
| 259 | treatment_additional Show the field ONLY if: [on_treatment] = '1' or [hx_treatment] = '1' | Anti-cancer treatment - additional information. Please give more details here about the specific treatment(s) that the patient has been receiving, including drug and/or regimen names. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | | | | | | |
| 260 | treatment_intent Show the field ONLY if: [on_treatment] = '1' or [hx_treatment] = '1' or [hx_treatment] = '2' | Anti-cancer treatment intent Note: if the cancer is not considered curable, you should choose palliative intent. | radio, Required <table border="1"> <tr><td>1</td><td>Curative</td></tr> <tr><td>2</td><td>Palliative</td></tr> <tr><td>99</td><td>Unclear or unknown</td></tr> </table> | 1 | Curative | 2 | Palliative | 99 | Unclear or unknown | | | | | | | | | | | | | | |
| 1 | Curative | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Palliative | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unclear or unknown | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------|--|---|---|----------|--|-------|-----------------------|------------------------|-------------|-------------------|-----------|-------|---------------------------|------------|-------------------------------|----------------------|-------------------------------|---------|--------------------------------------|-----------------------|-----------|----------------------|-----------------------|---------|----------------------|-----------------------|-------|--------------------|----------------------|--------|---------------------|-----------------------|-------|--------------------|-------------|---------|----------------------|------------|---------|----------------------|----------|---------|----------------------|---------------|-------|--------------------|----------------|-----|------------------|-------------|------|-------------------|-------------------|-----|------------------|---------|
| 261 | <p>treatment_context</p> <p>Show the field ONLY if: [on_treatment] = '1' or [hx_treatment] = '1' or [hx_treatment] = '2'</p> | <p>Current (or most recent) anti-cancer treatment context. Note that the language for treatment context differs for solid and hematologic malignancies. The first set of choices are more commonly used for solid tumors, and the last three (induction, consolidation, maintenance) for hematologic malignancy. Induction is synonymous with "remission induction" and should be checked for patients receiving upfront therapy with the intent of achieving remission, e.g., 7+3 for AML, R-CHOP for DLBCL, and ABVD for Hodgkin lymphoma. If the patient underwent curative surgical resection or radiation as their only therapy, please mark "Curative therapy, NOS". Likewise, if they underwent palliative surgical resection or radiation as their only therapy, please mark "Non-curative therapy, NOS".</p> | <table border="1"> <tr><td>radio</td><td></td></tr> <tr><td>46235</td><td>Curative therapy, NOS</td></tr> <tr><td>5250</td><td>Neoadjuvant</td></tr> <tr><td>2618</td><td>Adjuvant</td></tr> <tr><td>2648</td><td>Non-curative therapy, NOS</td></tr> <tr><td>3175</td><td>1st line non-curative therapy</td></tr> <tr><td>14900</td><td>2nd line non-curative therapy</td></tr> <tr><td>1874</td><td>Subsequent line non-curative therapy</td></tr> <tr><td>813</td><td>Induction</td></tr> <tr><td>1526</td><td>Consolidation</td></tr> <tr><td>1901</td><td>Maintenance</td></tr> <tr><td>OTH</td><td>Other</td></tr> <tr><td>UNK</td><td>Unknown</td></tr> </table> <p>Field Annotation: Terminology: HemOnc</p> | radio | | 46235 | Curative therapy, NOS | 5250 | Neoadjuvant | 2618 | Adjuvant | 2648 | Non-curative therapy, NOS | 3175 | 1st line non-curative therapy | 14900 | 2nd line non-curative therapy | 1874 | Subsequent line non-curative therapy | 813 | Induction | 1526 | Consolidation | 1901 | Maintenance | OTH | Other | UNK | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| radio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46235 | Curative therapy, NOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5250 | Neoadjuvant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2618 | Adjuvant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2648 | Non-curative therapy, NOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3175 | 1st line non-curative therapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14900 | 2nd line non-curative therapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1874 | Subsequent line non-curative therapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 813 | Induction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1526 | Consolidation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1901 | Maintenance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 262 | <p>other_context</p> <p>Show the field ONLY if: [treatment_context] = 'OTH'</p> | <p>Please specify other treatment context Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.</p> | <p>notes</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 263 | <p>orchiectomy</p> <p>Show the field ONLY if: [cancer_type] = 'C4863' or [cancer_type_2] = 'C4863' or [cancer_type_3] = 'C4863' or [cancer_type_4] = 'C4863' or [cancer_type_5] = 'C4863'</p> | <p>Prostate cancer specific: Has the patient had a bilateral orchiectomy?</p> | <table border="1"> <tr><td>radio</td><td></td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | radio | | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| radio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 264 | <p>adt</p> <p>Show the field ONLY if: ([cancer_type] = 'C4863' or [cancer_type_2] = 'C4863' or [cancer_type_3] = 'C4863' or [cancer_type_4] = 'C4863' or [cancer_type_5] = 'C4863') and [hx_treatment] != '3' and [hx_treatment] != '88'</p> | <p>Prostate cancer specific: Was the patient on androgen deprivation therapy (ADT) within 6 months of a positive SARS-CoV-2 test or presumed positive COVID-19 disease? HINT: Androgen deprivation therapy is typically administered in the form of an injection given every 1, 3, 4, or 6 months. Agents largely include: degarelix (Firmagon), leuprolide (Lupron), goserelin (Zoladex), triptorelin (Trelstar), buserelin (Suprefact).</p> | <table border="1"> <tr><td>radio</td><td></td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | radio | | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| radio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 265 | <p>prostate_tx</p> <p>Show the field ONLY if: ([cancer_type] = 'C4863' or [cancer_type_2] = 'C4863' or [cancer_type_3] = 'C4863' or [cancer_type_4] = 'C4863' or [cancer_type_5] = 'C4863') and [hx_treatment] != '3' and [hx_treatment] != '88'</p> | <p>Prostate cancer specific: Please check all the prostate cancer therapies that the patient received within 3 months of a positive SARS-CoV-2 test or presumed positive COVID-19 disease. More than one option can be selected.</p> | <table border="1"> <tr><td>checkbox</td><td></td></tr> <tr><td>83008</td><td>prostate_tx__83008</td><td>Bicalutamide (Casodex)</td></tr> <tr><td>4508</td><td>prostate_tx__4508</td><td>Flutamide</td></tr> <tr><td>31805</td><td>prostate_tx__31805</td><td>Nilutamide</td></tr> <tr><td>1100072</td><td>prostate_tx__1100072</td><td>Abiraterone (Zytiga)</td></tr> <tr><td>1307298</td><td>prostate_tx__1307298</td><td>Enzalutamide (Xtandi)</td></tr> <tr><td>1999574</td><td>prostate_tx__1999574</td><td>Apalutamide (Erleada)</td></tr> <tr><td>2180325</td><td>prostate_tx__2180325</td><td>Darolutamide (Nubeqa)</td></tr> <tr><td>72962</td><td>prostate_tx__72962</td><td>Docetaxel (Taxotere)</td></tr> <tr><td>996051</td><td>prostate_tx__996051</td><td>Cabazitaxel (Jevtana)</td></tr> <tr><td>40048</td><td>prostate_tx__40048</td><td>Carboplatin</td></tr> <tr><td>1958200</td><td>prostate_tx__1958200</td><td>Radium-223</td></tr> <tr><td>1597582</td><td>prostate_tx__1597582</td><td>Olaparib</td></tr> <tr><td>1547545</td><td>prostate_tx__1547545</td><td>Pembrolizumab</td></tr> <tr><td>TRIAL</td><td>prostate_tx__trial</td><td>Clinical trial</td></tr> <tr><td>OTH</td><td>prostate_tx__oth</td><td>Other agent</td></tr> <tr><td>NONE</td><td>prostate_tx__none</td><td>None of the above</td></tr> <tr><td>UNK</td><td>prostate_tx__unk</td><td>Unknown</td></tr> </table> | checkbox | | 83008 | prostate_tx__83008 | Bicalutamide (Casodex) | 4508 | prostate_tx__4508 | Flutamide | 31805 | prostate_tx__31805 | Nilutamide | 1100072 | prostate_tx__1100072 | Abiraterone (Zytiga) | 1307298 | prostate_tx__1307298 | Enzalutamide (Xtandi) | 1999574 | prostate_tx__1999574 | Apalutamide (Erleada) | 2180325 | prostate_tx__2180325 | Darolutamide (Nubeqa) | 72962 | prostate_tx__72962 | Docetaxel (Taxotere) | 996051 | prostate_tx__996051 | Cabazitaxel (Jevtana) | 40048 | prostate_tx__40048 | Carboplatin | 1958200 | prostate_tx__1958200 | Radium-223 | 1597582 | prostate_tx__1597582 | Olaparib | 1547545 | prostate_tx__1547545 | Pembrolizumab | TRIAL | prostate_tx__trial | Clinical trial | OTH | prostate_tx__oth | Other agent | NONE | prostate_tx__none | None of the above | UNK | prostate_tx__unk | Unknown |
| checkbox | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 83008 | prostate_tx__83008 | Bicalutamide (Casodex) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4508 | prostate_tx__4508 | Flutamide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31805 | prostate_tx__31805 | Nilutamide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1100072 | prostate_tx__1100072 | Abiraterone (Zytiga) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1307298 | prostate_tx__1307298 | Enzalutamide (Xtandi) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1999574 | prostate_tx__1999574 | Apalutamide (Erleada) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2180325 | prostate_tx__2180325 | Darolutamide (Nubeqa) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72962 | prostate_tx__72962 | Docetaxel (Taxotere) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 996051 | prostate_tx__996051 | Cabazitaxel (Jevtana) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40048 | prostate_tx__40048 | Carboplatin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1958200 | prostate_tx__1958200 | Radium-223 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1597582 | prostate_tx__1597582 | Olaparib | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1547545 | prostate_tx__1547545 | Pembrolizumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRIAL | prostate_tx__trial | Clinical trial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | prostate_tx__oth | Other agent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | prostate_tx__none | None of the above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | prostate_tx__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 266 | <p>prostate_trial_more</p> <p>Show the field ONLY if: [prostate_tx(TRIAL)] = '1'</p> | <p>Please specify clinical trial details. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.</p> | <p>notes</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 267 | <p>prostate_tx_oth</p> <p>Show the field ONLY if: [prostate_tx(OTH)] = '1'</p> | <p>Please specify other agent(s). Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.</p> | <p>notes</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--------|---|--|--|--------|------------------------------|------|------------------------------|--------------------|--|--------|-------------------------|---------------------|-----------------------|--------------------|-----------|--------|--------------------|------|--------|--------------------|-------------|--------|--------------------|--|---|---------------|--------------------------|----|----------------|---------|
| 268 | cancer_more Show the field ONLY if: [ccc19] = '0' | Section Header: <i>Cancer-specific data - Optional</i> Would you like to answer additional cancer-specific questions? This is optional but will really help us understand the granular details better. | yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 269 | stage | Stage at cancer diagnosis. If the patient has multiple primaries, please report on the cancer that was most recently treated. If the patient has a solid tumor but you cannot determine an exact stage, try to determine whether the disease was localized or disseminated at diagnosis. Clues to localized disease at diagnosis include definitive therapies such as lumpectomy for breast cancer, colectomy for colon cancer, and prostatectomy for prostate cancer. If the patient was initially diagnosed with in situ cancer but then developed invasive disease, please report the stage at the time of invasive disease diagnosis. For hematologic malignancies that are not anatomically staged (e.g., leukemias, myeloma), select localized or disseminated based on the distribution of the disease. For example, multiple myeloma would be disseminated, whereas a solitary plasmacytoma would be localized. Most leukemias are considered disseminated at diagnosis, with very few exceptions. | radio <table border="1"> <tr> <td>1004-0</td> <td>0 (in situ)</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>2</td> <td>II</td> </tr> <tr> <td>3</td> <td>III</td> </tr> <tr> <td>4</td> <td>IV</td> </tr> <tr> <td>764-1</td> <td>Localized</td> </tr> <tr> <td>764-7</td> <td>Disseminated</td> </tr> <tr> <td>OTH</td> <td>Other</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> Field Annotation: Terminology: NAACCR | 1004-0 | 0 (in situ) | 1 | I | 2 | II | 3 | III | 4 | IV | 764-1 | Localized | 764-7 | Disseminated | OTH | Other | 99 | Unknown | | | | | | | | | |
| 1004-0 | 0 (in situ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | II | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | III | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | IV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 764-1 | Localized | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 764-7 | Disseminated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 270 | stage_oth_specify Show the field ONLY if: [stage] = 'OTH' | 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 year. | notes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 271 | mets_yn Show the field ONLY if: [cancer_status] != '1' | Did the patient have metastatic cancer at the time of COVID-19 diagnosis? | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>88</td> <td>Not applicable (e.g., patient has a liquid hematologic malignancy)</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 88 | Not applicable (e.g., patient has a liquid hematologic malignancy) | 99 | Unknown | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 88 | Not applicable (e.g., patient has a liquid hematologic malignancy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 272 | mets_sites Show the field ONLY if: [mets_yn] = '1' | What were the sites of metastatic disease? Please check all that apply. | checkbox <table border="1"> <tr> <td>1112-1</td> <td>mets_sites__1112_1</td> <td>Bone</td> </tr> <tr> <td>1113-1</td> <td>mets_sites__1113_1</td> <td>Brain</td> </tr> <tr> <td>1114-1</td> <td>mets_sites__1114_1</td> <td>Distant lymph nodes</td> </tr> <tr> <td>1115-1</td> <td>mets_sites__1115_1</td> <td>Liver</td> </tr> <tr> <td>1116-1</td> <td>mets_sites__1116_1</td> <td>Lung</td> </tr> <tr> <td>1117-1</td> <td>mets_sites__1117_1</td> <td>Other sites</td> </tr> <tr> <td>1117-2</td> <td>mets_sites__1117_2</td> <td>Generalized metastases such as carcinomatosis, malignant pleural effusion, malignant ascites</td> </tr> <tr> <td>9</td> <td>mets_sites__9</td> <td>DEPRECATED (was Unknown)</td> </tr> <tr> <td>99</td> <td>mets_sites__99</td> <td>Unknown</td> </tr> </table> Field Annotation: Terminology: NAACCR @HIDECHOICE = '9' | 1112-1 | mets_sites__1112_1 | Bone | 1113-1 | mets_sites__1113_1 | Brain | 1114-1 | mets_sites__1114_1 | Distant lymph nodes | 1115-1 | mets_sites__1115_1 | Liver | 1116-1 | mets_sites__1116_1 | Lung | 1117-1 | mets_sites__1117_1 | Other sites | 1117-2 | mets_sites__1117_2 | Generalized metastases such as carcinomatosis, malignant pleural effusion, malignant ascites | 9 | mets_sites__9 | DEPRECATED (was Unknown) | 99 | mets_sites__99 | Unknown |
| 1112-1 | mets_sites__1112_1 | Bone | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1113-1 | mets_sites__1113_1 | Brain | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1114-1 | mets_sites__1114_1 | Distant lymph nodes | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1115-1 | mets_sites__1115_1 | Liver | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1116-1 | mets_sites__1116_1 | Lung | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1117-1 | mets_sites__1117_1 | Other sites | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1117-2 | mets_sites__1117_2 | Generalized metastases such as carcinomatosis, malignant pleural effusion, malignant ascites | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | mets_sites__9 | DEPRECATED (was Unknown) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | mets_sites__99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 273 | mets_oth_specify Show the field ONLY if: [mets_sites(1117-1)] = '1' | Please specify additional sites of metastatic cancer Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 274 | cancer_timing | When was the patient's cancer diagnosed? If the patient has multiple primaries, please report on the cancer that was most recently treated. | radio <table border="1"> <tr> <td>0</td> <td>At the same time as COVID-19</td> </tr> <tr> <td>88</td> <td>AFTER the COVID-19 diagnosis</td> </tr> <tr> <td>1</td> <td>Within the past year</td> </tr> <tr> <td>2</td> <td>Within the past 5 years</td> </tr> <tr> <td>3</td> <td>More than 5 years ago</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | At the same time as COVID-19 | 88 | AFTER the COVID-19 diagnosis | 1 | Within the past year | 2 | Within the past 5 years | 3 | More than 5 years ago | 99 | Unknown | | | | | | | | | | | | | | | |
| 0 | At the same time as COVID-19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 88 | AFTER the COVID-19 diagnosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Within the past year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Within the past 5 years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | More than 5 years ago | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--|---|--|-----------|---------------------|-----------|-----------|---------------------|------------|----------|--------------------|------------------|---------|-------------------|------------|-----------|---------------------|-------------|----------|--------------------|----------------|-----------|---------------------|--------------------------|----------|--------------------|---|----------|--------------------|-----------------------|-----------|---------------------|---------------|-------|-----------------|-----------------------|-------|-----------------|-----------------|-------|-----------------|---------|-------|-----------------|-----------------------------------|-----|---------------|----------------------------------|-----|---------------|-------|-----|---------------|---------|------|----------------|------|
| 275 | clinical_trial | Is the patient on a clinical trial? | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 276 | clinical_trial_more Show the field ONLY if: [clinical_trial] = '1' | Please provide additional details if you can. 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 278 | prior_tx | Has the patient ever received treatments known to be associated with cardiac or pulmonary toxicity? Check all that apply. | checkbox <table border="1"> <tr> <td>73</td> <td>prior_tx__73</td> <td>Bleomycin</td> </tr> <tr> <td>90</td> <td>prior_tx__90</td> <td>Carmustine</td> </tr> <tr> <td>122</td> <td>prior_tx__122</td> <td>Cyclophosphamide</td> </tr> <tr> <td>202</td> <td>prior_tx__202</td> <td>Everolimus</td> </tr> <tr> <td>243</td> <td>prior_tx__243</td> <td>Gemcitabine</td> </tr> <tr> <td>44985</td> <td>prior_tx__44985</td> <td>Anthracyclines</td> </tr> <tr> <td>45000</td> <td>prior_tx__45000</td> <td>Antibody-drug conjugates</td> </tr> <tr> <td>45613</td> <td>prior_tx__45613</td> <td>Anti-CD38 antibodies (e.g. daratumumab)</td> </tr> <tr> <td>58101</td> <td>prior_tx__58101</td> <td>Checkpoint inhibitors</td> </tr> <tr> <td>694</td> <td>prior_tx__694</td> <td>Immunotherapy</td> </tr> <tr> <td>44947</td> <td>prior_tx__44947</td> <td>Monoclonal antibodies</td> </tr> <tr> <td>45388</td> <td>prior_tx__45388</td> <td>Platinum agents</td> </tr> <tr> <td>45352</td> <td>prior_tx__45352</td> <td>Taxanes</td> </tr> <tr> <td>44955</td> <td>prior_tx__44955</td> <td>Tyrosine kinase inhibitors (TKIs)</td> </tr> <tr> <td>695</td> <td>prior_tx__695</td> <td>Radiation involving a lung field</td> </tr> <tr> <td>OTH</td> <td>prior_tx__oth</td> <td>Other</td> </tr> <tr> <td>UNK</td> <td>prior_tx__unk</td> <td>Unknown</td> </tr> <tr> <td>NONE</td> <td>prior_tx__none</td> <td>None</td> </tr> </table> Field Annotation: Terminology: HemOnc | 73 | prior_tx__73 | Bleomycin | 90 | prior_tx__90 | Carmustine | 122 | prior_tx__122 | Cyclophosphamide | 202 | prior_tx__202 | Everolimus | 243 | prior_tx__243 | Gemcitabine | 44985 | prior_tx__44985 | Anthracyclines | 45000 | prior_tx__45000 | Antibody-drug conjugates | 45613 | prior_tx__45613 | Anti-CD38 antibodies (e.g. daratumumab) | 58101 | prior_tx__58101 | Checkpoint inhibitors | 694 | prior_tx__694 | Immunotherapy | 44947 | prior_tx__44947 | Monoclonal antibodies | 45388 | prior_tx__45388 | Platinum agents | 45352 | prior_tx__45352 | Taxanes | 44955 | prior_tx__44955 | Tyrosine kinase inhibitors (TKIs) | 695 | prior_tx__695 | Radiation involving a lung field | OTH | prior_tx__oth | Other | UNK | prior_tx__unk | Unknown | NONE | prior_tx__none | None |
| 73 | prior_tx__73 | Bleomycin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90 | prior_tx__90 | Carmustine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 122 | prior_tx__122 | Cyclophosphamide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 202 | prior_tx__202 | Everolimus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 243 | prior_tx__243 | Gemcitabine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44985 | prior_tx__44985 | Anthracyclines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45000 | prior_tx__45000 | Antibody-drug conjugates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45613 | prior_tx__45613 | Anti-CD38 antibodies (e.g. daratumumab) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58101 | prior_tx__58101 | Checkpoint inhibitors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 694 | prior_tx__694 | Immunotherapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44947 | prior_tx__44947 | Monoclonal antibodies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45388 | prior_tx__45388 | Platinum agents | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45352 | prior_tx__45352 | Taxanes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44955 | prior_tx__44955 | Tyrosine kinase inhibitors (TKIs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 695 | prior_tx__695 | Radiation involving a lung field | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | prior_tx__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | prior_tx__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | prior_tx__none | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 279 | drugs_expanded Show the field ONLY if: [prior_tx(45613)] = '1' or [prior_tx(44985)] = '1' or [prior_tx(45388)] = '1' or [prior_tx(45352)] = '1' or [prior_tx(44955)] = '1' | Please list specific drugs Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 280 | irae_gr3 Show the field ONLY if: [prior_tx(58101)] = '1' or [prior_tx(694)] = '1' or [treatment_modality(694)] = '1' | Has the patient experienced a current or past (ever) iRAE CTCAE grade 3 or above? Check all that apply. | checkbox <table border="1"> <tr> <td>418290006</td> <td>irae_gr3__418290006</td> <td>Pruritis</td> </tr> <tr> <td>271807003</td> <td>irae_gr3__271807003</td> <td>Rash</td> </tr> <tr> <td>57676002</td> <td>irae_gr3__57676002</td> <td>Arthralgia</td> </tr> <tr> <td>3723001</td> <td>irae_gr3__3723001</td> <td>Arthritis</td> </tr> <tr> <td>205237003</td> <td>irae_gr3__205237003</td> <td>Pneumonitis</td> </tr> <tr> <td>40930008</td> <td>irae_gr3__40930008</td> <td>Hypothyroidism</td> </tr> <tr> <td>267060006</td> <td>irae_gr3__267060006</td> <td>Diarrhea</td> </tr> <tr> <td>64226004</td> <td>irae_gr3__64226004</td> <td>Colitis</td> </tr> <tr> <td>64613007</td> <td>irae_gr3__64613007</td> <td>Enteritis</td> </tr> <tr> <td>128241005</td> <td>irae_gr3__128241005</td> <td>Hepatitis</td> </tr> <tr> <td>OTH</td> <td>irae_gr3__oth</td> <td>Other</td> </tr> <tr> <td>NONE</td> <td>irae_gr3__none</td> <td>None</td> </tr> <tr> <td>UNK</td> <td>irae_gr3__unk</td> <td>Unknown</td> </tr> </table> | 418290006 | irae_gr3__418290006 | Pruritis | 271807003 | irae_gr3__271807003 | Rash | 57676002 | irae_gr3__57676002 | Arthralgia | 3723001 | irae_gr3__3723001 | Arthritis | 205237003 | irae_gr3__205237003 | Pneumonitis | 40930008 | irae_gr3__40930008 | Hypothyroidism | 267060006 | irae_gr3__267060006 | Diarrhea | 64226004 | irae_gr3__64226004 | Colitis | 64613007 | irae_gr3__64613007 | Enteritis | 128241005 | irae_gr3__128241005 | Hepatitis | OTH | irae_gr3__oth | Other | NONE | irae_gr3__none | None | UNK | irae_gr3__unk | Unknown | | | | | | | | | | | | | | | |
| 418290006 | irae_gr3__418290006 | Pruritis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 271807003 | irae_gr3__271807003 | Rash | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57676002 | irae_gr3__57676002 | Arthralgia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3723001 | irae_gr3__3723001 | Arthritis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 205237003 | irae_gr3__205237003 | Pneumonitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40930008 | irae_gr3__40930008 | Hypothyroidism | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 267060006 | irae_gr3__267060006 | Diarrhea | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64226004 | irae_gr3__64226004 | Colitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64613007 | irae_gr3__64613007 | Enteritis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128241005 | irae_gr3__128241005 | Hepatitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | irae_gr3__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | irae_gr3__none | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | irae_gr3__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 281 | irae_oth_specify Show the field ONLY if: [irae_gr3(OTH)] = '1' | 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 other than year. | notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|---|---|---|---|--------------------|----------------------------------|---------------------|---|---|---------------------|---------------------|-------------|---------------------|--|----|---|----------------------|-------|---------------------|-----------------------|
| 282 | irae_past Show the field ONLY if: [prior_tx(58101)] = '1' or [prior_tx(694)] = '1' | Was there ever evidence of an immune-related adverse event (irAE) affecting the lungs or heart? (pneumonitis, myocarditis) | radio <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Possible</td></tr> <tr><td>3</td><td>Likely</td></tr> <tr><td>4</td><td>Definite</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 1 | No | 2 | Possible | 3 | Likely | 4 | Definite | 99 | Unknown | | | | | | | | |
| 1 | No | | | | | | | | | | | | | | | | | | | | |
| 2 | Possible | | | | | | | | | | | | | | | | | | | | |
| 3 | Likely | | | | | | | | | | | | | | | | | | | | |
| 4 | Definite | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | |
| 283 | irae_past_more Show the field ONLY if: [irae_past] = '2' or [irae_past] = '3' or [irae_past] = '4' | Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | | | | |
| 284 | prior_tx_other Show the field ONLY if: [prior_tx(OTH)] = '1' | Please specify other past treatments with potential cardiac or pulmonary toxicity. | text | | | | | | | | | | | | | | | | | | |
| 285 | 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 | | | | | | | | | | | | | | | | | | |
| 286 | comments_form_3 | Section Header: <i>Free text entry (optional)</i> Comments Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | | | | |
| 287 | cancer_details_complete | Section Header: <i>Form Status</i> Complete? | dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete | | | | | | | | | | | | |
| 0 | Incomplete | | | | | | | | | | | | | | | | | | | | |
| 1 | Unverified | | | | | | | | | | | | | | | | | | | | |
| 2 | Complete | | | | | | | | | | | | | | | | | | | | |
| Instrument: Respondent details (respondent_details)  ^ Collapse | | | | | | | | | | | | | | | | | | | | | |
| 288 | ts_4 | Timestamp for the respondent details form | text (datetime_dmy), Required Field Annotation: @HIDDEN @NOW_UTC | | | | | | | | | | | | | | | | | | |
| 289 | role | Section Header: <i>A bit about you</i> Are you the primary managing hematologist/oncologist? | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 290 | practice_setting Show the field ONLY if: [role] = '1' | What is your practice setting? Check all that apply. | checkbox <table border="1"> <tr><td>1</td><td>practice_setting__1</td><td>Community Practice</td></tr> <tr><td>2</td><td>practice_setting__2</td><td>Community Hospital</td></tr> <tr><td>3</td><td>practice_setting__3</td><td>University Hospital</td></tr> <tr><td>4</td><td>practice_setting__4</td><td>NCI designated Comprehensive Cancer Center</td></tr> <tr><td>5</td><td>practice_setting__5</td><td>Other Cancer Centers</td></tr> <tr><td>6</td><td>practice_setting__6</td><td>Other Tertiary Center</td></tr> </table> | 1 | practice_setting__1 | Community Practice | 2 | practice_setting__2 | Community Hospital | 3 | practice_setting__3 | University Hospital | 4 | practice_setting__4 | NCI designated Comprehensive Cancer Center | 5 | practice_setting__5 | Other Cancer Centers | 6 | practice_setting__6 | Other Tertiary Center |
| 1 | practice_setting__1 | Community Practice | | | | | | | | | | | | | | | | | | | |
| 2 | practice_setting__2 | Community Hospital | | | | | | | | | | | | | | | | | | | |
| 3 | practice_setting__3 | University Hospital | | | | | | | | | | | | | | | | | | | |
| 4 | practice_setting__4 | NCI designated Comprehensive Cancer Center | | | | | | | | | | | | | | | | | | | |
| 5 | practice_setting__5 | Other Cancer Centers | | | | | | | | | | | | | | | | | | | |
| 6 | practice_setting__6 | Other Tertiary Center | | | | | | | | | | | | | | | | | | | |
| 291 | role_2 Show the field ONLY if: [role] = '0' | What is your role in relationship to the patient? | radio, Required <table border="1"> <tr><td>1</td><td>Advanced practice practitioner who regularly sees patient</td></tr> <tr><td>2</td><td>Nurse who regularly sees patient</td></tr> <tr><td>3</td><td>Hematology/oncology fellow who regularly sees patient</td></tr> <tr><td>4</td><td>Triage personnel</td></tr> <tr><td>5</td><td>Hospitalist</td></tr> <tr><td>6</td><td>Intensivist</td></tr> <tr><td>99</td><td>Designee of a CCC19 participating institution</td></tr> <tr><td>7</td><td>Other</td></tr> </table> | 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 | | |
| 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 | | | | | | | | | | | | | | | | | | | | |
| 292 | other_role Show the field ONLY if: [role] = '7' | Please specify | text, Required | | | | | | | | | | | | | | | | | | |
| 293 | 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 | | | | | | | | | | | | | | | | | | |
| 294 | comments_form_4 | Please leave any general comments here, including what if anything we can do to make the survey better. | notes | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|---|---|---|----|---|----|--|-----|--|-----|--|-----|--------------------------|
| 295 | respondent_details_complete | Section Header: <i>Form Status</i> Complete? | dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete | | | | |
| 0 | Incomplete | | | | | | | | | | | | |
| 1 | Unverified | | | | | | | | | | | | |
| 2 | Complete | | | | | | | | | | | | |
| Instrument: Follow-up (followup)  Enabled as survey ^ Collapse | | | | | | | | | | | | | |
| 296 | ts_5 | Timestamp for the follow-up form | text, Required Field Annotation: @HIDDEN @NOW_UTC | | | | | | | | | | |
| 297 | fu_weeks | How far out from initial COVID-19 diagnosis are you making this report? | radio, Required <table border="1"> <tr><td>30</td><td>Approximately 30 days (1 month) after COVID-19 diagnosis</td></tr> <tr><td>90</td><td>Approximately 90 days (3 months) after COVID-19 diagnosis</td></tr> <tr><td>180</td><td>Approximately 180 days (6 months) after COVID-19 diagnosis</td></tr> <tr><td>365</td><td>Approximately 365 days (1 year) after COVID-19 diagnosis</td></tr> <tr><td>OTH</td><td>All other time intervals</td></tr> </table> | 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 |
| 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 | | | | | | | | | | | | |
| 298 | d30_vital_status Show the field ONLY if: [fu_weeks] = '30' | Was the patient ALIVE at 30 days from COVID-19 diagnosis? | radio, Required <table border="1"> <tr><td>0</td><td>Yes the patient was alive for at least 30 days from COVID-19 diagnosis</td></tr> <tr><td>1</td><td>Patient was deceased within 30 days of COVID-19 diagnosis</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 0 | Yes the patient was alive for at least 30 days from COVID-19 diagnosis | 1 | Patient was deceased within 30 days of COVID-19 diagnosis | 99 | Unknown | | | | |
| 0 | Yes the patient was alive for at least 30 days from COVID-19 diagnosis | | | | | | | | | | | | |
| 1 | Patient was deceased within 30 days of COVID-19 diagnosis | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | |
| 299 | d90_vital_status Show the field ONLY if: [fu_weeks] = '90' | Was the patient ALIVE at 90 days from COVID-19 diagnosis? | radio, Required <table border="1"> <tr><td>0</td><td>Yes the patient was alive for at least 90 days from COVID-19 diagnosis</td></tr> <tr><td>1</td><td>Patient was deceased within 90 days of COVID-19 diagnosis</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 0 | Yes the patient was alive for at least 90 days from COVID-19 diagnosis | 1 | Patient was deceased within 90 days of COVID-19 diagnosis | 99 | Unknown | | | | |
| 0 | Yes the patient was alive for at least 90 days from COVID-19 diagnosis | | | | | | | | | | | | |
| 1 | Patient was deceased within 90 days of COVID-19 diagnosis | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | |
| 300 | d180_vital_status Show the field ONLY if: [fu_weeks] = '180' | Was the patient ALIVE at 180 days from COVID-19 diagnosis? | radio, Required <table border="1"> <tr><td>0</td><td>Yes the patient was alive for at least 180 days from COVID-19 diagnosis</td></tr> <tr><td>1</td><td>Patient was deceased within 180 days of COVID-19 diagnosis</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 0 | Yes the patient was alive for at least 180 days from COVID-19 diagnosis | 1 | Patient was deceased within 180 days of COVID-19 diagnosis | 99 | Unknown | | | | |
| 0 | Yes the patient was alive for at least 180 days from COVID-19 diagnosis | | | | | | | | | | | | |
| 1 | Patient was deceased within 180 days of COVID-19 diagnosis | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | |
| 301 | 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 | | | | | | | | | | |
| 302 | fu_reason Show the field ONLY if: [fu_weeks] = 'OTH' | What is prompting this follow-up report? | radio, Required <table border="1"> <tr><td>1</td><td>Hospitalization</td></tr> <tr><td>2</td><td>Major change in clinical status other than hospitalization</td></tr> <tr><td>3</td><td>Death</td></tr> <tr><td>OTH</td><td>Other</td></tr> </table> | 1 | Hospitalization | 2 | Major change in clinical status other than hospitalization | 3 | Death | OTH | Other | | |
| 1 | Hospitalization | | | | | | | | | | | | |
| 2 | Major change in clinical status other than hospitalization | | | | | | | | | | | | |
| 3 | Death | | | | | | | | | | | | |
| OTH | Other | | | | | | | | | | | | |
| 303 | 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 | | | | | | | | | | |
| 304 | covid_19_status_fu | Section Header: <i>COVID-19 follow-up details -- required</i> Current COVID-19 status Fully recovered means that the patient has returned to their baseline functional status and repeat SARS-CoV-2 testing, if obtained, is negative. If they are on medications to treat sequelae or have functional compromise (e.g., impaired pulmonary function) but are not considered to have active infection, they should be considered to have recovered with complications. | radio, Required <table border="1"> <tr><td>1</td><td>Fully recovered</td></tr> <tr><td>1b</td><td>Recovered with complications</td></tr> <tr><td>2</td><td>Ongoing infection</td></tr> <tr><td>3</td><td>Died</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 1 | Fully recovered | 1b | Recovered with complications | 2 | Ongoing infection | 3 | Died | 99 | Unknown |
| 1 | Fully recovered | | | | | | | | | | | | |
| 1b | Recovered with complications | | | | | | | | | | | | |
| 2 | Ongoing infection | | | | | | | | | | | | |
| 3 | Died | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | |
| 305 | days_to_death_fu_2 Show the field ONLY if: [covid_19_status_fu] = '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 | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|---|--|--|---|--|---|---|---|---|----|---|-----|--|----|---|---|---|-----|---|-----|--|-----|-------|----|---------|
| 306 | cause_of_death_fu Show the field ONLY if: [covid_19_status_fu] = '3' | To the best of your knowledge, what was the proximal cause of death? | radio, Required <table><tr><td>1</td><td>COVID-19</td></tr><tr><td>2</td><td>Cancer</td></tr><tr><td>3</td><td>Both</td></tr><tr><td>88</td><td>Other</td></tr><tr><td>99</td><td>Unknown</td></tr></table> | | 1 | COVID-19 | 2 | Cancer | 3 | Both | 88 | Other | 99 | Unknown | | | | | | | | | | | | |
| 1 | COVID-19 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Cancer | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Both | | | | | | | | | | | | | | | | | | | | | | | | | |
| 88 | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | |
| 307 | deceased_reason_fu_2 Show the field ONLY if: [covid_19_status_fu] = '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, Required | | | | | | | | | | | | | | | | | | | | | | | |
| 308 | who_ordinal_scale Show the field ONLY if: ([fu_weeks] = '30' or [fu_weeks] = '90') and [covid_19_status_fu] != '3' | WHO Ordinal Scale for Clinical Improvement Please note that this scale is somewhat redundant to other questions here, but will help us to validate the scale as a reliable tool for determining disease severity at fixed time-based endpoints. | radio, Required <table><tr><td>1</td><td>Ambulatory (Not hospitalized) with no limitation of activities</td></tr><tr><td>2</td><td>Ambulatory (Not hospitalized) with limitation of activities</td></tr><tr><td>3</td><td>Hospitalized, no oxygen therapy</td></tr><tr><td>4</td><td>Hospitalized, requiring oxygen by mask or nasal prongs</td></tr><tr><td>5</td><td>Hospitalized, requiring non-invasive ventilation or high-flow oxygen</td></tr><tr><td>6</td><td>Hospitalized, requiring intubation and mechanical ventilation</td></tr><tr><td>7</td><td>Hospitalized, requiring ventilation + additional organ support - pressors, RRT, and/or ECMO</td></tr><tr><td>OTH</td><td>Other - patient does not fit into any of these categories</td></tr><tr><td>UNK</td><td>Unknown</td></tr></table> | | 1 | Ambulatory (Not hospitalized) with no limitation of activities | 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 | OTH | Other - patient does not fit into any of these categories | UNK | Unknown | | | | |
| 1 | Ambulatory (Not hospitalized) with no limitation of activities | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | Other - patient does not fit into any of these categories | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | |
| 309 | who_ordinal_oth Show the field ONLY if: [who_ordinal_scale] = 'OTH' | 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 | | | | | | | | | | | | | | | | | | | | | | | |
| 310 | current_status_clinical_fu Show the field ONLY if: [covid_19_status_fu] = '2' | Current clinical status | radio, Required <table><tr><td>0</td><td>Outpatient - No symptoms</td></tr><tr><td>1</td><td>Outpatient - Mild symptoms</td></tr><tr><td>2</td><td>Outpatient - Moderate symptoms</td></tr><tr><td>3</td><td>Outpatient - Severe symptoms</td></tr><tr><td>4</td><td>Inpatient - Near Recovery</td></tr><tr><td>5</td><td>Inpatient - Moderately ill</td></tr><tr><td>6</td><td>Inpatient - Severely ill</td></tr><tr><td>7</td><td>Critical (ICU) - Severely ill, not requiring ventilator support</td></tr><tr><td>8</td><td>Critical (ICU) - Severely ill, intubated</td></tr><tr><td>OTH</td><td>Other</td></tr><tr><td>99</td><td>Unknown</td></tr></table> | | 0 | Outpatient - No symptoms | 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 | OTH | Other | 99 | Unknown |
| 0 | Outpatient - No symptoms | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | |
| 311 | current_status_clinical_specify_fu Show the field ONLY if: [current_status_clinical_fu] = 'OTH' | Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes, Required | | | | | | | | | | | | | | | | | | | | | | | |
| 312 | worst_complications_severity_fu Show the field ONLY if: [covid_19_status_fu] = '1' or [covid_19_status_fu] = '1b' or [covid_19_status_fu] = '2' | Worst severity of COVID-19 complications. This answer should capture the worst severity from the time of diagnosis to the time of this follow-up report. | radio, Required <table><tr><td>0</td><td>None (patient was asymptomatic)</td></tr><tr><td>1</td><td>Mild complications (minimal symptoms from complications)</td></tr><tr><td>2</td><td>Moderate complications (moderate symptoms from complications)</td></tr><tr><td>3</td><td>Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning)</td></tr><tr><td>OTH</td><td>Other</td></tr><tr><td>99</td><td>Unknown</td></tr></table> | | 0 | None (patient was asymptomatic) | 1 | Mild complications (minimal symptoms from complications) | 2 | Moderate complications (moderate symptoms from complications) | 3 | Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning) | OTH | Other | 99 | Unknown | | | | | | | | | | |
| 0 | None (patient was asymptomatic) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Mild complications (minimal symptoms from complications) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Moderate complications (moderate symptoms from complications) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning) | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|-----|---|--|---|---|------------------------------|------------------|---|------------------------------|--|---|------------------------------------|---|--|------------------------------|---|-----|--------------------------------|-------|----|-------------------------------|---------|
| 313 | complications_severity_fu Show the field ONLY if: [covid_19_status_fu] = '1b' or [covid_19_status_fu] = '2' | Severity of COVID-19 complications at the time of this follow-up report. Check all that apply. | checkbox, Required <table border="1"> <tr> <td>0</td> <td>complications_severity_fu__0</td> <td>No complications</td> </tr> <tr> <td>1</td> <td>complications_severity_fu__1</td> <td>Mild complications (minimal symptoms from complications)</td> </tr> <tr> <td>2</td> <td>complications_severity_fu__2</td> <td>Moderate complications (moderate symptoms from complications)</td> </tr> <tr> <td>3</td> <td>complications_severity_fu__3</td> <td>Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning)</td> </tr> <tr> <td>OTH</td> <td>complications_severity_fu__oth</td> <td>Other</td> </tr> <tr> <td>99</td> <td>complications_severity_fu__99</td> <td>Unknown</td> </tr> </table> | 0 | complications_severity_fu__0 | No complications | 1 | complications_severity_fu__1 | Mild complications (minimal symptoms from complications) | 2 | complications_severity_fu__2 | Moderate complications (moderate symptoms from complications) | 3 | complications_severity_fu__3 | Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning) | OTH | complications_severity_fu__oth | Other | 99 | complications_severity_fu__99 | Unknown |
| 0 | complications_severity_fu__0 | No complications | | | | | | | | | | | | | | | | | | | |
| 1 | complications_severity_fu__1 | Mild complications (minimal symptoms from complications) | | | | | | | | | | | | | | | | | | | |
| 2 | complications_severity_fu__2 | Moderate complications (moderate symptoms from complications) | | | | | | | | | | | | | | | | | | | |
| 3 | complications_severity_fu__3 | Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning) | | | | | | | | | | | | | | | | | | | |
| OTH | complications_severity_fu__oth | Other | | | | | | | | | | | | | | | | | | | |
| 99 | complications_severity_fu__99 | Unknown | | | | | | | | | | | | | | | | | | | |
| 314 | complications_severity_oth_specify_fu Show the field ONLY if: [complications_severity_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, Required | | | | | | | | | | | | | | | | | | |
| 315 | cancer_tx_fu Show the field ONLY if: [covid_19_status_fu] != '3' | Section Header: COVID-19 Effect on Cancer Treatment Was the patient's cancer treatment plan modified as a result of COVID-19? | radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | |
| 316 | 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 | | | | | | | | | | | | | | | | | | |
| 317 | cancer_status_fu Show the field ONLY if: [covid_19_status_fu] != '3' | Cancer status at the time of this follow-up report. If the patient has multiple primaries, please report on the cancer that was most recently treated. | radio, Required <table border="1"> <tr> <td>1</td> <td>Remission/NED</td> </tr> <tr> <td>2</td> <td>Active disease, responding to treatment</td> </tr> <tr> <td>3</td> <td>Active disease, stable</td> </tr> <tr> <td>4</td> <td>Active disease, progressing</td> </tr> <tr> <td>5</td> <td>Active disease, status unknown or not yet assessed</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | Remission/NED | 2 | Active disease, responding to treatment | 3 | Active disease, stable | 4 | Active disease, progressing | 5 | Active disease, status unknown or not yet assessed | 99 | Unknown | | | | | | |
| 1 | Remission/NED | | | | | | | | | | | | | | | | | | | | |
| 2 | Active disease, responding to treatment | | | | | | | | | | | | | | | | | | | | |
| 3 | Active disease, stable | | | | | | | | | | | | | | | | | | | | |
| 4 | Active disease, progressing | | | | | | | | | | | | | | | | | | | | |
| 5 | Active disease, status unknown or not yet assessed | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | |
| 318 | hospice_fu Show the field ONLY if: [hospice] != '1' | Section Header: COVID-19 follow-up details -- optional The following sections contain questions that will help us more fully understand the disease course of COVID-19. Most but not all of these questions are optional. Since you last reported on this patient, were they transitioned to hospice? | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | |
| 319 | 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 | | | | | | | | | | | | | | | | | | |
| 320 | hosp_status_fu | Since you last reported on this patient, were they admitted or re-admitted to the hospital? | radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes - admitted to floor for the duration of the illness</td> </tr> <tr> <td>2</td> <td>Yes - admitted to floor and then transferred to the ICU</td> </tr> <tr> <td>3</td> <td>Yes - admitted directly to the ICU</td> </tr> <tr> <td>88</td> <td>Not applicable - they were admitted to the hospital at the time of the last report and remain hospitalized</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> <tr> <td>OTH</td> <td>Other</td> </tr> </table> | 0 | No | 1 | Yes - admitted to floor for the duration of the illness | 2 | Yes - admitted to floor and then transferred to the ICU | 3 | Yes - admitted directly to the ICU | 88 | Not applicable - they were admitted to the hospital at the time of the last report and remain hospitalized | 99 | Unknown | OTH | Other | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes - admitted to floor for the duration of the illness | | | | | | | | | | | | | | | | | | | | |
| 2 | Yes - admitted to floor and then transferred to the ICU | | | | | | | | | | | | | | | | | | | | |
| 3 | Yes - admitted directly to the ICU | | | | | | | | | | | | | | | | | | | | |
| 88 | Not applicable - they were admitted to the hospital at the time of the last report and remain hospitalized | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | |
| OTH | Other | | | | | | | | | | | | | | | | | | | | |

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|-----------|--|---|---|----------|---|----------|------------------|---|------------------------------------|----------|---|----------------|-----------------|---|-----------------|-----------|--|-------|---------|-------------------------------------|--------------------|-----|------------------------------------|---------|
| 321 | 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 | | | | | | | | | | | | | | | | | | | | | |
| 322 | admission_reason_fu Show the field ONLY if: [hosp_status_fu] = '1' or [hosp_status_fu] = '2' or [hosp_status_fu] = '3' | Was the admission related to COVID-19 or complications of COVID-19? | radio, Required <table border="1"> <tr><td>1</td><td>Definitely related</td></tr> <tr><td>2</td><td>Possibly related</td></tr> <tr><td>3</td><td>Unrelated</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 1 | Definitely related | 2 | Possibly related | 3 | Unrelated | 99 | Unknown | | | | | | | | | | | | | |
| 1 | Definitely related | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Possibly related | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Unrelated | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | |
| 323 | 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) | | | | | | | | | | | | | | | | | | | | | |
| 324 | 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) | | | | | | | | | | | | | | | | | | | | | |
| 325 | icu_los_fu Show the field ONLY if: [hosp_status_fu] = '2' or [hosp_status_fu] = '3' | If known, how long was the ICU length of stay, in days? | text (integer, Min: 1) | | | | | | | | | | | | | | | | | | | | | |
| 326 | current_status_fu Show the field ONLY if: [covid_19_status_fu] != '3' | What is the patient's current location? | radio <table border="1"> <tr><td>2</td><td>Outpatient - follow up</td></tr> <tr><td>4</td><td>ER - Follow up</td></tr> <tr><td>5</td><td>Hospitalized (non-ICU) - new admit</td></tr> <tr><td>6</td><td>Hospitalized (non-ICU) - continued</td></tr> <tr><td>7</td><td>ICU - new admit</td></tr> <tr><td>8</td><td>ICU - continued</td></tr> <tr><td>9</td><td>None - patient is deceased</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 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 | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | |
| 327 | days_to_death_fu Show the field ONLY if: [current_status_fu] = '9' or [fu_reason] = '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 | | | | | | | | | | | | | | | | | | | | | |
| 328 | 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 | | | | | | | | | | | | | | | | | | | | | |
| 329 | c19_complications_systemic_fu | <p>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.</p> <p>Systemic events during the follow-up period. Check all that apply. If there were no additional systemic events, please check "No additional events".</p> | checkbox, Required <table border="1"> <tr> <td>50960005</td> <td>c19_complications_systemic_fu__50960005</td> <td>Bleeding</td> </tr> <tr> <td>67406007</td> <td>c19_complications_systemic_fu__67406007</td> <td>Disorientation (DOI)</td> </tr> <tr> <td>57653000</td> <td>c19_complications_systemic_fu__57653000</td> <td>Multifactorial</td> </tr> <tr> <td>91302008</td> <td>c19_complications_systemic_fu__91302008</td> <td>Seizure</td> </tr> <tr> <td>238147009</td> <td>c19_complications_systemic_fu__238147009</td> <td>Other</td> </tr> <tr> <td>NONE</td> <td>c19_complications_systemic_fu__none</td> <td>No systemic events</td> </tr> <tr> <td>UNK</td> <td>c19_complications_systemic_fu__unk</td> <td>Unknown</td> </tr> </table> <p>Field Annotation: Terminology: SNOMED</p> | 50960005 | c19_complications_systemic_fu__50960005 | Bleeding | 67406007 | c19_complications_systemic_fu__67406007 | Disorientation (DOI) | 57653000 | c19_complications_systemic_fu__57653000 | Multifactorial | 91302008 | c19_complications_systemic_fu__91302008 | Seizure | 238147009 | c19_complications_systemic_fu__238147009 | Other | NONE | c19_complications_systemic_fu__none | No systemic events | UNK | c19_complications_systemic_fu__unk | Unknown |
| 50960005 | c19_complications_systemic_fu__50960005 | Bleeding | | | | | | | | | | | | | | | | | | | | | | |
| 67406007 | c19_complications_systemic_fu__67406007 | Disorientation (DOI) | | | | | | | | | | | | | | | | | | | | | | |
| 57653000 | c19_complications_systemic_fu__57653000 | Multifactorial | | | | | | | | | | | | | | | | | | | | | | |
| 91302008 | c19_complications_systemic_fu__91302008 | Seizure | | | | | | | | | | | | | | | | | | | | | | |
| 238147009 | c19_complications_systemic_fu__238147009 | Other | | | | | | | | | | | | | | | | | | | | | | |
| NONE | c19_complications_systemic_fu__none | No systemic events | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_complications_systemic_fu__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | |

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|-----------------|---|---|--|-----------|--------------------------------------|---|-----------|--------------------------------------|---|-----------|--------------------------------------|--|-----------------|-------------------------------------|--|-----------------|-------------------------------------|------------------------|----------|-------------------------------------|------------------|-----------|--------------------------------------|---------|----------|-------------------------------------|-------|------|---------------------------------|--------------------------------|-----|--------------------------------|---------|
| 330 | c19_bleeding_fu Show the field ONLY if: [c19_complications_systemic_fu(50960005)] = '1' | Please specify the type of bleeding. Check all that apply. | checkbox | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <table border="1"> <tr> <td>112648003</td> <td>c19_bleeding_fu__112648003</td> <td>Major bleeding (requiring multiple RBCs transfusion or ICU admit)</td> </tr> <tr> <td>73099002</td> <td>c19_bleeding_fu__73099002</td> <td>Non-major but clinically relevant bleed</td> </tr> <tr> <td>127563002</td> <td>c19_bleeding_fu__127563002</td> <td>Minor bleed (without transfusion need)</td> </tr> <tr> <td>230690007-Major</td> <td>c19_bleeding_fu__230690007_major</td> <td>CNS hemorrhage extensive</td> </tr> <tr> <td>230690007-Minor</td> <td>c19_bleeding_fu__230690007_minor</td> <td>CNS hemorrhage limited</td> </tr> <tr> <td>OTH</td> <td>c19_bleeding_fu__oth</td> <td>Other</td> </tr> <tr> <td>UNK</td> <td>c19_bleeding_fu__unk</td> <td>Unknown</td> </tr> </table> | 112648003 | c19_bleeding_fu__112648003 | Major bleeding (requiring multiple RBCs transfusion or ICU admit) | 73099002 | c19_bleeding_fu__73099002 | Non-major but clinically relevant bleed | 127563002 | c19_bleeding_fu__127563002 | Minor bleed (without transfusion need) | 230690007-Major | c19_bleeding_fu__230690007_major | CNS hemorrhage extensive | 230690007-Minor | c19_bleeding_fu__230690007_minor | CNS hemorrhage limited | OTH | c19_bleeding_fu__oth | Other | UNK | c19_bleeding_fu__unk | Unknown | | | | | | | | | |
| 112648003 | c19_bleeding_fu__112648003 | Major bleeding (requiring multiple RBCs transfusion or ICU admit) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 73099002 | c19_bleeding_fu__73099002 | Non-major but clinically relevant bleed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127563002 | c19_bleeding_fu__127563002 | Minor bleed (without transfusion need) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 230690007-Major | c19_bleeding_fu__230690007_major | CNS hemorrhage extensive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 230690007-Minor | c19_bleeding_fu__230690007_minor | CNS hemorrhage limited | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | c19_bleeding_fu__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_bleeding_fu__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Field Annotation: Terminology: SNOMED-modified | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 331 | c19_bleeding_oth_specify_fu Show the field ONLY if: [c19_bleeding_fu(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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 332 | dic_more_fu Show the field ONLY if: [c19_complications_systemic_fu(67406007)] = '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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 333 | c19_comp_systemic_specify_fu Show the field ONLY if: [c19_complications_systemic_fu(238147009)] = '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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 334 | o2_requirement_fu | Did the patient require supplemental O2 during the follow-up period? | radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 335 | 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 additional events". | checkbox, Required <table border="1"> <tr> <td>409622000</td> <td>c19_complications_pulm_fu__409622000</td> <td>Respiratory failure</td> </tr> <tr> <td>205237003</td> <td>c19_complications_pulm_fu__205237003</td> <td>Pneumonia</td> </tr> <tr> <td>233604007</td> <td>c19_complications_pulm_fu__233604007</td> <td>Pneumothorax</td> </tr> <tr> <td>67782005</td> <td>c19_complications_pulm_fu__67782005</td> <td>Acute respiratory distress syndrome (ARDS)</td> </tr> <tr> <td>59282003</td> <td>c19_complications_pulm_fu__59282003</td> <td>Pulmonary embolism</td> </tr> <tr> <td>60046008</td> <td>c19_complications_pulm_fu__60046008</td> <td>Pleural effusion</td> </tr> <tr> <td>312682007</td> <td>c19_complications_pulm_fu__312682007</td> <td>Empyema</td> </tr> <tr> <td>50043002</td> <td>c19_complications_pulm_fu__50043002</td> <td>Other</td> </tr> <tr> <td>NONE</td> <td>c19_complications_pulm_fu__none</td> <td>No additional pulmonary events</td> </tr> <tr> <td>UNK</td> <td>c19_complications_pulm_fu__unk</td> <td>Unknown</td> </tr> </table> | 409622000 | c19_complications_pulm_fu__409622000 | Respiratory failure | 205237003 | c19_complications_pulm_fu__205237003 | Pneumonia | 233604007 | c19_complications_pulm_fu__233604007 | Pneumothorax | 67782005 | c19_complications_pulm_fu__67782005 | Acute respiratory distress syndrome (ARDS) | 59282003 | c19_complications_pulm_fu__59282003 | Pulmonary embolism | 60046008 | c19_complications_pulm_fu__60046008 | Pleural effusion | 312682007 | c19_complications_pulm_fu__312682007 | Empyema | 50043002 | c19_complications_pulm_fu__50043002 | Other | NONE | c19_complications_pulm_fu__none | No additional pulmonary events | UNK | c19_complications_pulm_fu__unk | Unknown |
| 409622000 | c19_complications_pulm_fu__409622000 | Respiratory failure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 205237003 | c19_complications_pulm_fu__205237003 | Pneumonia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 233604007 | c19_complications_pulm_fu__233604007 | Pneumothorax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67782005 | c19_complications_pulm_fu__67782005 | Acute respiratory distress syndrome (ARDS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59282003 | c19_complications_pulm_fu__59282003 | Pulmonary embolism | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60046008 | c19_complications_pulm_fu__60046008 | Pleural effusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 312682007 | c19_complications_pulm_fu__312682007 | Empyema | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50043002 | c19_complications_pulm_fu__50043002 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | c19_complications_pulm_fu__none | No additional pulmonary events | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_complications_pulm_fu__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Field Annotation: Terminology: SNOMED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----------|--|---|--|--|--|----------|---|--------|------------------------------------|-------------------------------------|----------------|-----------|--------------------------------------|---------|----------|-------------------------------------|------------|----------|-------------------------------------|---------|-----------|--------------------------------------|---------|----------|-------------------------------------|--------|----------|-------------------------------------|--------|----------|-------------------------------------|--------|-----------|--------------------------------------|--------|-----------|--------------------------------------|---------|-----------|--------------------------------------|--------|-----------|--------------------------------------|--------|----------|-------------------------------------|-------|------|---------------------------------|--------|-----|--------------------------------|--------|
| 336 | resp_failure_tx_fu Show the field ONLY if: [c19_complications_pulm_fu(409622000)] = '1' or [o2_requirement_fu] = '1' | Which of the following supplemental O2 interventions did the patient require? Select the most invasive intervention required during the follow-up period. | radio <table border="1"> <tr><td>1</td><td>Nasal cannula or face mask with standard O2</td></tr> <tr><td>2</td><td>High-flow nasal cannula or blow-by</td></tr> <tr><td>3</td><td>Non-rebreather</td></tr> <tr><td>4</td><td>CPAP</td></tr> <tr><td>5</td><td>BiPAP</td></tr> <tr><td>6</td><td>Intubation</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | | | 1 | Nasal cannula or face mask with standard O2 | 2 | High-flow nasal cannula or blow-by | 3 | Non-rebreather | 4 | CPAP | 5 | BiPAP | 6 | Intubation | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Nasal cannula or face mask with standard O2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | High-flow nasal cannula or blow-by | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Non-rebreather | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | CPAP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | BiPAP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Intubation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 337 | berlin_yn_fu Show the field ONLY if: [c19_complications_pulm_fu(67782005)] = '1' | Were the Berlin criteria formally assessed? | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Unknown/Unsure</td></tr> </table> | | | 0 | No | 1 | Yes | 99 | Unknown/Unsure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown/Unsure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 338 | berlin_fu Show the field ONLY if: [berlin_yn_fu] = '1' | Berlin criteria. The Berlin criteria are based on a decreased PaO2/FiO2 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 that the Berlin definition requires a minimum positive end expiratory pressure (PEEP) of 5 cmH2O for consideration of the PaO2/FiO2 ratio. This degree of PEEP may be delivered noninvasively with CPAP to diagnose mild ARDS. | radio <table border="1"> <tr><td>1</td><td>Mild</td></tr> <tr><td>2</td><td>Moderate</td></tr> <tr><td>3</td><td>Severe</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | | | 1 | Mild | 2 | Moderate | 3 | Severe | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Mild | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Moderate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Severe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 339 | c19_comp_pulm_specify_fu Show the field ONLY if: [c19_complications_pulm_fu(50043002)] = '1' | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 340 | c19_complications_card_fu | Cardiovascular events during the follow-up period. Check all that apply. If there were no additional cardiovascular events, please check "No additional events". | checkbox, Required <table border="1"> <tr><td>45007003</td><td>c19_complications_card_fu__45007003</td><td>Hypote</td></tr> <tr><td>22298006</td><td>c19_complications_card_fu__22298006</td><td>Myocard</td></tr> <tr><td>414545008</td><td>c19_complications_card_fu__414545008</td><td>Other c</td></tr> <tr><td>49436004</td><td>c19_complications_card_fu__49436004</td><td>Atrial fi</td></tr> <tr><td>71908006</td><td>c19_complications_card_fu__71908006</td><td>Ventric</td></tr> <tr><td>698247007</td><td>c19_complications_card_fu__698247007</td><td>Other c</td></tr> <tr><td>85898001</td><td>c19_complications_card_fu__85898001</td><td>Cardio</td></tr> <tr><td>42343007</td><td>c19_complications_card_fu__42343007</td><td>Conges</td></tr> <tr><td>59282003</td><td>c19_complications_card_fu__59282003</td><td>Pulmor</td></tr> <tr><td>128053003</td><td>c19_complications_card_fu__128053003</td><td>Deep v</td></tr> <tr><td>275517008</td><td>c19_complications_card_fu__275517008</td><td>Superfi</td></tr> <tr><td>230690007</td><td>c19_complications_card_fu__230690007</td><td>Cerebr</td></tr> <tr><td>414086009</td><td>c19_complications_card_fu__414086009</td><td>Thromb</td></tr> <tr><td>49601007</td><td>c19_complications_card_fu__49601007</td><td>Other</td></tr> <tr><td>NONE</td><td>c19_complications_card_fu__none</td><td>No add</td></tr> <tr><td>UNK</td><td>c19_complications_card_fu__unk</td><td>Unknow</td></tr> </table> Field Annotation: Terminology: SNOMED | | | 45007003 | c19_complications_card_fu__45007003 | Hypote | 22298006 | c19_complications_card_fu__22298006 | Myocard | 414545008 | c19_complications_card_fu__414545008 | Other c | 49436004 | c19_complications_card_fu__49436004 | Atrial fi | 71908006 | c19_complications_card_fu__71908006 | Ventric | 698247007 | c19_complications_card_fu__698247007 | Other c | 85898001 | c19_complications_card_fu__85898001 | Cardio | 42343007 | c19_complications_card_fu__42343007 | Conges | 59282003 | c19_complications_card_fu__59282003 | Pulmor | 128053003 | c19_complications_card_fu__128053003 | Deep v | 275517008 | c19_complications_card_fu__275517008 | Superfi | 230690007 | c19_complications_card_fu__230690007 | Cerebr | 414086009 | c19_complications_card_fu__414086009 | Thromb | 49601007 | c19_complications_card_fu__49601007 | Other | NONE | c19_complications_card_fu__none | No add | UNK | c19_complications_card_fu__unk | Unknow |
| 45007003 | c19_complications_card_fu__45007003 | Hypote | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22298006 | c19_complications_card_fu__22298006 | Myocard | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 414545008 | c19_complications_card_fu__414545008 | Other c | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49436004 | c19_complications_card_fu__49436004 | Atrial fi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 71908006 | c19_complications_card_fu__71908006 | Ventric | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 698247007 | c19_complications_card_fu__698247007 | Other c | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85898001 | c19_complications_card_fu__85898001 | Cardio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42343007 | c19_complications_card_fu__42343007 | Conges | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59282003 | c19_complications_card_fu__59282003 | Pulmor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128053003 | c19_complications_card_fu__128053003 | Deep v | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 275517008 | c19_complications_card_fu__275517008 | Superfi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 230690007 | c19_complications_card_fu__230690007 | Cerebr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 414086009 | c19_complications_card_fu__414086009 | Thromb | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49601007 | c19_complications_card_fu__49601007 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | c19_complications_card_fu__none | No add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_complications_card_fu__unk | Unknow | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 341 | hotn_pressors_fu Show the field ONLY if: [c19_complications_card_fu(45007003)] = '1' | Did the patient require pressors? | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | | | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--|---|---|-----------|--------------------------------------|---------------------|-----------|--------------------------------------|---------|-----------|---------------------------------------|------------------|-----------|---------------------------------------|------------------|-----------|---------------------------------------|-------|----------|-----------------------------------|---------------------|----------|-----------------------------------|---------|------|-------------------------------|---------------------------------|-----|------------------------------|---------|
| 342 | c19_comp_card_specify_fu Show the field ONLY if: [c19_complications_card_fu(49601007)] = '1' or [c19_complications_card_fu(414545008)] = '1' or [c19_complications_card_fu(698247007)] = '1' | Please specify other cardiac events. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 343 | c19_complications_gi_fu | Gastrointestinal events during the follow-up period. Check all that apply. If there were no additional GI events, please check "No additional events". | checkbox <table border="1"> <tr> <td>427044009</td> <td>c19_complications_gi_fu__427044009</td> <td>Acute hep injury</td> </tr> <tr> <td>389026000</td> <td>c19_complications_gi_fu__389026000</td> <td>Ascites</td> </tr> <tr> <td>81060008</td> <td>c19_complications_gi_fu__81060008</td> <td>Bowel obstructio</td> </tr> <tr> <td>56905009</td> <td>c19_complications_gi_fu__56905009</td> <td>Bowel perforatio</td> </tr> <tr> <td>710572000</td> <td>c19_complications_gi_fu__710572000</td> <td>Ileus</td> </tr> <tr> <td>48661000</td> <td>c19_complications_gi_fu__48661000</td> <td>Peritonitis</td> </tr> <tr> <td>53619000</td> <td>c19_complications_gi_fu__53619000</td> <td>Other</td> </tr> <tr> <td>NONE</td> <td>c19_complications_gi_fu__none</td> <td>No additional gastrointe events</td> </tr> <tr> <td>UNK</td> <td>c19_complications_gi_fu__unk</td> <td>Unknown</td> </tr> </table> Field Annotation: Terminology: SNOMED | 427044009 | c19_complications_gi_fu__427044009 | Acute hep injury | 389026000 | c19_complications_gi_fu__389026000 | Ascites | 81060008 | c19_complications_gi_fu__81060008 | Bowel obstructio | 56905009 | c19_complications_gi_fu__56905009 | Bowel perforatio | 710572000 | c19_complications_gi_fu__710572000 | Ileus | 48661000 | c19_complications_gi_fu__48661000 | Peritonitis | 53619000 | c19_complications_gi_fu__53619000 | Other | NONE | c19_complications_gi_fu__none | No additional gastrointe events | UNK | c19_complications_gi_fu__unk | Unknown |
| 427044009 | c19_complications_gi_fu__427044009 | Acute hep injury | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 389026000 | c19_complications_gi_fu__389026000 | Ascites | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 81060008 | c19_complications_gi_fu__81060008 | Bowel obstructio | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 56905009 | c19_complications_gi_fu__56905009 | Bowel perforatio | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 710572000 | c19_complications_gi_fu__710572000 | Ileus | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48661000 | c19_complications_gi_fu__48661000 | Peritonitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53619000 | c19_complications_gi_fu__53619000 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | c19_complications_gi_fu__none | No additional gastrointe events | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_complications_gi_fu__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 344 | c19_comp_gi_specify_fu Show the field ONLY if: [c19_complications_gi_fu(53619000)] = '1' | Please specify other GI events. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 345 | c19_complications_other_fu | Other events during the follow-up period. Check all that apply. If there were no additional other events, please check "No additional events". | checkbox, Required <table border="1"> <tr> <td>14669001</td> <td>c19_complications_other_fu__14669001</td> <td>Acute kidney injury</td> </tr> <tr> <td>91175000</td> <td>c19_complications_other_fu__91175000</td> <td>Seizure</td> </tr> <tr> <td>372070002</td> <td>c19_complications_other_fu__372070002</td> <td>Gangrene</td> </tr> <tr> <td>414086009</td> <td>c19_complications_other_fu__414086009</td> <td>Thrombosis NOS</td> </tr> <tr> <td>362965005</td> <td>c19_complications_other_fu__362965005</td> <td>Other</td> </tr> <tr> <td>NONE</td> <td>c19_complications_other_fu__none</td> <td>No additional event</td> </tr> <tr> <td>UNK</td> <td>c19_complications_other_fu__unk</td> <td>Unknown</td> </tr> </table> Field Annotation: Terminology: SNOMED @HIDECHOICE = '414086009' | 14669001 | c19_complications_other_fu__14669001 | Acute kidney injury | 91175000 | c19_complications_other_fu__91175000 | Seizure | 372070002 | c19_complications_other_fu__372070002 | Gangrene | 414086009 | c19_complications_other_fu__414086009 | Thrombosis NOS | 362965005 | c19_complications_other_fu__362965005 | Other | NONE | c19_complications_other_fu__none | No additional event | UNK | c19_complications_other_fu__unk | Unknown | | | | | | |
| 14669001 | c19_complications_other_fu__14669001 | Acute kidney injury | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 91175000 | c19_complications_other_fu__91175000 | Seizure | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 372070002 | c19_complications_other_fu__372070002 | Gangrene | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 414086009 | c19_complications_other_fu__414086009 | Thrombosis NOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 362965005 | c19_complications_other_fu__362965005 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | c19_complications_other_fu__none | No additional event | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_complications_other_fu__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 346 | c19_complications_oth_specify_fu Show the field ONLY if: [c19_complications_other_fu(362965005)] = '1' | Please specify other events. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 347 | c19_addl_treatment | Section Header: COVID-19 Additional Treatment Did the patient receive any additional treatments for COVID-19 or its sequelae? | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 348 | additional_tx_fu Show the field ONLY if: [c19_addl_treatment] = '1' | Additional 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|--|--|---|-------------------------------------|
| 349 | covid_19_treatment_fu Show the field ONLY if: [c19_addl_treatment] = '1' | Additional COVID-19 treatment. Check all that apply. | checkbox | |
| | | | DB-15718 | covid_19_treatment_fu__db_15718 |
| | | | Bam-Et | covid_19_treatment_fu__bam_et |
| | | | REGEN-COV2 | covid_19_treatment_fu__regen_cov2 |
| | | | OMOP4873974 | covid_19_treatment_fu__omop4873974 |
| | | | HO-45523 | covid_19_treatment_fu__ho_45523 |
| | | | B05AX03 | covid_19_treatment_fu__b05ax03 |
| | | | RXCUI-2393 | covid_19_treatment_fu__rxcul_2393 |
| | | | RXCUI-5521 | covid_19_treatment_fu__rxcul_5521 |
| | | | HO-44995 | covid_19_treatment_fu__ho_44995 |
| | | | ATC-J05AE08 | covid_19_treatment_fu__atc_j05ae08 |
| | | | ATC-J05AR10 | covid_19_treatment_fu__atc_j05ar10 |
| | | | RXCUI-260101 | covid_19_treatment_fu__rxcul_260101 |
| | | | RXCUI-18631 | covid_19_treatment_fu__rxcul_18631 |
| | | | ATC-C10AA | covid_19_treatment_fu__atc_c10aa |
| | | | RXCUI-612865 | covid_19_treatment_fu__rxcul_612865 |
| | | | L04AA37 | covid_19_treatment_fu__l04aa37 |
| | | | ATC-L04AC | covid_19_treatment_fu__atc_l04ac |
| | | | HO-45861 | covid_19_treatment_fu__ho_45861 |
| | | | ATC-L04AB | covid_19_treatment_fu__atc_l04ab |
| | | | B01A | covid_19_treatment_fu__b01a |
| | | | N02BA | covid_19_treatment_fu__n02ba |
| | | | B01AC | covid_19_treatment_fu__b01ac |
| | | | 233573008 | covid_19_treatment_fu__233573008 |
| | | | 714749008 | covid_19_treatment_fu__714749008 |
| | | | OTH | covid_19_treatment_fu__oth |
| | | | UNK | covid_19_treatment_fu__unk |
| | | | NONE | covid_19_treatment_fu__none |
| | | | oth_plasma | covid_19_treatment_fu__oth_plasma |
| | | | Field Annotation: Terminologies: ATC/HemOnc/OMOP/RxNorm/SNOMED @HIDECHOICE='oth_plasma' | |
| 350 | 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) | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--|--|--|-----------|---------------------------------|--|-------------------------------|-----------------------------|---|---------|--|---------------------------------|--------------------------------------|-----------------------------|---|---------|-----------------------------|---|---------|-------------------------------|--------------|-----|---------------------------|---------|-----|---------------------------|-------|
| 351 | steroid_type_fu Show the field ONLY if: [covid_19_treatment_fu(HO-45523)] = '1' | Steroid type. Check all that apply. | checkbox <table border="1"> <tr> <td>H02AB02</td> <td>steroid_type_fu__h02ab02</td> <td>Dexamethasone (Decadron)</td> </tr> <tr> <td>H02AB09</td> <td>steroid_type_fu__h02ab09</td> <td>Hydrocortisone (Cortef)</td> </tr> <tr> <td>H02AB04</td> <td>steroid_type_fu__h02ab04</td> <td>Methylprednisolone (Solumedrol)</td> </tr> <tr> <td>H02AB06</td> <td>steroid_type_fu__h02ab06</td> <td>Prednisolone</td> </tr> <tr> <td>H02AB07</td> <td>steroid_type_fu__h02ab07</td> <td>Prednisone</td> </tr> </table> | H02AB02 | steroid_type_fu__h02ab02 | Dexamethasone (Decadron) | H02AB09 | steroid_type_fu__h02ab09 | Hydrocortisone (Cortef) | H02AB04 | steroid_type_fu__h02ab04 | Methylprednisolone (Solumedrol) | H02AB06 | steroid_type_fu__h02ab06 | Prednisolone | H02AB07 | steroid_type_fu__h02ab07 | Prednisone | | | | | | | | | |
| H02AB02 | steroid_type_fu__h02ab02 | Dexamethasone (Decadron) | | | | | | | | | | | | | | | | | | | | | | | | | |
| H02AB09 | steroid_type_fu__h02ab09 | Hydrocortisone (Cortef) | | | | | | | | | | | | | | | | | | | | | | | | | |
| H02AB04 | steroid_type_fu__h02ab04 | Methylprednisolone (Solumedrol) | | | | | | | | | | | | | | | | | | | | | | | | | |
| H02AB06 | steroid_type_fu__h02ab06 | Prednisolone | | | | | | | | | | | | | | | | | | | | | | | | | |
| H02AB07 | steroid_type_fu__h02ab07 | Prednisone | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Field Annotation: Terminology: ATC | | | | | | | | | | | | | | | | | | | | | | | | |
| 352 | steroid_specific_fu Show the field ONLY if: [covid_19_treatment_fu(HO-45523)] = '1' | Steroid dosing, in prednisone dose equivalents Note: 3 mg of dexamethasone is equivalent to 20 mg of prednisone, so any dose of dexamethasone of more than 3 mg/day (21 mg/week) would be equivalent to more than 20 mg of prednisone/day. | radio <table border="1"> <tr> <td>1</td> <td>20 mg/day or below [low dose]</td> </tr> <tr> <td>1a</td> <td>10 mg/day or below [low dose]</td> </tr> <tr> <td>1b</td> <td>More than 10 mg/day up to 20 mg/day</td> </tr> <tr> <td>2</td> <td>More than 20 mg/day but less than 1mg/kg/day</td> </tr> <tr> <td>3</td> <td>Equal to or greater than 1 mg/kg/day</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 1 | 20 mg/day or below [low dose] | 1a | 10 mg/day or below [low dose] | 1b | More than 10 mg/day up to 20 mg/day | 2 | More than 20 mg/day but less than 1mg/kg/day | 3 | Equal to or greater than 1 mg/kg/day | 99 | Unknown | | | | | | | | | | | | |
| 1 | 20 mg/day or below [low dose] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1a | 10 mg/day or below [low dose] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b | More than 10 mg/day up to 20 mg/day | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | More than 20 mg/day but less than 1mg/kg/day | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Equal to or greater than 1 mg/kg/day | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Field Annotation: @HIDECHOICE='1' | | | | | | | | | | | | | | | | | | | | | | | | |
| 353 | steroid_more_fu Show the field ONLY if: [covid_19_treatment_fu(HO-45523)] = '1' | Please provide more details: prednisone dose equivalents (e.g., 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. | notes | | | | | | | | | | | | | | | | | | | | | | | | |
| 354 | c19_aspirin_dose_fu Show the field ONLY if: [covid_19_treatment_fu(N02BA)] = '1' | Aspirin dosing | radio <table border="1"> <tr> <td>262459003</td> <td>Low dose (less than 200 mg/day)</td> </tr> <tr> <td>261829003</td> <td>Full dose</td> </tr> <tr> <td>261665006</td> <td>Unknown</td> </tr> </table> | 262459003 | Low dose (less than 200 mg/day) | 261829003 | Full dose | 261665006 | Unknown | | | | | | | | | | | | | | | | | | |
| 262459003 | Low dose (less than 200 mg/day) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 261829003 | Full dose | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 261665006 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Field Annotation: Terminology: SNOMED | | | | | | | | | | | | | | | | | | | | | | | | |
| 355 | c19_anticoag_type_fu Show the field ONLY if: [covid_19_treatment_fu(B01A)] = '1' | Which anticoagulants were used? Check all that apply. | checkbox <table border="1"> <tr> <td>B01AA</td> <td>c19_anticoag_type_fu__b01aa</td> <td>Vitamin K antagonists (e.g., warfarin)</td> </tr> <tr> <td>B01AB</td> <td>c19_anticoag_type_fu__b01ab</td> <td>Low-molecular weight heparin (e.g., enoxaparin [Lovenox])</td> </tr> <tr> <td>B01AB01</td> <td>c19_anticoag_type_fu__b01ab01</td> <td>Unfractionated heparin</td> </tr> <tr> <td>B01AE</td> <td>c19_anticoag_type_fu__b01ae</td> <td>Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa])</td> </tr> <tr> <td>B01AF</td> <td>c19_anticoag_type_fu__b01af</td> <td>Direct factor Xa inhibitors (e.g., apixaban [Eliquis], rivaroxaban [Xarelto])</td> </tr> <tr> <td>B01AX05</td> <td>c19_anticoag_type_fu__b01ax05</td> <td>Fondaparinux</td> </tr> <tr> <td>UNK</td> <td>c19_anticoag_type_fu__unk</td> <td>Unknown</td> </tr> <tr> <td>OTH</td> <td>c19_anticoag_type_fu__oth</td> <td>Other</td> </tr> </table> | B01AA | c19_anticoag_type_fu__b01aa | Vitamin K antagonists (e.g., warfarin) | B01AB | c19_anticoag_type_fu__b01ab | Low-molecular weight heparin (e.g., enoxaparin [Lovenox]) | B01AB01 | c19_anticoag_type_fu__b01ab01 | Unfractionated heparin | B01AE | c19_anticoag_type_fu__b01ae | Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa]) | B01AF | c19_anticoag_type_fu__b01af | Direct factor Xa inhibitors (e.g., apixaban [Eliquis], rivaroxaban [Xarelto]) | B01AX05 | c19_anticoag_type_fu__b01ax05 | Fondaparinux | UNK | c19_anticoag_type_fu__unk | Unknown | OTH | c19_anticoag_type_fu__oth | Other |
| B01AA | c19_anticoag_type_fu__b01aa | Vitamin K antagonists (e.g., warfarin) | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AB | c19_anticoag_type_fu__b01ab | Low-molecular weight heparin (e.g., enoxaparin [Lovenox]) | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AB01 | c19_anticoag_type_fu__b01ab01 | Unfractionated heparin | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AE | c19_anticoag_type_fu__b01ae | Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa]) | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AF | c19_anticoag_type_fu__b01af | Direct factor Xa inhibitors (e.g., apixaban [Eliquis], rivaroxaban [Xarelto]) | | | | | | | | | | | | | | | | | | | | | | | | | |
| B01AX05 | c19_anticoag_type_fu__b01ax05 | Fondaparinux | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_anticoag_type_fu__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | c19_anticoag_type_fu__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| 356 | 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 | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------|--|---|--|---------|-------------------------------------|---|---------|-------------------------------------|--|---------|-------------------------------------|---|---------|-------------------------------------|---|---------|-------------------------------------|--|---------|-------------------------------------|--------------------------------|---------|-------------------------------------|------------|---------|-------------------------------------|------------|---------|-------------------------------------|------------|---------|-------------------------------------|--------------|---------|-------------------------------------|-----------|---------|-------------------------------------|-------------|---------|-------------------------------------|------------|---------|-------------------------------------|-----------|---------|-------------------------------------|---------------|---------|-------------------------------------|------------|---------|-------------------------------------|-------------|
| 357 | <div>c19_anticoag_reason_fu</div> <div>Show the field ONLY if: [covid_19_treatment_fu(B01A)] = '1'</div> | What was the purpose of the anticoagulant treatment? Check all that apply. | <div>checkbox</div> <table><tr><td>1</td><td>c19_anticoag_reason_fu__1</td><td>Prophylactic use (without the presence of a VTE either as an inpatient or outpatient)</td></tr><tr><td>2</td><td>c19_anticoag_reason_fu__2</td><td>Therapeutic use (for known VTE or ATE history)</td></tr><tr><td>2a</td><td>c19_anticoag_reason_fu__2a</td><td>Therapeutic use (for known VTE diagnosis)</td></tr><tr><td>2b</td><td>c19_anticoag_reason_fu__2b</td><td>Therapeutic use (for known ATE diagnosis)</td></tr><tr><td>2c</td><td>c19_anticoag_reason_fu__2c</td><td>Therapeutic use in the absence of any thrombosis (e.g., for prevention of stroke in atrial fibrillation)</td></tr><tr><td>3</td><td>c19_anticoag_reason_fu__3</td><td>For DIC during hospitalization</td></tr><tr><td>UNK</td><td>c19_anticoag_reason_fu__unk</td><td>Unknown</td></tr><tr><td>OTH</td><td>c19_anticoag_reason_fu__oth</td><td>Other</td></tr></table> <div>Field Annotation: @HIDECHOICE='2'</div> | 1 | c19_anticoag_reason_fu__1 | Prophylactic use (without the presence of a VTE either as an inpatient or outpatient) | 2 | c19_anticoag_reason_fu__2 | Therapeutic use (for known VTE or ATE history) | 2a | c19_anticoag_reason_fu__2a | Therapeutic use (for known VTE diagnosis) | 2b | c19_anticoag_reason_fu__2b | Therapeutic use (for known ATE diagnosis) | 2c | c19_anticoag_reason_fu__2c | Therapeutic use in the absence of any thrombosis (e.g., for prevention of stroke in atrial fibrillation) | 3 | c19_anticoag_reason_fu__3 | For DIC during hospitalization | UNK | c19_anticoag_reason_fu__unk | Unknown | OTH | c19_anticoag_reason_fu__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | c19_anticoag_reason_fu__1 | Prophylactic use (without the presence of a VTE either as an inpatient or outpatient) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | c19_anticoag_reason_fu__2 | Therapeutic use (for known VTE or ATE history) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2a | c19_anticoag_reason_fu__2a | Therapeutic use (for known VTE diagnosis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2b | c19_anticoag_reason_fu__2b | Therapeutic use (for known ATE diagnosis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2c | c19_anticoag_reason_fu__2c | Therapeutic use in the absence of any thrombosis (e.g., for prevention of stroke in atrial fibrillation) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | c19_anticoag_reason_fu__3 | For DIC during hospitalization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNK | c19_anticoag_reason_fu__unk | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | c19_anticoag_reason_fu__oth | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 358 | <div>c19_anticoag_reason_oth_specify_fu</div> <div>Show the field ONLY if: [c19_anticoag_reason_fu(OTH)] = '1'</div> | Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 359 | <div>covid_19_tx_interleukin_fu</div> <div>Show the field ONLY if: [covid_19_treatment_fu(ATC-L04A C)] = '1'</div> | Interleukin inhibitor treatment other than tocilizumab. Check all that apply. | <div>checkbox</div> <table><tr><td>L04AC03</td><td>covid_19_tx_interleukin_fu__l04ac03</td><td>anakinra</td></tr><tr><td>L04AC02</td><td>covid_19_tx_interleukin_fu__l04ac02</td><td>basiliximab</td></tr><tr><td>L04AC09</td><td>covid_19_tx_interleukin_fu__l04ac09</td><td>briakinumab</td></tr><tr><td>L04AC12</td><td>covid_19_tx_interleukin_fu__l04ac12</td><td>brodalumab</td></tr><tr><td>L04AC08</td><td>covid_19_tx_interleukin_fu__l04ac08</td><td>canakinumab</td></tr><tr><td>L04AC01</td><td>covid_19_tx_interleukin_fu__l04ac01</td><td>daclizumab</td></tr><tr><td>L04AC16</td><td>covid_19_tx_interleukin_fu__l04ac16</td><td>guselkumab</td></tr><tr><td>L04AC13</td><td>covid_19_tx_interleukin_fu__l04ac13</td><td>ixekizumab</td></tr><tr><td>L04AC04</td><td>covid_19_tx_interleukin_fu__l04ac04</td><td>rilonacept</td></tr><tr><td>L04AC18</td><td>covid_19_tx_interleukin_fu__l04ac18</td><td>risankizumab</td></tr><tr><td>L04AC14</td><td>covid_19_tx_interleukin_fu__l04ac14</td><td>sarilumab</td></tr><tr><td>L04AC10</td><td>covid_19_tx_interleukin_fu__l04ac10</td><td>secukinumab</td></tr><tr><td>L04AC11</td><td>covid_19_tx_interleukin_fu__l04ac11</td><td>siltuximab</td></tr><tr><td>L04AC15</td><td>covid_19_tx_interleukin_fu__l04ac15</td><td>sirukumab</td></tr><tr><td>L04AC17</td><td>covid_19_tx_interleukin_fu__l04ac17</td><td>tildrakizumab</td></tr><tr><td>L04AC07</td><td>covid_19_tx_interleukin_fu__l04ac07</td><td>DEPRECATED</td></tr><tr><td>L04AC05</td><td>covid_19_tx_interleukin_fu__l04ac05</td><td>ustekinumab</td></tr></table> <div>Field Annotation: Field:ATC L04AC; Values:ATC @HIDECHOICE='L04AC07'</div> | L04AC03 | covid_19_tx_interleukin_fu__l04ac03 | anakinra | L04AC02 | covid_19_tx_interleukin_fu__l04ac02 | basiliximab | L04AC09 | covid_19_tx_interleukin_fu__l04ac09 | briakinumab | L04AC12 | covid_19_tx_interleukin_fu__l04ac12 | brodalumab | L04AC08 | covid_19_tx_interleukin_fu__l04ac08 | canakinumab | L04AC01 | covid_19_tx_interleukin_fu__l04ac01 | daclizumab | L04AC16 | covid_19_tx_interleukin_fu__l04ac16 | guselkumab | L04AC13 | covid_19_tx_interleukin_fu__l04ac13 | ixekizumab | L04AC04 | covid_19_tx_interleukin_fu__l04ac04 | rilonacept | L04AC18 | covid_19_tx_interleukin_fu__l04ac18 | risankizumab | L04AC14 | covid_19_tx_interleukin_fu__l04ac14 | sarilumab | L04AC10 | covid_19_tx_interleukin_fu__l04ac10 | secukinumab | L04AC11 | covid_19_tx_interleukin_fu__l04ac11 | siltuximab | L04AC15 | covid_19_tx_interleukin_fu__l04ac15 | sirukumab | L04AC17 | covid_19_tx_interleukin_fu__l04ac17 | tildrakizumab | L04AC07 | covid_19_tx_interleukin_fu__l04ac07 | DEPRECATED | L04AC05 | covid_19_tx_interleukin_fu__l04ac05 | ustekinumab |
| L04AC03 | covid_19_tx_interleukin_fu__l04ac03 | anakinra | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC02 | covid_19_tx_interleukin_fu__l04ac02 | basiliximab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC09 | covid_19_tx_interleukin_fu__l04ac09 | briakinumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC12 | covid_19_tx_interleukin_fu__l04ac12 | brodalumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC08 | covid_19_tx_interleukin_fu__l04ac08 | canakinumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC01 | covid_19_tx_interleukin_fu__l04ac01 | daclizumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC16 | covid_19_tx_interleukin_fu__l04ac16 | guselkumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC13 | covid_19_tx_interleukin_fu__l04ac13 | ixekizumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC04 | covid_19_tx_interleukin_fu__l04ac04 | rilonacept | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC18 | covid_19_tx_interleukin_fu__l04ac18 | risankizumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC14 | covid_19_tx_interleukin_fu__l04ac14 | sarilumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC10 | covid_19_tx_interleukin_fu__l04ac10 | secukinumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC11 | covid_19_tx_interleukin_fu__l04ac11 | siltuximab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC15 | covid_19_tx_interleukin_fu__l04ac15 | sirukumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC17 | covid_19_tx_interleukin_fu__l04ac17 | tildrakizumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC07 | covid_19_tx_interleukin_fu__l04ac07 | DEPRECATED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L04AC05 | covid_19_tx_interleukin_fu__l04ac05 | ustekinumab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------------|---|---|--|---------|------------------------------|----------------------|---------|------------------------------|-----------------------|---------------|------------------------------|--------------------|---------|------------------------------|-------------|-------------|------------------------------|-------------|---------|------------------------------|----------------------|---------|------------------------------|--------------|
| 360 | jak_fu Show the field ONLY if: [covid_19_treatment_fu(HO-45861)] = '1' | JAK inhibitor treatment. Check all that apply. | checkbox <table border="1"> <tr> <td>L01XE18</td> <td>jak_fu___l01xe18</td> <td>Ruxolitinib (Jakafi)</td> </tr> <tr> <td>L04AA29</td> <td>jak_fu___l04aa29</td> <td>Tofacitinib (Xeljanz)</td> </tr> <tr> <td>RXCUI-1487006</td> <td>jak_fu___rxcul_1487006</td> <td>Oclacitinib</td> </tr> <tr> <td>L04AA37</td> <td>jak_fu___l04aa37</td> <td>Baricitinib</td> </tr> <tr> <td>Peficitinib</td> <td>jak_fu___peficitinib</td> <td>Peficitinib</td> </tr> <tr> <td>L01XE57</td> <td>jak_fu___l01xe57</td> <td>Fedratinib (Inrebic)</td> </tr> <tr> <td>L04AA44</td> <td>jak_fu___l04aa44</td> <td>Upadacitinib</td> </tr> </table> Field Annotation: Terminologies: ATC, RxNorm | L01XE18 | jak_fu___l01xe18 | Ruxolitinib (Jakafi) | L04AA29 | jak_fu___l04aa29 | Tofacitinib (Xeljanz) | RXCUI-1487006 | jak_fu___rxcul_1487006 | Oclacitinib | L04AA37 | jak_fu___l04aa37 | Baricitinib | Peficitinib | jak_fu___peficitinib | Peficitinib | L01XE57 | jak_fu___l01xe57 | Fedratinib (Inrebic) | L04AA44 | jak_fu___l04aa44 | Upadacitinib |
| L01XE18 | jak_fu___l01xe18 | Ruxolitinib (Jakafi) | | | | | | | | | | | | | | | | | | | | | | |
| L04AA29 | jak_fu___l04aa29 | Tofacitinib (Xeljanz) | | | | | | | | | | | | | | | | | | | | | | |
| RXCUI-1487006 | jak_fu___rxcul_1487006 | Oclacitinib | | | | | | | | | | | | | | | | | | | | | | |
| L04AA37 | jak_fu___l04aa37 | Baricitinib | | | | | | | | | | | | | | | | | | | | | | |
| Peficitinib | jak_fu___peficitinib | Peficitinib | | | | | | | | | | | | | | | | | | | | | | |
| L01XE57 | jak_fu___l01xe57 | Fedratinib (Inrebic) | | | | | | | | | | | | | | | | | | | | | | |
| L04AA44 | jak_fu___l04aa44 | Upadacitinib | | | | | | | | | | | | | | | | | | | | | | |
| 361 | covid_19_tx_tnf_fu Show the field ONLY if: [covid_19_treatment_fu(ATC-L04AB)] = '1' | Tumor necrosis factor alpha (TNF-α) inhibitor treatment. Check all that apply. | checkbox <table border="1"> <tr> <td>L04AB04</td> <td>covid_19_tx_tnf_fu___l04ab04</td> <td>Adalimumab</td> </tr> <tr> <td>L04AB03</td> <td>covid_19_tx_tnf_fu___l04ab03</td> <td>Afelimomab</td> </tr> <tr> <td>L04AB05</td> <td>covid_19_tx_tnf_fu___l04ab05</td> <td>Certolizumab pegol</td> </tr> <tr> <td>L04AB01</td> <td>covid_19_tx_tnf_fu___l04ab01</td> <td>Etanercept</td> </tr> <tr> <td>L04AB06</td> <td>covid_19_tx_tnf_fu___l04ab06</td> <td>Golimumab</td> </tr> <tr> <td>L04AB02</td> <td>covid_19_tx_tnf_fu___l04ab02</td> <td>Infliximab</td> </tr> <tr> <td>L04AB07</td> <td>covid_19_tx_tnf_fu___l04ab07</td> <td>Opinercept</td> </tr> </table> Field Annotation: Field:ATC L04AB; Values:ATC | L04AB04 | covid_19_tx_tnf_fu___l04ab04 | Adalimumab | L04AB03 | covid_19_tx_tnf_fu___l04ab03 | Afelimomab | L04AB05 | covid_19_tx_tnf_fu___l04ab05 | Certolizumab pegol | L04AB01 | covid_19_tx_tnf_fu___l04ab01 | Etanercept | L04AB06 | covid_19_tx_tnf_fu___l04ab06 | Golimumab | L04AB02 | covid_19_tx_tnf_fu___l04ab02 | Infliximab | L04AB07 | covid_19_tx_tnf_fu___l04ab07 | Opinercept |
| L04AB04 | covid_19_tx_tnf_fu___l04ab04 | Adalimumab | | | | | | | | | | | | | | | | | | | | | | |
| L04AB03 | covid_19_tx_tnf_fu___l04ab03 | Afelimomab | | | | | | | | | | | | | | | | | | | | | | |
| L04AB05 | covid_19_tx_tnf_fu___l04ab05 | Certolizumab pegol | | | | | | | | | | | | | | | | | | | | | | |
| L04AB01 | covid_19_tx_tnf_fu___l04ab01 | Etanercept | | | | | | | | | | | | | | | | | | | | | | |
| L04AB06 | covid_19_tx_tnf_fu___l04ab06 | Golimumab | | | | | | | | | | | | | | | | | | | | | | |
| L04AB02 | covid_19_tx_tnf_fu___l04ab02 | Infliximab | | | | | | | | | | | | | | | | | | | | | | |
| L04AB07 | covid_19_tx_tnf_fu___l04ab07 | Opinercept | | | | | | | | | | | | | | | | | | | | | | |
| 362 | covid_19_treatment_trial_fu Show the field ONLY if: [c19_addl_treatment] = '1' | Was any of the additional COVID-19 treatment given as part of a clinical trial? | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Unknown</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Unknown | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Unknown | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|-----|--|---|---|------------------------------------|--------------------------------|
| 363 | covid_19_trial_tx_fu | COVID-19 clinical trial treatment. Check all that apply. If you do not know which drug(s) were given on clinical trial, please check "Unknown". If you are not able to disclose drug names due to institutional restrictions, please check "Other". | checkbox, Required | | |
| | Show the field ONLY if: [covid_19_treatment_trial_fu] = '1' | | DB-15718 | covid_19_trial_tx_fu__db_15718 | Bamlanivir |
| | | | Bam-Et | covid_19_trial_tx_fu__bam_et | Bamlanivir |
| | | | REGEN-COV2 | covid_19_trial_tx_fu__regen_cov2 | Casirivir |
| | | | RXCUI-2393 | covid_19_trial_tx_fu__rxcul_2393 | Chloroquine |
| | | | RXCUI-5521 | covid_19_trial_tx_fu__rxcul_5521 | Hydroxychloroquine (Plaquenil) |
| | | | HO-44995 | covid_19_trial_tx_fu__ho_44995 | Anti-viral |
| | | | ATC-J05AE08 | covid_19_trial_tx_fu__atc_j05ae08 | Atazanavir |
| | | | ATC-J05AR10 | covid_19_trial_tx_fu__atc_j05ar10 | Lopinavir |
| | | | RXCUI-260101 | covid_19_trial_tx_fu__rxcul_260101 | Oseltamivir |
| | | | OMOP4873974 | covid_19_trial_tx_fu__omop4873974 | Remdesivir |
| | | | RXCUI-18631 | covid_19_trial_tx_fu__rxcul_18631 | Azithromycin (Zithro) |
| | | | HO-45523 | covid_19_trial_tx_fu__ho_45523 | Systemic |
| | | | ATC-C10AA | covid_19_trial_tx_fu__atc_c10aa | Statins |
| | | | L04AC03 | covid_19_trial_tx_fu__l04ac03 | anakinra |
| | | | L04AA37 | covid_19_trial_tx_fu__l04aa37 | Baricitinib |
| | | | L04AC02 | covid_19_trial_tx_fu__l04ac02 | basiliximab |
| | | | L04AC09 | covid_19_trial_tx_fu__l04ac09 | briariximab |
| | | | L04AC12 | covid_19_trial_tx_fu__l04ac12 | brodalumab |
| | | | L04AC08 | covid_19_trial_tx_fu__l04ac08 | canakinumab |
| | | | L04AC01 | covid_19_trial_tx_fu__l04ac01 | daclizumab |
| | | | L04AC16 | covid_19_trial_tx_fu__l04ac16 | guselkumab |
| | | | L04AC13 | covid_19_trial_tx_fu__l04ac13 | ixekizumab |
| | | | L04AC04 | covid_19_trial_tx_fu__l04ac04 | rilonovir |
| | | | L04AC18 | covid_19_trial_tx_fu__l04ac18 | risankimab |
| | | | L04AC14 | covid_19_trial_tx_fu__l04ac14 | sarilumab |
| | | | L04AC10 | covid_19_trial_tx_fu__l04ac10 | secukinumab |
| | | | L04AC11 | covid_19_trial_tx_fu__l04ac11 | siltuximab |
| | | | L04AC15 | covid_19_trial_tx_fu__l04ac15 | sirukumab |
| | | | L04AC17 | covid_19_trial_tx_fu__l04ac17 | tildrakimab |
| | | | L04AC07 | covid_19_trial_tx_fu__l04ac07 | tocilizumab |
| | | | L04AC05 | covid_19_trial_tx_fu__l04ac05 | ustekinumab |
| | | | L04AB04 | covid_19_trial_tx_fu__l04ab04 | adalimumab |
| | | | L04AB03 | covid_19_trial_tx_fu__l04ab03 | afelimumab |
| | | | L04AB05 | covid_19_trial_tx_fu__l04ab05 | certolizumab |
| | | | L04AB01 | covid_19_trial_tx_fu__l04ab01 | etanercept |
| | | | L04AB06 | covid_19_trial_tx_fu__l04ab06 | golimumab |
| | | | L04AB02 | covid_19_trial_tx_fu__l04ab02 | infliximab |
| | | | L04AB07 | covid_19_trial_tx_fu__l04ab07 | oprelvekin |
| | | | OTH-plasma | covid_19_trial_tx_fu__oth_plasma | Plasma individual plasma |
| | | | B05AX03 | covid_19_trial_tx_fu__b05ax03 | Plasma individual plasma |
| | | | OTH | covid_19_trial_tx_fu__oth | Other |
| | | | UNK | covid_19_trial_tx_fu__unk | Unknown |
| | | | Field Annotation: Terminologies: ATC/HemOnc/OMOP/RxNorm @HIDECHOICE = 'OTH-plasma' | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|---|------------------|---|--------------------------|---|--|---|---------------------------------|---|------------------------------|---|--------------------------------|---|-----------------------------------|----|-------|----|---------|
| 364 | dx_cp_interval_fu_2 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)] = '0' and [covid_1 9_trial_tx_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) | | | | | | | | | | | | | | | | | | |
| 365 | 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 | | | | | | | | | | | | | | | | | | |
| 366 | 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 | | | | | | | | | | | | | | | | | | |
| 367 | 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 | | | | | | | | | | | | | | | | | | |
| 368 | followup_complete | Section Header: <i>Form Status</i> Complete? | dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete | | | | | | | | | | | | |
| 0 | Incomplete | | | | | | | | | | | | | | | | | | | | |
| 1 | Unverified | | | | | | | | | | | | | | | | | | | | |
| 2 | Complete | | | | | | | | | | | | | | | | | | | | |
| Instrument: Manual Exclude (manual_exclude) ^ Collapse | | | | | | | | | | | | | | | | | | | | | |
| 369 | manual_exclude | Field to manually exclude records identified as needing exclusion (e.g., false positive PCR) | truefalse <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>0</td><td>False</td></tr> </table> Field Annotation: @DEFAULT='0' | 1 | True | 0 | False | | | | | | | | | | | | | | |
| 1 | True | | | | | | | | | | | | | | | | | | | | |
| 0 | False | | | | | | | | | | | | | | | | | | | | |
| 370 | exclude_why Show the field ONLY if: [manual_exclude] = '1' | Why was the patient excluded? | radio, Required <table border="1"> <tr><td>1</td><td>Duplicate record</td></tr> <tr><td>2</td><td>In situ solid malignancy</td></tr> <tr><td>6</td><td>Non-melanoma skin cancer, non-invasive</td></tr> <tr><td>3</td><td>Precursor hematologic condition</td></tr> <tr><td>4</td><td>Benign hematologic condition</td></tr> <tr><td>5</td><td>False positive SARS-CoV-2 test</td></tr> <tr><td>7</td><td>Low quality score, non-CCC19 site</td></tr> <tr><td>88</td><td>Other</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> | 1 | Duplicate record | 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 |
| 1 | Duplicate record | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | |
| 371 | manual_exclude_more | Why was patient manually excluded? | notes | | | | | | | | | | | | | | | | | | |
| 372 | manual_exclude_complete | Section Header: <i>Form Status</i> Complete? | dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete | | | | | | | | | | | | |
| 0 | Incomplete | | | | | | | | | | | | | | | | | | | | |
| 1 | Unverified | | | | | | | | | | | | | | | | | | | | |
| 2 | Complete | | | | | | | | | | | | | | | | | | | | |