■ Data Dictionary Codebook

02/28/2022 9:19am

#	Variable / Field Name	Field Label Field Note	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)	
Instru	ument: Screening form (scre	ening_form) 🛂 Enabled as survey		
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	<pre>[exclude] Show the field ONLY if: [inclusion_yn] = '0'</pre>	We're sorry, but this survey is is intended to report on patients with COVID-19 and cancer. Non-melanoma skin cancer, in situ cancers, and premalignant conditions are excluded. Please click the button to exit the survey.	radio, Required x Exit the survey Stop actions on x	
5	[previous_report] Show the field ONLY if: [inclusion_yn] = '1'	Have you previously reported this patient to this or any other registry?	radio, Required 1 No 2 This registry 3 Another registry	
6	[this_registry] Show the field ONLY if: [previous_report] = '2'	If you have additional follow-up information to add to an existing report, you should return to that report and update the content.	descriptive	
7	<pre>[registry_other] Show the field ONLY if: [previous_report] = '3'</pre>	Please feel free to fill out the survey. In order to help us avoid duplication with other complementary efforts, please optionally list the names of the other registries that you have reported to.	text	
8	[ccc19] Show the field ONLY if: [inclusion_yn] = '1'	Are you reporting on behalf on an institution participating in the CCC19 consortium?	yesno, Required 1 Yes 0 No	
9	[ccc19_exclude] Show the field ONLY if: [ccc19] = '0'	We're sorry, but this survey is currently open only to respondents who are at a CCC19 participating institution. The attached FAQ provides some details about getting involved as a participating institution. If you would like your site to get involved, please contact us through the CCC19 website.	descriptive, Required	
10	[ccc19_exclude_2] Show the field ONLY if: [ccc19] = '0'	Please click the button below to exit the survey.	radio, Required x Exit the survey Stop actions on x	
11	[ccc19_institution] Show the field ONLY if: [ccc19] = '1'	Please identify the participating institution.	dropdown (autocomplete), Required 181 Albert Einstein Cancer Center 101 Aurora Health Care 1- Banner MD Anderson Cancer Center 118 158 Baptist Cancer Center (Memphis, TN) 196 Baptist Healthcare System (IN/KY) 1- Barrow Neurological Institute 109 163 Baylor College of Medicine 39-6 BC Cancer 162 Beth Israel Deaconess Medical Center (BIDMC) 192 Boston Medical Center 139 Brown University 167 Cancer Treatment Centers of America (CTCA) 392 Centre Hospitalier de l'Université de Montréal (CHUM)	

140-	Centro Médico ABC		
2	Centro Medico 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-	Harold C. Simmons Comprehensive Cancer Center		
103	at the University of Texas Southwestern Medical Center		
144	Hartford HealthCare Cancer Institute		
1- 114	HCA Houston Healthcare		
189	Henry Ford Cancer Institute		
394	Hôpital Pierre-Le Gardeur		
140- 3	Hospital General de México		
140- 4	Hospital Regional de Alta Especialidad de Ixtalapuca		
151	Houston Methodist Cancer Center		
168	Huntsman Cancer Institute		
146	Inova Schar Cancer Institute		
140- 1	Instituto Nacional de Cancerología		
108	Intermountain Healthcare		
109	Johns Hopkins University		
177	Kaiser Permanente Northwest		
152	Karmanos Cancer Institute		
1- 124	Kent Hospital/Care New England Medical Group		
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-	MD Anderson Cancer Center at Cooper		
116			
1- 123	Medical College of Wisconsin		

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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- 120	Providence Cancer Institute		
1- 121	Renown Regional Medical 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		
185	Sidney Kimmel Cancer Center at Thomas Jefferson University		
140	SSM Health Cancer Care		
183	Stamford Hospital		
118	Stanford University		
134	St. Elizabeth Healthcare		
1- 122	SUNY Downstate Health Sciences University		
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		
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			166	University of Cincinnati Cancer Center
			148	University of Colorado Cancer Center
			122	University of Connecticut
			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/Buffett Cancer Center
			127	University of North Carolina/Lineberger Comprehensive Cancer Center
			132	University of Rochester Medical Center
			174	University of Wisconsin Carbone Cancer Center
			1100	UPMC Western Maryland
			128	Vanderbilt University Medical Center/Vanderbilt- Ingram Cancer Center
			1- 111	Vidant Medical Center, East Carolina University
			191	Virginia Mason Cancer Institute
			186	Virtua Health
			157	Wake Forest Baptist Comprehensive Cancer Cente
			129	Washington University in St. Louis/Siteman Cance 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
			9999	TEST
12	[timing_of_report]	Is this survey being filled out during the COVID-19 illness, or		Required
14		retrospectively? Unless you know that the patient has either recovered		uring the illness
	Show the field ONLY if: [ccc19] = 1	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)".		ter the course of illness (retrospectively)
13	[dx_year]	What year was the patient diagnosed with COVID-19 in?	radio,	Required
	Show the field ONLY if:		2019	2019
	[ccc19] = 1		2020	2020
	= =			
			2021	2021

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)?	radio, Required 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 Field Annotation: @HIDECHOICE = '7'	
15	[hcw_screen] Show the field ONLY if: [ccc19] = '0'	Are you a healthcare provider or entering data on a healthcare provider's behalf?	yesno 1 Yes 0 No Field Annotation: @HIDDEN	
16	[hcw_exclude] Show the field ONLY if: [hcw_screen] = '0'	This survey is currently open only to healthcare professionals or those entering data on behalf of a healthcare professional. If you are a patient or care partner looking to enter data about yourself or someone you know, please know we are currently working on strategies to reach out to you. If you would like to learn more about patient involvement in CCC19, check our website - we will update our website as we develop more ways for patients to get involved. Thank you for your patience! Please click the button below to exit the survey.	radio x Exit the survey	
17	[location] Show the field ONLY if: [ccc19] = '0'	Are you based in any of the listed countries or regions?	radio 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 Field Annotation: @HIDECHOICE = '83,107,197' @HIDDEN	
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.	radio x Exit the survey Field Annotation: @HIDDEN Stop actions on x	
19	[screening_form_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete	
	ment: Patient Demograph			
20	[ts_1]	Timestamp for the patient demographics form	text (datetime_dmy), Required Field Annotation: @HIDDEN @NOW_UTC	
21	[exclude_bl] Show the field ONLY if: [manual_exclude] = '1'	This record has been marked for manual exclusion. Please do not make additional edits, they will be ignored.		
22	[local_id]	This field will only hold metadata for those sites using local REDCap instances and exporting to this database. It holds the local database record_id field.	text (integer) Field Annotation: @HIDDEN	

23 [patient_id] Show the field ONLY if: [ccc19] = '1'		
	Please enter your local unique patient identifier here (no PHI!). a test case, please enter "9999".	If this is text (integer, Min: 1), Required
24 [age]	Section Header: Patient Demographics This section asks about patient informa-	ation at radio, Required
	the time of the COVID-19 diagnosis or during the first known encounter for COV available for data entry.	VID-19 as 1 Younger than 18
	Age at COVID-19 diagnosis (years)	2 18-29
	rige at covid 13 diagnosis (years)	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
		Field Annotation: @HIDECHOICE = '10'
25 [peds_contact] Show the field ONLY if: [age] = '1'	We have interest in collecting additional information about ped patients, but these more specific details would require PHI and currently out of scope. You may learn more about this effort by the CCC19 website (clicking this link will open a new window).	l are thus
26 [age_exact] Show the field ONLY if: [age] = '2' or [age] = '3' '4' or [age] = '5' or [age	or [age] =	
ge] = '7' or [age] = '8'		
27 [gender]	Gender	dropdown, Required 0 Female
		1 Male
		2 Other
		3 Prefer not to say
		Field Annotation: SNOMED: 263495000
28 [country_of_patient_n	country of patient residence	dropdown (autocomplete), Required
		1 United States of America (USA)
		x
		2 Afghanistan
		3 Albania
		4 Algeria
		5 American Samoa
i		6 Andorra
		l o Anguilla
		8 Anguilla
		9 Antarctica
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		9 Antarctica 10 Antigua and Barbuda 11 Argentina 12 Armenia 13 Aruba
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		9 Antarctica 10 Antigua and Barbuda 11 Argentina 12 Armenia 13 Aruba 14 Australia 15 Austria 16 Azerbaijan 17 Bahamas 18 Bahrain
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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 Dominica 61 Dominica 61 Dominica 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 French Guiana 73 French Polynesia 75 French Folynesia 76 French Polynesia 77 French Guiana 78 French Polynesia 79 French Southern Territories	24	gistry REDCap
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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) 1	82	Georgia
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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	91	Guatemala
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	92	Guinea
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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	115	Korea (South)
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	116	Kuwait
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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

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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	7imbabwe
240	Zimbabwe

		1				
	29	[state_of_patient_residence]	State or territory of patient residence	drop	down (autocomplete), Required	1
		Show the field ONLY if:		AL	Alabama (AL)	
		[country_of_patient_residen] = '1'		AK	Alaska (AK)	
				ΑZ	Arizona (AZ)	
				AR	Arkansas (AR)	
				CA	California (CA)	
				CO	Colorado (CO)	
				СТ	Connecticut (CT)	
				DE	Delaware (DE)	
				FL	Florida (FL)	
				GA	Georgia (GA)	
				НІ	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		
				MA	Massachusetts (MA)	
				MI	Michigan (MI)	
				l 	Minnesota (MN)	
				MS	Mississippi (MS)	
				МО		
				MT	Montana (MT)	
				NE	Nebraska (NE)	
				NV	Nevada (NV)	
				NH	New Hampshire (NH)	
				NJ	New Jersey (NJ)	
				l 	New Mexico (NM)	
				l	New York (NY)	
				NC		
				l 	North Carolina (NC)	
				ND	North Dakota (ND)	
				OH		
				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	_	
				WV	_	
				WI	Wisconsin (WI)	
				WY	Wyoming (WY)	
				DC	District of Columbia (DC)	
				AS	American Samoa (AS)	
				GU	Guam (GU)	
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22, 9	9:20 AM	COVID-19 and Cancer Consortium (CCC1	9) Registry REDCap			
			MP Northern Mariana Islands (MP)			
			PR Puerto Rico (PR)			
			VI U.S. Virgin Islands (VI)			
30	[city]	What is the name of the city where the patient is receiving medical care? Optional, but will help with avoiding duplicate reports.	text			
31	[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			
32	[race]	Patient-reported race (check all that apply if patient identifies with	checkbox			
		more than one race)	1002- race1002_5 American Indian/Alaska Native 5			
			2028- race2028_9 Asian 9			
			2076- race2076_8 Native Hawaiian or Other Pacifi 8 Islander			
			2054- race2054_5 Black or African American 5			
			2106- race2106_3 White 3			
			2131- race2131_1 Other 1			
			UNK race_unk Unknown / Not Reported			
			Field Annotation: Value Set: 2.16.840.1.114222.4.11.606			
33	[ethnicity]	Patient-reported ethnicity	radio			
			2135-2 Hispanic or Latino			
			2186-5 NOT Hispanic or Latino			
			UNK Unknown / Not Reported			
			Custom alignment: RH Field Annotation: Value Set: 2.16.840.1.114222.4.11.837			
34	[urban_rural]	What type of area does the patient primarily reside in?	radio			
			1 Urban (city) 2 Suburban (town, suburbs) 3 Rural (country)			
			88 Other			
			99 Unknown			
35	[insurance]	What is the patient's insurance status? Check all that apply; this should	checkbox			
55	[Insur unce]	be the insurance status at the time of COVID-19 diagnosis.	0 insurance0 Not insured			
			1 insurance1 Private insurance/managed care			
			2 insurance2 Medicaid			
			3 insurance3 Medicare			
			4 insurance4 Other government			
			99 insurance99 Unknown			
36	[heu]	Is the nations a healthcare worker?				
30	[hcw]	Is the patient a healthcare worker?	radio 0 No			
			1 Yes			
			99 Unknown			
37	[hcw_info]	We are currently developing a separate survey to collect more	descriptive			
	Show the field ONLY if:	information on healthcare workers with cancer who have suspected or	Field Annotation: @HIDDEN			
	SHOW the field Olver II.	confirmed COVID-19. You may learn more about this effort by visiting				

38	[ecog_status]	ECOG performance status prior to infection Please record the ECOG	radio, Required				
	<u></u>	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	0 O: Fully active, able to continue with all pre-disease activities without restriction				
		COVID-19 diagnosis, you should choose "No ECOG PS recorded within 3 months prior to COVID-19 diagnosis".	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 wor			
			2	to carry	ulatory and capable of all self-ca out any work activities. Up and % of waking hours		
			3		ble of only limited self-care. Cor more than 50% of waking hour		
			4		oletely disabled. Cannot carry o confined to bed or chair	n any self-care.	
			88		G PS recorded within the 3 mor 19 diagnosis	nths prior to	
			99	Unknov	vn		
39	[smoking_status]	Smoking status	radio				
			1		smoker		
			2	Former	smoker, NOS		
			2a	Former	smoker, quit less than 1 year a	go	
			2b	Former	smoker, quit between 1 and 5	ears ago	
			2c	Former	smoker, quit between 6 and 10	years ago	
			2d	Former	smoker, quit more than 10 yea	rs ago	
			3	Never s	moker		
			99	Unknov	vn		
40	[smoking_product]	Types of inhaled smoking products. Check all that apply.	chec	kbox			
	Show the field ONLY if:	ing_status] = '1' or [smokin	722	496004	smoking_product72249600	4 Cigarettes	
	[smoking_status] = '1' or [smokin g_status] = '2a'		722	497008	smoking_product72249700	8 Cigars	
			722498003 smoking_product722498003 e-Cigaret				
			722	495000	smoking_product72249500		
			OTH	1	smaking product oth	pipe Other	
			UNI		smoking_productoth	Unknown	
					smoking_productunk tion: Variable:SNOMED 6981010		
			set:S	NOMED			
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.	note	S			
42	[height]	Patient height, please specify units. If you know BMI, please skip this	text				
		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.					
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 body surface area (BSA) here.	text	number	, Min: 5)		
45	[surg_med_hx_header]	Surgical and Medical History	desc	riptive			
46	[recent_surgery]	Has the patient had a surgery of any kind in the past year? This should include but not be limited to cancer surgeries.	radio 0	No			
			1 99	Yes Unknov	vn		
47	[surgery_timing]	What is the timing of the most recent surgery, relative to the date of	radio)			
77	Show the field ONLY if:	COVID-19 diagnosis?			n the past month prior to COVII	D-19 diagnosis	
	[recent_surgery] = '1'		2	Withi	n the past 1 to 3 months prior t		
			3	diagn Within	n the past 3 to 12 months prior	to COVID-19	
			88		R COVID-19 diagnosis		
				(Unkn			
			UNI	VIIKII	O V V I I		

-, -0,,	9.20 AIVI	COVID-19 and Cancer Consortium (CCC)	o) i togioti) == oup	
48	[details_surgery] Show the field ONLY if:	Additional details Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
	[recent_surgery] = '1'				
49	[concomitant_meds]	Concomitant medications being taken at time of presentation with COVID-19. These would typically be the medications that the patient	checkbox H02	concomitant_medsh02	Systemis cor
		was taking as an outpatient at or around the time of COVID-19			Systemic cor
		diagnosis, unless they were already hospitalized and on additional medications for other reasons. Check all that apply.	L04A	concomitant_medsl04a	Immunosup
		inical calculations for other reasons. Effect an anatopping.	RXCUI- 2393	concomitant_medsrxcui_2393	Chloroquine
			RXCUI- 5521	concomitant_medsrxcui_5521	Hydroxychlo (Plaquenil)
			RXCUI- 612865	concomitant_medsrxcui_612865	Tocilizumab
			C09A	concomitant_medsc09a	ACE inhibito
			C09C	concomitant_medsc09c	Angiotensin (ARBs)
			ATC- C10AA	concomitant_medsatc_c10aa	Statins
			J01	concomitant_medsj01	Antibiotics
			RXCUI- 18631	concomitant_medsrxcui_18631	Azithromycir Pak)
			HO- 44995	concomitant_medsho_44995	Anti-virals
			ATC- J05AR10	concomitant_medsatc_j05ar10	Lopinavir/Rit
			RXCUI- 260101	concomitant_medsrxcui_260101	Oseltamivir (
			N02BE01	concomitant_medsn02be01	Tylenol (paracetamo
			M01A	concomitant_medsm01a	Ibuprofen, n
			N02BA	concomitant_medsn02ba	Aspirin
			B01AC	concomitant_medsb01ac	Antiplatelet a
			A10BA02	concomitant_medsa10ba02	Metformin
			A11CC	concomitant_medsa11cc	Vitamin D
			B01A	concomitant_medsb01a	Anticoagulat
			C07A	concomitant_medsc07a	Beta blocker
			ОТН	concomitant_medsoth	Other
			UNK	concomitant_medsunk	Unknown
			NONE	concomitant_medsnone	None
			Field Ann @NONEO 2393'	lignment: LH otation: Terminology: ATC, RxNorm FTHEABOVE='NONE' @HIDECHOICE='C	07A,RXCUI-
50	[steroid_timing] Show the field ONLY if: [concomitant_meds(H02)] = '1'	Are the systemic corticosteroids taken continuously, or are they taken intermittently, as part of a chemotherapy regimen? Intermittent steroids can be used for various reasons, such as prevention of nausea/vomiting, or as part of the chemotherapy regimen itself (e.g., R-CHOP).	2 Inter	tinuously	
			88 Both99 Unk	nown	
51	[steroid_specific_2]	Steroid dosing, in prednisone dose equivalents Note: 3 mg of	radio		
	Show the field ONLY if:	dexamethasone is equivalent to 20 mg of prednisone, so any dose of dexamethasone of more than 3 mg/day (21 mg/week) would be	1 20 n	ng/day or below [low dose]	
	[concomitant_meds(H02)] = '1'	equivalant to more than 20 mg of prednisone/day.	1a 10 n	ng/day or below [low dose]	
			1b Mor	e than 10 mg/day up to 20 mg/day	
			2 Mor	e than 20 mg/day but less than 1mg/kg	g/day
			3 Equ	al to or greater than 1 mg/kg/day	
			99 Unk	nown	
			Field Ann	otation: @HIDECHOICE='1'	

	52	[immuno_type]	Please specify which immunosuppressant(s). Check all that apply. Note: if the patient is receiving drugs with immunosuppressant properties for	checkbox L04AX01 immuno type l04ax01 Azathioprine					
		Show the field ONLY if: [concomitant_meds(L04A)] = '1'	their cancer, it is ok to report those here, and also be sure to report them on the cancer details form. It is also ok to report them just on the	L04AX01	immuno_typel04ax01	Azathioprine (Imuran)			
			cancer details form. If the drug is being given to treat a side effect of	L01AA01	immuno_typel01aa01	Cyclophosphamide			
			the cancer treatment (such as graft-versus-host disease after an	L04AD01	immuno_typel04ad01	Cyclosporine			
			allogeneic stem cell transplant), it should be reported here.	L01BB02	immuno_typel01bb02	Mercaptopurine (6- MP)			
				L01BA01	immuno_typel01ba01	Methotrexate			
				L04AA06	immuno_typel04aa06	Mycophenolate mofetil (CellCept)			
				L01FA01	immuno_typel01fa01	Rituximab			
				L01XE18	immuno_typel01xe18	Ruxolitinib (Jakafi)			
				L04AA10	immuno_typel04aa10	Sirolimus			
				L04AD02	immuno_typel04ad02	Tacrolimus (Prograf)			
				ОТН	immuno_typeoth	Other			
				UNK	immuno_typeunk	Unknown			
				L04AA18		Everolimus			
				L04AA33		Vedolizumab			
				L04AB04	immuno_typel04ab04	Adalimumab			
				L01XE57		Fedratinib (Inrebic)			
				Field Annotation: Terminologies: ATC					
				@HIDECHO	@HIDECHOICE='L04AA18,L04AA33,L04AB04,L01XE57'				
	53	[immuno_oth_more]	Please specify what other immunosuppressants Do not record any PHI in this field. As a reminder, this includes all elements of dates other	notes					
		Show the field ONLY if: [immuno_type(OTH)] = '1'	than year.						
	54	[aspirin_dose]	Aspirin dosing	radio					
		Show the field ONLY if: [concomitant_meds(N02BA)] = '1'		262459003 Low dose (less than 200 mg/day)					
				26182900	3 Full dose				
				261665006 Unknown					
				Field Annotation: Terminology: SNOMED					
	55	[bl_anticoag_type]	Which anticoagulants were used? Check all that apply.	checkbox					
		Show the field ONLY if: [concomitant_meds(B01A)] = '1'		B01AA	bl_anticoag_typeb01aa	Vitamin K antagonists (e.g., warfarin)			
				B01AB	bl_anticoag_typeb01ab	Low-molecular weight heparin (e.g., enoxaparin [Lovenox])			
				B01AB01	bl_anticoag_typeb01ab	01 Unfractionated heparin			
				B01AE	bl_anticoag_typeb01ae	Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa])			
				B01AF	bl_anticoag_typeb01af	Direct factor Xa inhibitors (e.g., apixaban [Eliquis], rivaroxaban [Xarelto])			
				B01AX05	bl_anticoag_typeb01ax0)5 Fondaparinux			
				UNK	bl_anticoag_typeunk	Unknown			
				ОТН	bl_anticoag_typeoth	Other			
					tation: Terminology: ATC				
L				CIDECI10	55005				

_					
5	6	[bl_anticoag_reason]	Why were anticoagulants being used?	radio	74000 Durahalaria
		Show the field ONLY if:		3602	71000 Prophylaxis
		[concomitant_meds(B01A)] = '1'		26220	02000 Therapeutic dosing
				2616	65006 Unknown
				Field A	annotation: Terminology: SNOMED
5	7	[bl_anticoag_type_oth_specify]	Please specify what other anticoagulants Do not record any PHI in this	notes	
		Show the field ONLY if: [bl_anticoag_type(OTH)] = '1'	field. As a reminder, this includes all elements of dates other than year.		
5	8	[meds_other]	Please specify what other medications Do not record any PHI in this	notes	
		Show the field ONLY if: [concomitant_meds(OTH)] = '1'	field. As a reminder, this includes all elements of dates other than year.		
5	9	[gcsf]	Did the patient receive G-CSF within two weeks of the COVID-19	radio	
			diagnosis?	0	No
				1	Yes, Prophylactic G-CSF use (within 1-3 days of
					completion of chemo)
				2	Yes, Therapeutic G-CSF use (later than 1-3 days after chemo or during a neutropenic hospitalization)
				ОТН	Other
				UNK	Unknown
6	0	[gcsf_oth_specify]	Please specify what other G-CSF Do not record any PHI in this field. As a	notes	
		Show the field ONLY if:	reminder, this includes all elements of date other than year.		
		[gcsf] = 'OTH'			
6	1	[additional_meds]	Additional details about medications that the patient may have been	notes	
			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.		
6	2	[sars_vax]	Did the patient receive a SARS-CoV-2 vaccine?	radio	
				0 N	No
				1 Y	'es
				99 L	Jnknown
6	i3	[sars_vax_before]	Were all the doses of COVID-19 vaccine given before the COVID-19	radio,	Required
		Show the field ONLY if:	diagnosis?	0 N	No
		[sars_vax] = 1		1 Y	res es
				99 L	Jnknown
6	4	[sars_vax_before_num]	How many doses of COVID-19 vaccine were given before the COVID-19	text (ir	nteger, Min: 1), Required
		Show the field ONLY if:	diagnosis?	•	·
		[sars_vax_before] = '0'			
6	5	[sars_vax_which]	Which of the following SARS-CoV-2 vaccines did the patient receive? If	radio,	Required
		Show the field ONLY if:	the vaccination given does not fit into any of the categories (e.g., they started with Johnson & Johnson and then switched to Pfizer) please	1a <i>A</i>	AstraZeneca vaccine (one dose only)
		[sars_vax] = '1'	select Other and describe the dosing in the free text.	1b /	AstraZeneca vaccine (both doses)
				4 J	ohnson & Johnson vaccine (one dose)
				4b J	ohnson & Johnson vaccine (more than one dose)
				2a N	Moderna mRNA vaccine (one dose only)
				2b N	Moderna mRNA vaccine (both initial doses)
				2c N	Moderna mRNA vaccine (both doses + booster)
				3a F	Pfizer mRNA vaccine (one dose only)
				++	Pfizer mRNA vaccine (both initial doses)
				\vdash	Pfizer mRNA vaccine (both doses + booster)
					Other
				+	Jnknown
<u> </u>	_				NIMIO WILL
6	6	[sars_vax_other]	Please specify what other SARS-CoV-2 vaccine Do not record any PHI in this field. As a reminder, this includes all elements of date other than	notes	
		Show the field ONLY if:	year.		
		[sars_vax_which] = '88'			

67	[sars_vax_when]	How long after the FIRST dose of vaccine was COVID-19 diagnosed?	radio, Red	quired				
	Show the field ONLY if:		1 Less	than 4 weeks				
	[sars_vax] = '1'		2 4 to	8 weeks				
			3 8 to 12 weeks					
			l 	e than 12 weeks				
	88 N/A - patie diagnosis 99 Unknown	 patient was vaccinated AFTE nosis 	R the COVID-1	9				
			99 Unk	nown				
68	[sars_vax_when_exact] Show the field ONLY if: [sars_vax_when] = '1' or [sars_vax_when] = '2' or [sars_vax_when] = '3' or [sars_vax_when] = '4'	What was the interval between the FIRST dose of COVID-19 vaccine and the diagnosis of COVID-19, in days? If the interval is not known, please enter 9999 here.	text (integ	ger, Min: 0, Max: 9999), Requir	red			
69	[influenza_vax]	Did the patient have an influenza vaccine in the season which they	radio					
69	[IIIIIaciiza_vax]	contracted SARS-CoV-2?	0 No					
			1					
			1 Yes					
			99 Unk	nown				
70	[bcg_vax]	Has the patient ever had a BCG vaccine?	radio					
	3	'	0 No					
			1 Yes					
			 					
			99 Unk	nown				
			Field Ann	otation: @HIDDEN				
71	517 14 7	Detient ADO bland to an		otation, embber				
71	[blood_type]	Patient ABO blood type	radio					
			A A					
			В В					
			AB AB					
			0 0					
				99 Unkn	rnown			
		99 011	a low l					
			Field Ann	otation: SNOMED: 112143006	i			
72	[blood_type_rh]	Patient RH blood type	radio					
		1657470	07 Rh+					
			1657460	03 Rh-				
				- 				
			99 Unknown					
			Field Ann	otation: SNOMED: 115758001				
73	[comorbid_header]	Comorbidities In this section, please report on any pre-existing	descriptiv	re.				
		conditions other than cancer that were present prior to the COVID-19						
7.4		illness.	-ll -l					
74	[significant_comorbidities]	Significant comorbidities (other than cancer). Check all that apply. If you do not know specific diagnoses, ok to choose the "NOS" categories	checkbox 3801300		38013005	In		
		(e.g., Pulmonary disease, NOS).	3001300	3 3ignineant_comorbidities	30013003	d		
			6247900	8 significant_comorbidities	62479008	Н		
			1982900	1 significant_comorbidities	19829001	Pı		
			1959670	01 significant_comorbidities	195967001	As		
			1364500			C		
			-			0		
			7827500	significant_comorbidities	/62/3009	(0		
			8400400	1 significant_comorbidities	84004001	Rá		
			4270460			+-		
						+		
			5626500			Ca		
			3834100	significant_comorbidities	38341003	H		
			5582200	4 significant_comorbidities	55822004	Н		
				i e		ch		
			5374100	8 significant_comorbidities	53741008	C		

			42343007	significant_comorbidities42343007	Conges (CHF) in HFrEF
			698247007	significant_comorbidities698247007	Cardia
			49436004	significant_comorbidities49436004	Atrial f
			400047006	significant_comorbidities400047006	Periph (PVD/P
			275526006	significant_comorbidities275526006	History
			59282003	significant_comorbidities59282003	Pulmor
			128053003	significant_comorbidities128053003	Deep v (DVT)
			90708001	significant_comorbidities90708001	Renal d
			723190009	significant_comorbidities723190009	Chronic (CRI/CK
			46177005	significant_comorbidities46177005	End-sta (ESRD)
			236435004	significant_comorbidities236435004	ESRD, c
			235856003	significant_comorbidities235856003	Liver d
			19943007	significant_comorbidities19943007	Cirrhos
			OTH-x	significant_comorbiditiesoth_x	Other o
			52448006	significant_comorbidities52448006	Demen
			7200002	significant_comorbidities7200002	Alcoho
			73211009	significant_comorbidities73211009	Diabet
			190388001	significant_comorbidities190388001	Diabete compli
			237602007	significant_comorbidities237602007	Metabo
			414916001	significant_comorbidities414916001	Obesity
			238136002	significant_comorbidities238136002	Morbid BMI > 3 related
			444316004	significant_comorbidities444316004	Season
			24526004	significant_comorbidities24526004	Inflami (IBD)
			85828009	significant_comorbidities85828009	Rheum disease
			234336002	significant_comorbidities234336002	History transpl stem c
			313039003	significant_comorbidities313039003	History transpl
			OTH	significant_comorbiditiesoth	Other
			UNK	significant_comorbiditiesunk	Unkno
			NONE	significant_comorbiditiesnone	None
			@NONEOFTH Immune sup prednisone (of nonsteroid	tion: Terminology: SNOMED HEABOVE='NONE' @HIDECHOICE = '38013' pression was defined as outpatient use of 10mg/d or greater), use of chemotherapy dal immunosuppressive agents for solid of for an autoimmune disease.	of /, use
75	[transplant_timing]	Was the most recent transplant performed within 2 years of COVID-19	radio		
	Show the field ONLY if: [significant_comorbidities(234336 002)] = '1' or [significant_comorbi	diagnosis?	1 Yes 0 No		
	dities(313039003)] = '1'		99 Unknov	vn	
76	[hiv_cd4]	What is the patient's CD4+ T-cell count?	text (number	r, Min: 0)	
	Show the field ONLY if: [significant_comorbidities(624790 08)] = '1'				
				·	

.,,	3.20 AW	OOVID-13 and Ganeer Consortian (GOOT)		
77	[hiv_vl] Show the field ONLY if:	What is the patient's viral load, in copies/mL?	text (number, Min: 0)	
	[significant_comorbidities(624790 08)] = '1'			
78	[ibd]	Please consider reporting this patient to the Secure-IBD Registry as	descriptive	
	Show the field ONLY if: [significant_comorbidities(245260 04)] = '1'	well.		
79	[please_specify]	Please specify what other significant comorbidities Do not record any	notes	
	Show the field ONLY if: [significant_comorbidities(OTH)] = '1' or [significant_comorbidities (OTH-x)] = '1'	PHI in this field. As a reminder, this includes all elements of date other than year.		
80	[o2_requirement]	Does the patient have a baseline chronic O2 requirement?	radio	
			1 Yes, patient requires chronic supplemental O2	
			0 No, patient does not require supplemental O2	
			99 Unknown	
81	[comorbid_no]	Number of comorbid conditions requiring active therapy.	radio 0 0	
			3 3	
			4 4 or more	
			99 Unknown	
82	[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	
83	[comments_form_1]	Section Header: Free text entry (optional)	notes	
		Comments Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.		
84	[patient_demographics_complete	Section Header: Form Status Complete?	dropdown	
	1	Complete:	0 Incomplete	
			2 Complete	
Instr	ument: COVID-19 details (covi	id19_details) 🛂 Enabled as survey	<u> </u>	
85	[ts_2]	Timestamp for the COVID-19 details form	text (datetime_dmy), Required	
85	[15_2]	Timestamp for the COVID-19 details form	Field Annotation: @HIDDEN @NOW_UTC	
86	[exclude_c19]	This record has been marked for manual exclusion. Please do not make	descriptive	
	Show the field ONLY if: [manual_exclude] = '1'	additional edits, they will be ignored.		
87	[c19_workup_why]	Section Header: COVID-19 Details - Mandatory Diagnostic Information	radio	
		Why did the patient come to be evaluated for SARS-CoV-2 or COVID-19?	1 Symptoms	
			2 Screening prior to a procedure 3 Screening prior to a systemic anti-cancer treatment	
			Screening prior to a systemic anti-cancer treatment Screening due to a high-risk situation (e.g., known	
			exposure)	
			OTH Other	
			UNK Unknown	
			Field Annotation: @HIDDEN DEPRECATED	

		<u> </u>			<u> </u>			
88	[c19_workup_why_2]	Why did the patient come to be evaluated for SARS-CoV-2 or COVID-19? Check all that apply.						
		спеск ан шасарру.	1 c19_workup_why_21			Symptoms		
			2	c19_w	orkup_why_22		eening prior to a cedure	
			3	c19_w	orkup_why_23	syst	eening prior to a temic anti-cancer atment	
			4	c19_w	orkup_why_24	risk	eening due to a high- situation (e.g., wn exposure)	
			5	c19_w	orkup_why_25	pub (e.g	eening required for lic health reasons ., prior to nursing ne placement)	
			ОТН	c19 w	orkup_why_2oth	Oth	er	
							known	
89	[workup_oth_specify] Show the field ONLY if: [c19_workup_why] = 'OTH' or [c19 _workup_why_2(OTH)] = '1'	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	1 1 1 -	· · · · · · · · · · · · · · · · · · ·	orkup_why_2unk Unkn		
90	[symptoms]	Which symptoms and/or signs were present upon initial	checkb	oox, Rec	quired			
		presentation? Check all that apply.	36739	91008	symptoms36739	91008	Fatigue/Malaise	
			38666	61006	symptoms38666	51006	Fever	
			49727	7002	symptoms49727	7002	Cough	
			24859	95008	symptoms24859	95008	Productive cough (with sputum)	
			26703	36007	symptoms26703	36007	Dyspnea (SOB/DOE)	
			68962	2001	symptoms68962	2001	Myalgias (muscle pains, body aches)	
			57676	6002	symptoms57676	5002	Arthralgias (joint pains)	
			16239	97003	symptoms16239	97003	Sore throat	
			25064	4002	symptoms25064	1002	Headache	
			41928	84004	symptoms41928	34004	Altered mental status (AMS)	
			44169	9009	symptoms44169	9009	Loss of sense of smell (anosmia)	
			36955	5009	symptoms36955	5009	Loss of taste (ageusia)	
			6453′	1003	symptoms64531	1003	Rhinorrhea (runny nose)	
					symptoms42258		Nausea	
			27204	44004	symptoms27204	14004	Vomiting	
			62315	5008	symptoms62315	8008	Diarrhea	
			43364	4001	symptoms43364	1001	Abdominal discomfort (other than frank abdominal pain)	
			21522	2001	symptoms21522	2001	Abdominal pain	
			16664	43006	symptoms16664	13006	LFT abnormalities	
					symptoms30109		Cardiac involvement	
			98260	008	symptoms98260	008	Conjunctivitis	
			ОТН		symptomsoth		Other	
			84387		symptoms84387	7000	None (patient was asymptomatic)	
			UNK		symptomsunk		Unknown	
			Field A	nnotati	ion: Terminology: Si EABOVE='84387000		L	

	T		
91	[symptoms_oth_specify] Show the field ONLY if:	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
92	[symptoms(OTH)] = '1' [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?	radio 0 No 1 Yes 99 Unknown
93	[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.	radio, Required 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
94	[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 94746-5
95	[variant]	If you know the variant (e.g., delta, omicron), please enter it here.	LA4489-6 covid_19_lab_typela4489_6 Unknown Field Annotation: Vocabulary: LOINC text
06	Show the field ONLY if: [covid_19_diagnosis] = '4'		
96	[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
97	[neg_test] Show the field ONLY if: [covid_19_diagnosis] = '1' or [covid_1 d_19_diagnosis] = '11' or [covid_1 9_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 1 Yes 2 No 99 Unknown
98	[covid_19_test_more] Show the field ONLY if: [neg_test] = '1' or [covid_19_diagn osis] = '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
99	[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
100	[severity_of_covid_19_v2]	Section Header: Initial Severity and Course of Illness 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 1 Mild (no hospitalization required) 2 Moderate (hospitalization indicated) 3 Severe (ICU admission indicated) 99 Unknown

101	[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 0 No 1 Yes 99 Unknown Field Annotation: @HIDDEN
102	[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 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 88 Yes - unknown details 99 Unknown
103	[dx_hosp_interval] Show the field ONLY if: [hosp_status] = '1' or [hosp_statu s] = '2' or [hosp_status] = '3' or [h osp_status] = '88'	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)
104	[code_status_admit] Show the field ONLY if: [hosp_status] = 1 or [hosp_status] = 2 or [hosp_status] = 3 or [hosp_status] = 88	What was the patient's code status at the time of admission	radio 1 Full code 2 DNR only 3 DNI only 4 DNR/DNI 99 Unknown
105	[code_status_change] Show the field ONLY if: [hosp_status] = 1 or [hosp_status] = 2 or [hosp_status] = 3 or [hosp_status] = 88	Did the patient's code status change during the hospitalization?	radio 0 No 1 Yes 99 Unknown
106	[code_status_change_what] Show the field ONLY if: [code_status_change] = 1	What did the code status change to?	radio 1 Full code 2 DNR only 3 DNI only 4 DNR/DNI 88 Other 99 Unknown
107	[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
108	[palliative_yn] Show the field ONLY if: [hosp_status] = 1 or [hosp_status] = 2 or [hosp_status] = 3 or [hosp_status] = 88	Was a palliative care consultant or team involved in the care of the patient during this admission?	radio 0 No 1 Yes 99 Unknown
109	[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)
110	[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)
111	[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)

112	[current_status]	What is the patient's current location?	radio, Required	
	Show the field ONLY if:		1 Outpatient - new COVID-19 diagnosis	
	[timing_of_report] = '1'		2 Outpatient - follow up	
			3 ER - new COVID-19 diagnosis	
			4 ER - Follow up	
			5 Hospitalized (non-ICU) - new admit	
			6 Hospitalized (non-ICU) - continued	
			7 ICU - new admit	
			8 ICU - continued	
			9 None - patient is deceased	
113	[days_to_death_2]	Approximately how many days elapsed between COVID-19 diagnosis	text (integer, Min: 0), Required	
	Show the field ONLY if: [current_status] = '9'	and death? If this information is unknown to you, please enter 9999 here.		
114	[cause_of_death]	To the best of your knowledge, what was the proximal cause of death?	radio, Required	
	Show the field ONLY if:		1 COVID-19	
	[current_status] = '9'		2 Cancer	
			3 Both	
			88 Other	
			99 Unknown	
115	[deceased_reason]	Please provide additional details about the proximal cause of death. Do	notes, Required	
	Show the field ONLY if: [current_status] = '9'	not record any PHI in this field. As a reminder, this includes all elements of dates other than year.		
116	[c19_complications_systemic]	Section Header: Complications	checkbox, Required	
		Systemic complications occurring during the COVID-19 illness. Check all that apply. If there were no systemic complications, please check	50960005 c19_complications_systemic50960005 Blee	
		"None".	67406007 c19_complications_systemic67406007 Dissintracoa (DIG	
			57653000 c19_complications_systemic57653000 Multiple failures	
			91302008 c19_complications_systemic91302008 Sep	
			238147009 c19_complications_systemic238147009 Oth	
			NONE c19_complications_systemicnone Nor	
			UNK c19_complications_systemicunk Unk	
			Field Annotation: Terminology: SNOMED @NONEOFTHEABOVE='NONE'	

		<u> </u>	, , ,	·	
117	[c19_bleeding]	Please specify the type of bleeding. Check all that apply.	checkbox		
	Show the field ONLY if: [c19_complications_systemic(509 60005)] = '1'		112648003	c19_bleeding112648003	Major bleeding (requiring multiple RBCs transfusio or ICU admit)
			73099002	c19_bleeding73099002	Non-majo but clinica relevant bleed
			127563002	c19_bleeding127563002	Minor blee (without transfusio need)
			230690007- Major	c19_bleeding230690007_major	CNS hemorrha extensive
			230690007- Minor	c19_bleeding230690007_minor	CNS hemorrha limited
			OTH	c19_bleedingoth	Other
			UNK	c19_bleedingunk	Unknown
			Field Annotat	ion: Terminology: SNOMED-modified	d
118	[c19_bleeding_oth_specify] Show the field ONLY if: [c19_bleeding(OTH)] = '1'	Please specify further details about bleeding. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
119	[dic_certainty] Show the field ONLY if: [c19_complications_systemic(674 06007)] = '1'	How definite was the DIC diagnosis?	radio 1 Definite 2 Suspecte 99 Unknow	ed	
120	[dic_treatment] Show the field ONLY if: [c19_complications_systemic(674 06007)] = '1'	Which of the following were used to treat the DIC?	256401009 NONE UNK OTH	Plasma (FFP) Cryoprecipitate None Unknown Other cion: Terminology: SNOMED @HIDDE	N
121	[dic_more] Show the field ONLY if: [c19_complications_systemic(674 06007)] = '1'	Please provide further details about DIC, including clinical manifestations and treatment. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes	o e	
122	[c19_comp_systemic_specify] Show the field ONLY if: [c19_complications_systemic(238 147009)] = '1'	Please specify other systemic complications. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
123	[o2_requirement_c19]	Did the patient require supplemental O2 during the course of illness?	radio, Require 0 No 1 Yes 99 Unknow		
124	[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 0 No 1 Yes	 	

	T	,	, ,	,, ,			
125	[c19_complications_pulm]	Pulmonary complications occurring during the COVID-19 illness. Check all that apply. If there were no pulmonary complications, please check	checkbo 409622	ox, Required 2000 c19_complication	ıs_pulm409622000	Respi	
		"None". Note: the distinction between pneumonia and pneumonitis can often be very subtle and subjective. Radiology notes may say				failur	
		pneumonitis and clinical notes may say pneumonia. Please use your	205237		is_pulm205237003	Pneu	
		best judgment.	233604	1007 c19_complication	is_pulm233604007	Pneu	
			677820	005 c19_complication	is_pulm67782005	Acute respin distre syndr (ARD)	
			592820	003 c19_complication	is_pulm59282003	Pulm embo (PE)	
			600460	008 c19_complication	s_pulm60046008	Pleur	
			312682	2007 c19_complication	ıs_pulm312682007	Empy	
			500430	002 c19_complication	ıs_pulm50043002	Othe	
			NONE	c19_complication	ıs_pulmnone	None	
			UNK	c19_complication	ıs_pulmunk	Unkn	
			Field Ap	notation: Terminology	CNOMED	1	
126	[resp_failure_tx]	Which of the following supplemental O2 interventions did the patient	radio	notation: Terminology:	SINOINIED		
120	Show the field ONLY if:	require? Select the most invasive intervention required during the		sal cannula or face ma	sk with standard O2		
	[c19_complications_pulm(409622	course of illness.	2 Hig	gh-flow nasal cannula o	r blow-by		
	000)] = '1' or [o2_requirement_c1 9] = '1'	'1' or [o2_requirement_c1	3 No				
	9] = 11		4 CP/	4 CPAP			
			5 BiP	5 BiPAP			
			6 Intubation				
			99 Un	known			
127	[withdrawal_yn]	Was there an active decision to withdraw care?	radio				
	Show the field ONLY if: [resp_failure_tx] = '6'	eld ONLY if:	0 No				
			1 Yes				
			99 Unknown				
128	[withdrawal_who]	Who was involved in the decision to withdraw care? Please check all	checkbo)X			
	Show the field ONLY if:	w the field ONLY if:	1 v	vithdrawal_who1	Patient		
	[withdrawal_yn] = '1'		2 v	vithdrawal_who2	Spouse or significant	other	
			3 v	vithdrawal_who3	Child		
			4 v	withdrawal_who4	Parent		
			5 v	withdrawal_who5	Other family		
			6 v	withdrawal_who6	Friend		
			7 v	vithdrawal_who7	Primary managing hematologist/oncolog	gist	
			8 v	withdrawal_who8	Hospitalist/Intensivist	t	
			9 v	withdrawal_who9	Palliative care clinicia	n	
			OTH v	withdrawal_whooth	Other		
			Field An	notation: @HIDECHOIC	E-'6'		
129	[berlin_yn]	Were the Berlin criteria formally assessed?	radio	потатоп. ФПРЕСНОГС			
123	Show the field ONLY if:	were the bernin circena formany assessed:	0 No	,			
	[c19_complications_pulm(677820		1 Yes				
	05)] = '1'			known/Unsure			
		Rerlin criteria The Berlin criteria are based on a decreased PaO2/EiO2	radio				
130	[berlin_2]		iaulu				
130	_	ratio:-mild ARDS: 201 - 300 mmHg (≤ 39.9 kPa)-moderate ARDS: 101 -	1 Mil	ld			
130	[berlin_2] Show the field ONLY if: [berlin_yn] = '1'	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		ld oderate			
130	Show the field ONLY if:	ratio:-mild ARDS: 201 - 300 mmHg (≤ 39.9 kPa)-moderate ARDS: 101 -	2 Mo				

131	[s10 sown nulm specifie]	Please specify other pulmonary complications. Do not record any PHI	notes				
131	[c19_comp_pulm_specify] Show the field ONLY if: [c19_complications_pulm(500430 02)] = '1'	in this field. As a reminder, this includes all elements of dates other than year.	notes				
132	[c19_complications_card]	Cardiovascular complications occurring during the COVID-19 illness.	checkbox, Re	equired			
		Check all that apply. If there were no cardiovascular complications,	45007003	c19_complications_card45007003	Нуро		
		please check "None".	22298006	c19_complications_card22298006	Myoc		
			414545008	c19_complications_card414545008	Other ische		
			49436004	c19_complications_card49436004	Atrial		
			71908006	c19_complications_card71908006	Ventr fibrill		
			698247007	c19_complications_card698247007	Other arrhy		
			85898001	c19_complications_card85898001	Card		
			42343007	c19_complications_card42343007	Cong heart (CHF)		
			59282003	c19_complications_card59282003	Pulm		
			128053003	c19_complications_card128053003	Deep throi (DVT		
			275517008	c19_complications_card275517008	Supe veno thror (SVT)		
			230690007	c19_complications_card230690007	Cere accio strok		
		414086009	c19_complications_card414086009	Thro NOS			
			49601007	c19_complications_card49601007	Othe		
			NONE	c19_complications_cardnone	None		
			UNK	c19_complications_cardunk	Unkr		
			Field Annota	tion: Terminology: SNOMED			
133	[sepsis_pressors]	Did the patient require pressors?	radio				
	Show the field ONLY if: [c19_complications_card(4500700		0 No 1 Yes	_			
	3)] = '1'		1 Yes 99 Unknow	wn			
134	[c19_comp_card_specify] Show the field ONLY if: [c19_complications_card(4960100 7)] = '1' or [c19_complications_card(414545008)] = '1' or [c19_complications_card(698247007)] = '1'	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				

		T	I					
135	[c19_complications_gi]	Gastrointestinal complications occurring during the COVID-19 illness. Check all that apply. If there were no GI complications, please check	checkbox, Required 427044009 c19_complications_gi427044009 Acute					
		"None".	427044	4009	C19_complications_gi_		Acute hepatic injury	
			38902	6000	c19_complications_gi_	_389026000	Ascites	
			810600	800	c19_complications_gi_		Bowel obstruc	
			569050	009	c19_complications_gi_		Bowel perfora	
			710572	2000	c19_complications_gi_	_710572000	Ileus	
			486610	000	c19_complications_gi_	_48661000	Periton	
			536190	000	c19_complications_gi_	_53619000	Other	
			NONE		c19_complications_gi_	_none	None	
			UNK		c19_complications_gi_	_unk	Unknov	
					cion: Terminology: SNO	MED		
136	[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					
137	[c19_complications_other]	Other complications occurring during the COVID-19 illness. Check all	checkbo	ox, Re	quired			
		that apply. If there were no other complications, please check "None".	146690	001	c19_complications_oth	ner1466900′	l Acu kid inju	
			911750	000	c19_complications_oth	ner91175000) Sei	
			372070	0002	c19_complications_oth	ner37207000)2 Ga	
			414086	6009	c19_complications_oth	ner41408600	09 Thi	
			36296	5005	c19_complications_oth	ner36296500	05 Oth	
			NONE		c19_complications_oth	nernone	No	
			UNK		c19_complications_oth	nerunk	Un	
					cion: Terminology: SNOI 14086009'	MED @HIDECH	OICE =	
138	<pre>[c19_complications_oth_specify]</pre>	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					
	Show the field ONLY if: [c19_complications_other(362965 005)] = '1'							
139	[current_status_v2]	Section Header: Clinical Status	radio, R	Requir	ed			
	Show the field ONLY if:	Current COVID-19 status Fully recovered means that the patient has	1 Fu	ılly re	covered			
	[timing_of_report] = '1' and ([curr ent_status] = '1' or [current_statu	returned to their baseline functional status and repeat SARS-CoV-2 testing, if obtained, is negative. If they are on medications to treat	1b Re	ecovei	red with complications			
	s] = '2' or [current_status] = '3' or	sequelae or have functional compromise (e.g., impaired pulmonary	2 Oı	ngoin	g infection			
	[current_status] = '4' or [current_s tatus] = '5' or [current_status] =	function) but are not considered to have active infection, they should be considered to have recovered with complications.	3 Di	ied				
	'6' or [current_status] = '7' or [cur rent_status] = '8')		99 Ur	nknov	vn			
40	[current_status_retro]	Final COVID-19 status Fully recovered means that the patient has	radio, R	Requir	ed	1		
	Show the field ONLY if:	returned to their baseline functional status and repeat SARS-CoV-2 testing, if obtained, is negative. If they are on medications to treat	1 Fu	ılly re	covered			
	[timing_of_report] = '2'	sequelae or have functional compromise (e.g., impaired pulmonary	1b Re	ecovei	red with complications			
		function) but are not considered to have active infection, they should be considered to have recovered with complications.	3 Di	ied				
		Se considered to have recovered with compileations.	99 Ur	nknov	vn			
141	[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 (int	teger,	Min: 0), Required			

, _	5.20 AIVI	COVID-19 and Cancer Consortium (CCC)	5) 1 (09:04) 1 (25 04)
142	[cause_of_death_2] Show the field ONLY if: [current_status_v2] = '3' or [curre nt_status_retro] = '3' [deceased_reason_retro]	To the best of your knowledge, what was the proximal cause of death? Please provide additional details about the proximal cause of death. Do	radio, Required 1 COVID-19 2 Cancer 3 Both 88 Other 99 Unknown notes, Required
	Show the field ONLY if: [current_status_v2] = '3' or [curre nt_status_retro] = '3'	not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	
144	[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
145	<pre>[current_status_clinical_speci fy] Show the field ONLY if: [current_status_clinical] = 'OTH'</pre>	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
146	[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
147	[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

148	[complications_severity]	Current severity of COVID-19 complications. Check all that apply.		box, Required		
	Show the field ONLY if:		0	complications_severity0	No co	mplications
	[current_status_v2] = '1b' or [current_st ent_status_v2] = '2' or [current_st atus_retro] = '1b'		1	complications_severity1	(mimi	omplications mal symptoms complications)
			2	complications_severity2	(mode symp	lications
			3	complications_severity3	(symp subst the pa functi disab functi	lications Istoms Intially impact Intient's Intient's onal status or Ing physical Intientientientientientientientientientie
			OTH	complications_severityoth	Other	
			99	complications_severity99	Unkn	own
149	<pre>[complications_severity_oth_sp ecify] Show the field ONLY if: [complications_severity(OTH)] = '1'</pre>	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			
150	[worst_complications_severity]	Worst severity of COVID-19 complications. Check all that apply.	check	box, Required		
	Show the field ONLY if: [timing_of_report] = '2' and [curre nt_status_retro] != '3'	of_report] = '2' and [curre	0	worst_complications_severity_	0	None (patient was asymptomatic)
			1	worst_complications_severity_	1	Mild complications (mimimal 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)
			ОТН	worst_complications_severity_	_oth	Other
			99	worst_complications_severity_	99	Unknown
151	[worst_complications_severity_specify] Show the field ONLY if: [worst_complications_severity(OT H)] = '1'	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			
152	[consider_returning] Show the field ONLY if: [current_status_v2] = '2'	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			
153	[covid_19_more] Show the field ONLY if: [ccc19] = '0'	Section Header: COVID-19 Details - Optional Would you like to answer additional COVID-19 detail questions? This is optional but will really help us understand the granular details better.	yesno 1 Ye			

mortality] Show the field ONLY if: covid_19_dx_interval]!= '1' and [c ovid_19_dx_interval]!= '2' and [co vid_19_dx_interval]!= '3'	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?	1	o, Required Yes		
covid_19_dx_interval] != '1' and [c ovid_19_dx_interval] != '2' and [co		Ŀ	Yes		
ovid_19_dx_interval] != '2' and [co					
		0	No		
		88	N/A - it has been fewer than 30 days since COVID-19 diagnosis		
		99	Unknown		
mortality_90]	If it has been at least 90 days (~3 months) from the presumptive or	radio	o, Required		
Show the field ONLY if:	laboratory-proven COVID-19 diagnosis, was the patient alive 90 days	1 Yes			
covid_19_dx_interval] != '1' and [c	after diagnosis?	0	No		
vid_19_dx_interval] != '3' and [covi		88	N/A - it has been fewer than 90 days since COVID-19 diagnosis		
1-19_dx_interval] != '5' and [mortal ty] != '0'		99	Unknown		
-	If it has been at least 180 days (~6 months) from the presumptive or	radio	o, Required		
· -	laboratory-proven COVID-19 diagnosis, was the patient alive 180 days	1	Yes		
covid_19_dx_interval] != '1' and [c	after diagnosis?	0	No		
ovid_19_dx_interval] != '2' and [co		88	N/A - it has been fewer than 180 days since COVID-19		
d_19_dx_interval] != '4' and [covid			diagnosis		
19_dx_interval] != '5' and [covid_		99	Unknown		
9_dx_interval] != '6' and [mortali y] != '0' and [mortality_90] != '0'					
death_notice]	You have noted that the patient has died. If the details of death are not	desc	riptive		
	provided on this form above, please create a follow-up form to provide more details about the timing and nature of the death. If the patient is not decreased, please correct the entries above				
mortality] = '0' or [mortality_90] = '0' or [mortality_180] = '0'					
[labs]	Section Header: Baseline laboratory values at the time of or closest to the date of the	radio	0		
	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.		At the time of initial COVID-19 diagnosis		
	At what time point were labs drawn? This information is important to build predictive models of disease severity based on lab values. Your 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.	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	H Other		
		UNI	K Unknown		
labs oth specify]	Please specify what other time point labs were drawn Do not record	note			
Show the field ONLY if: labs] = 'OTH'	any PHI in this field. As a reminder, this includes all elements of dates other than year.				
wbc_range]	Section Header: CBC values at presentation	radio	o (Matrix)		
Show the field ONLY if:	Total WBC count	LO	Low		
labs] != '3'		WN	IL Normal		
		НІ	High		
			Not tested		
		99	Unknown		
alc rangel	Absolute lymphocyte count (ALC) - Jess than 1500/uL should be	<u> </u>	o (Matrix)		
	considered low		Low		
labs] != '3'					
·					
			High		
			Not tested		
		99	Unknown		
			Annotation: less than 1500/uL should be considered		
vi id_ 1 ty in in in in it is	vid_19_dx_interval] != '2' and [co id_19_dx_interval] != '3' and [covid_19_dx_interval] != '3' and [covid_19_dx_interval] != '4' and [covid_19_dx_interval] != '5' and [mortal y] != '0' mortality_180] how 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] != '6' and [mortali y] != '0' and [mortality_90] != '0' death_notice] how the field ONLY if: mortality] = '0' or [mortality_90] '0' or [mortality_180] = '0' labs] labs_oth_specify] how the field ONLY if: abs] = 'OTH' wbc_range] how the field ONLY if: abs] != '3'	covid_19_dx_interval] = '2' and [covid_19_dx_interval] = '2' and [covid_19_dx_interval] = '2' and [covid_19_dx_interval] = '2' and [covid_19_dx_interval] = '5' and [mortal] y] = '0' mortality_180 mortality_180 mortality_180 mortality_180 mortality_190 mortality_180 mortality_180 mortality_180 fi 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? 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? 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? 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? 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? 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? 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? 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? 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. 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. 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. If it has been at least 180	Owd_19_dx_interval] = "2" and [covid 19_dx_interval] = "2" and [covid 19_dx_interval] = "3" and [covid 19_dx_interval] = "2" and [covid 19_dx_interval] = "3" and [covid 19_dx_interval] = "5" and [covid 19_dx_interval] = "6" and [mortali 19_dx_interval] = "6" and [mortal 19_dx_int		

162	[anc_range] Show the field ONLY if: [labs] != '3'	Absolute neutrophil count (ANC)	radio (Matrix) LO Low WNL Normal HI High NT Not tested
			99 Unknown Field Annotation: less than 1000/uL should be considered low
163	[aec_range]	Absolute eosinophil count (AEC)	radio (Matrix)
. 65	Show the field ONLY if: [labs] != '3'		LO Low WNL Normal HI High
			NT Not tested 99 Unknown
164	[hgb_range] Show the field ONLY if: [labs] != '3'	Hemoglobin	radio (Matrix) LO Low WNL Normal HI High NT Not tested 99 Unknown
165	[plt_range] Show the field ONLY if: [labs] != '3'	Platelets	radio (Matrix) LO Low WNL Normal HI High NT Not tested 99 Unknown
166	<pre>[wbc_numeric] Show the field ONLY if: [wbc_range] = 'LO' or [wbc_range] = 'HI'</pre>	Total WBC count in 10^9/L	text (number, Min: 0, Max: 1000)
167	[alc] Show the field ONLY if: [alc_range] = 'LO' or [alc_range] = 'HI'	Absolute lymphocyte count per uL	text (number, Min: 0)
168	[anc] Show the field ONLY if: [anc_range] = 'LO' or [anc_range] = 'HI'	Absolute neutrophil count per uL	text (number, Min: 0)
169	[aec] Show the field ONLY if: [aec_range] = 'LO' or [aec_range] = 'HI'	Absolute eosinophil count per uL	text (number, Min: 0)
170	[hgb] Show the field ONLY if: [hgb_range] = 'LO' or [hgb_range] = 'HI'	Hemoglobin level in g/dL	text (number, Min: 0)
171	<pre>[plt] Show the field ONLY if: [plt_range] = 'LO' or [plt_range] = 'HI'</pre>	Platelet count, 10^3/uL	text (number, Min: 0)
172	[creat] Show the field ONLY if: [labs] != '3'	Section Header: Other lab values at presentation Creatinine	radio (Matrix) 0 Normal 1 Abnormal NT Not tested 99 Unknown Field Annotation: SNOMED: 1032061000000108

			(
173	[tbili]	Total bilirubin	radio (Matrix)
	Show the field ONLY if: [labs] != '3'		0 Normal 1 Abnormal
			NT Not tested
			99 Unknown
174	[+]	AST	
174	[ast] Show the field ONLY if:	ASI	radio (Matrix) 0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
175	[alt]	ALT	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
176	[ldh]	LDH	radio (Matrix)
	Show the field ONLY if: [labs] != '3'		0 Normal
	[1805] != 3		1 Abnormal
			NT Not tested
			99 Unknown
			Field Annotation: SNOMED: 250644007
177	[tni]	Troponin I (TnI)	radio (Matrix)
	Show the field ONLY if: [labs] != '3'		0 Normal
	[labs] :- 3		1 Abnormal
			NT Not tested
			99 Unknown
178	[hs_trop]	High-sensitivity troponin	radio (Matrix) 0 Normal
	Show the field ONLY if: [labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
179	[bnp]	BNP	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
180	[crp]	CRP	radio (Matrix)
	Show the field ONLY if: [labs] != '3'		0 Normal
	[1805] != 3		1 Abnormal
			NT Not tested
			99 Unknown
181	[i16]	IL-6	radio (Matrix) 0 Normal
	Show the field ONLY if: [labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
182	[pt]	PT	radio (Matrix)
102	Show the field ONLY if:	· ·	0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
<u> </u>			<u> </u>

		<u> </u>	<u> </u>
183	[aptt]	аРТТ	radio (Matrix)
	Show the field ONLY if: [labs] != '3'		0 Normal
	[1805] :- 3		NT Not tested
			NT Not tested 99 Unknown
184	[fibrinogen]	Fibrinogen	radio (Matrix) 0 Normal
	Show the field ONLY if: [labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
			Field Annotation: SNOMED: 71636003
185	[ddimer]	D-Dimer	radio (Matrix) 0 Normal
	Show the field ONLY if: [labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
			Field Annotation: SNOMED: 1019221000000107
186	[other_lab]	Other (free text will open for more details below)	radio (Matrix)
	Show the field ONLY if: [labs] != '3'		0 Normal 1 Abnormal
	[1005]. 5		NT Not tested
			99 Unknown
107		Disease required an account of exacting a layer in exacted	
187	[creat_numeric]	Please provide measured creatinine level in mg/dL	text (number, Min: 0)
	Show the field ONLY if: [creat] = '1'		
188	[tbili_numeric]	Please provide measured total bilirubin value in mg/dL	text
	Show the field ONLY if:		
100	[tbili] = '1'	DI LASTIGOTI I I II II II	
189	[ast_numeric]	Please provide measured AST/SGOT value in units/L	text (number, Min: 32)
	Show the field ONLY if: [ast] = '1'		
190	[alt_numeric]	Please provide measured ALT/SGPT value in units/L	text (number, Min: 32)
	Show the field ONLY if: [alt] = '1'		
191	[pt_numeric]	Please report measured PT value in seconds. If above the maximum	text (number)
	Show the field ONLY if: [pt] = '1'	range, enter "999".	
192	[aptt_numeric]	Please report measured aPTT value in seconds. If above the maximum	text (number, Min: 0)
	Show the field ONLY if:	range, enter "999".	, , , , , , , , ,
	[aptt] = '1'		
193	[fibrinogen_numeric]	Please report measured fibrinogen value in mg/dL (conventional units).	text
	Show the field ONLY if: [fibrinogen] = '1'		
194	[ddimer_numeric]	Please report measured D-Dimer value along with units, which often	text
	Show the field ONLY if:	differ between labs.	
	[ddimer] = '1'		
195	[ldh_numeric]	Please report measured LDH value along with units, which often differ between labs.	text
	Show the field ONLY if: [ldh] = '1'		
196	[tni_numeric]	Please report measured Tnl value in ng/mL. Only record values greater	text (number, Min: 0)
	Show the field ONLY if:	than or equal to 0.05 ng/mL.	
	[tni] = '1'		
197	[hs_trop_numeric]	Please report measured high sensitivity troponin value in pg/mL.	text (number, Min: 0.05)
	Show the field ONLY if:		
	[hs_trop] = '1'		

198	[bnp_numeric]	Please report measured BNP value in pg/mL.	text (number	r, Min: 0)	
	Show the field ONLY if: [bnp] = '1'				
199	[crp_numeric]	Please provide measured CRP value along with units, which often differ	text		
	Show the field ONLY if: [crp] = '1'	between labs.			
200	[il6_numeric]	Please report measured IL-6 value in pg/mL	text (number	r, Min: 1.8)	
	Show the field ONLY if: [il6] = '1'				
201	[other_lab_more]	Please provide more details including numeric values, if you are able.	notes		
	Show the field ONLY if: [other_lab] = '1'	Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.			
202	[coinfection_yn]	Section Header: Co-infections	radio		
		Was another co-infection suspected within two weeks prior or up to two weeks after the COVID-19 diagnosis?	0 No		
		and meeting arter are come in a diagnosis.	1 Yes		
			99 Unknov	vn	
203	[coinfection]	Were there other co-infections diagnosed? Check all that apply.	checkbox	Г	
	Show the field ONLY if: [coinfection_yn] = '1'		49872002	coinfection49872002	Viral, NOS
			407479009	coinfection407479009	Influenza A
			407480007	coinfection407480007	Influenza B
			84101006	coinfection84101006	Ordinary coronavirus
			1838001	coinfection1838001	Rhinovirus
			6415009	coinfection6415009	RSV
			409822003	coinfection409822003	Bacterial infection NOS
			8745002	coinfection8745002	Gram-positive bacteria
			233607000	coinfection233607000	Pneumococcal pneumonia
			81325006	coinfection81325006	Gram-negative bacteria
			414561005	coinfection414561005	Fungal, NOS
			2429008	coinfection2429008	Aspergillus culture-confirmed
			709601002	coinfection709601002	Aspergillus suspected (galactomannan positive)
			442376007	coinfection442376007	Tests are pending
			ОТН	coinfectionoth	Other
			UNK	coinfectionunk	Unknown
			NONE	coinfectionnone	None
				tion: Terminology: SNOMEE CE='407480007,84101006,6	
204	[coinfection_other]	Please specify what co-infections were diagnosed, including the	notes		
	Show the field ONLY if: [coinfection_yn] = '1'	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.			

205	[coinfection_site]	What body locations were affected by the co-infection(s)? Check all that	checkbox				
	Show the field ONLY if:	apply.	49596003	coinfection_site49596003	Abdomen/GI		
	[coinfection_yn] = '1'		122489005	coinfection_site122489005	Bladder/GU (e.g., urinary tract infection [UTI])		
			431193003	coinfection_site431193003	Bloodstream (e.g., bacteremia, fungemia, viremia)		
			111253001	coinfection_site111253001	Bone (e.g., osteomyelitis)		
			113257007	coinfection_site113257007	Cardiovascular		
			128601007	coinfection_site128601007	Pulmonary (i.e., pneumonia, sinusitis, etc.)		
			108365000	coinfection_site108365000	Skin and soft tissue		
			ОТН	coinfection_siteoth	Other (will trigger a free text to specify)		
			UNK	coinfection_siteunk	Unknown		
			Field Annotat	tion: SNOMED-CT			
206	[coinfection_site_more] Show the field ONLY if: [coinfection_site(OTH)] = '1'	Please specify what other sites were affected by co-infection. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes				

207	[covid_19_treatment]	Section Header: COVID-19 Treatment	checkbox				
207	[covid_15_creatment]	COVID-19 treatment, including pre-existing drugs that were continued	B01A	covid_19_treatmentb01a	Ant		
		during the COVID-19 diagnosis. Check all that apply.	B01AC	covid_19_treatmentb01ac	Ant tha		
			HO-44995	covid_19_treatmentho_44995	Ant		
			N02BA	covid_19_treatmentn02ba	Asp		
			ATC-J05AE08	covid_19_treatmentatc_j05ae08	Ata		
			RXCUI-18631	covid_19_treatmentrxcui_18631	Azit (Zit		
			DB-15718	covid_19_treatmentdb_15718	Ban		
			Bam-Et	covid_19_treatmentbam_et	Ban		
			REGEN-COV2	covid_19_treatmentregen_cov2	Cas		
			RXCUI- 2550731	covid_19_treatmentrxcui_2550731	Soti		
			RXCUI-2393	covid_19_treatmentrxcui_2393	Chle		
			RXCUI-5521	covid_19_treatmentrxcui_5521	Hyd (Pla		
			HO-45861	covid_19_treatmentho_45861	JAK for a		
			ATC-J05AR10	covid_19_treatmentatc_j05ar10	Lop		
			RXCUI-260101	covid_19_treatmentrxcui_260101	Ose		
			B05AX03	covid_19_treatmentb05ax03	Plas indiv plas		
			OMOP487397	4 covid_19_treatmentomop4873974	Ren		
			ATC-C10AA	covid_19_treatmentatc_c10aa	Stat		
			HO-45523	covid_19_treatmentho_45523	Syst (will deta		
			ATC-L04AB	covid_19_treatmentatc_l04ab	TNF proi deta		
			RXCUI-612865	covid_19_treatmentrxcui_612865	Toci		
			RXCUI-42355	covid_19_treatmentrxcui_42355	Fluv		
			ATC-L04AC	covid_19_treatmentatc_l04ac	Oth inhi add		
			233573008	covid_19_treatment233573008	Extr		
			714749008	covid_19_treatment714749008	Con repl (CRF		
			OTH	covid_19_treatmentoth	Oth		
			UNK	covid_19_treatmentunk	Unk		
			NONE	covid_19_treatmentnone	Nor		
			oth_plasma	covid_19_treatmentoth_plasma	DEF		
			oth_plasma covid_19_treatmentoth_plasma DE Field Annotation: Terminologies: ATC/HemOnc/OMOP/RxNorm/SNOMED @HIDECHOICE='oth_plasma,ATC-J05AE08,ATC-L04AB,ATC-L04AC,233573008'				
208	[dx_cp_interval] Show the field ONLY if: [covid_19_treatment(B05AX03)] = '1'	How many days elapsed between the COVID-19 diagnosis and the first convalescent plasma infusion? If the patient was infused on the same day as their diagnosis, enter 0 here. If you do not know the answer, enter 9999 here.	text (integer)				
209	[c19_aspirin_dose]	Aspirin dosing	radio				
	Show the field ONLY if:		262459003 L	ow dose (less than 200 mg/day)			
	[covid_19_treatment(N02BA)] = '1'		261829003 F	ull dose			
			261665006 L	Inknown			

210	[steroid_type]	Steroid type. Check all that apply.	checkbox		
	Show the field ONLY if: [covid_19_treatment(HO-45523)]		H02AB02 steroid_typeh02ab02 Dexamethasone (Decadron)		
	= '1'		H02AB09 steroid_typeh02ab09 Hydrocortisone (Cortef)		
			H02AB04 steroid_typeh02ab04 Methylprednisolone (Solumedrol)		
			H02AB06 steroid_typeh02ab06 Prednisolone		
			H02AB07 steroid_typeh02ab07 Prednisone		
			Field Annotation: Terminology: ATC		
211	[steroid_specific]	Steroid dosing, in prednisone dose equivalents Note: 3 mg of	radio		
	Show the field ONLY if:	dexamethasone is equivalent to 20 mg of prednisone, so any dose of dexamethasone of more than 3 mg/day (21 mg/week) would be	1 20 mg/day or below [low dose]		
	[covid_19_treatment(HO-45523)] = '1'	equivalant to more than 20 mg of prednisone/day.	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'		
212	[steroid_more]	Please provide more details: prednisone dose equivalents (e.g., 1	notes		
	Show the field ONLY if: [covid_19_treatment(HO-45523)] = '1'	mg/kg) and duration of steroid therapy. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.			
213	[covid_19_tx_interleukin]	Interleukin inhibitor treatment other than tocilizumab. Check all that	checkbox		
	Show the field ONLY if:	apply.	L04AC14 covid_19_tx_interleukinl04ac14 Sarilumab		
	[covid_19_treatment(ATC-L04AC)] = '1'		OTH covid_19_tx_interleukinoth Other		
			Field Annotation: Field:ATC L04AC; Values:ATC @HIDDEN		
214	[jak]	JAK inhibitor treatment. Check all that apply.	checkbox		
	Show the field ONLY if:		L01XE18 jakl01xe18 Ruxolitinib (Jakafi)		
	[covid_19_treatment(HO-45861)] = '1'		L04AA44 jakl04aa44 Upadacitinib		
			L04AA37 jakl04aa37 Baracitinib (Olumiant)		
			OTH jakoth Other		
			Field Annotation: Terminologies: ATC, RxNorm @HIDECHOICE='L04AA44'		

215	[c19_anticoag_reason]	Has the patient received any dose or type of anticoagulants at any time	checkbox	,		
213		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		c19_anticoag_reason1	Prophylactic use (without the presence of a VTE either as an inpatient or outpatient)	
			2	c19_anticoag_reason2	DEPRECATED	
			1	c19_anticoag_reason2a	Therapeutic use (for known VTE diagnosis)	
			2b	c19_anticoag_reason2b	Therapeutic use (for known ATE diagnosis)	
			2c	c19_anticoag_reason2c	Therapeutic use in the absence of any thrombosis (e.g., for prevention of stroke in atrial fibrillation)	
			3	c19_anticoag_reason3	For DIC during hospitalization	
			NONE	c19_anticoag_reasonnone	None (patient did not receive any anticoagulants)	
			UNK	c19_anticoag_reasonunk	Unknown	
			OTH c19_ar	c19_anticoag_reasonoth	Other	
		Fiel	Field Ann	Field Annotation: @HIDECHOICE='2'		
216	[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	checkbox			
			L04AB0	covid_19_tx_tnfl04ab01	Etanercept	
			OTH	covid_19_tx_tnfoth	Other	
			Field Ann	otation: Field:ATC L04AB; Valu	es·ATC @HIDDEN	
217	[c19_anticoag_reason_oth_speci fy] 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			
218	[c19_anticoag_type]	Which anticoagulants were used? Check all that apply.	checkbox	(
	Show the field ONLY if: [c19_anticoag_reason(1)] = '1' or [c19_anticoag_reason(2a)] = '1' or [c19_anticoag_reason(2b)] = '1' or [c19_anticoag_reason(2c)] = '1' or [c19_anticoag_reason(3)] = '1' or [c19_anticoag_reason(OTH)] = '1'	v the field ONLY if: _anticoag_reason(1)] = '1' or _anticoag_reason(2a)] = '1' or _anticoag_reason(2b)] = '1' or _anticoag_reason(2c)] = '1' or _anticoag_reason(3)] = '1' or	B01AA	c19_anticoag_typeb01aa	Vitamin K antagonists (e.g., warfarin)	
			B01AB	c19_anticoag_typeb01ab	Low-molecular weight heparin (e.g., enoxaparin [Lovenox])	
			B01AB0	1 c19_anticoag_typeb01ab	01 Unfractionated heparin	
			B01AE	c19_anticoag_typeb01ae	Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa])	
			B01AF	c19_anticoag_typeb01af	inhibitors (e.g., apixaban	
					[Eliquis], rivaroxaban [Xarelto])	
			B01AX0	5 c19_anticoag_typeb01ax	rivaroxaban [Xarelto])	
			B01AX0 UNK	5 c19_anticoag_typeb01ax c19_anticoag_typeunk	rivaroxaban [Xarelto])	
				- 3-7	rivaroxaban [Xarelto]) 05 Fondaparinux	

219	<pre>[c19_anticoag_type_oth_specify]</pre>	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		
	Show the field ONLY if: [c19_anticoag_type(OTH)] = '1'				
220	[covid_19_treatment_trial]	Was any COVID-19 treatment given as part of a clinical trial?	radio 0 No		
			1 Yes		
			99 Unknown		
221	[covid_19_trial_tx]	COVID-19 clinical trial treatment. Check all that apply. If you do not	checkbox, Requir	red	
	Show the field ONLY if:	know which drug(s) were given on clinical trial, please check "Unknown". If you are not able to disclose drug names due to	DB-15718	covid_19_trial_txdb_15718	Bamlaniv
	[covid_19_treatment_trial] = '1'	institutional restrictions, please check "Other".	Bam-Et	covid_19_trial_txbam_et	Bamlaniv
			REGEN-COV2	covid_19_trial_txregen_cov2	Casirivim
			RXCUI- 2550731	covid_19_trial_txrxcui_2550731	Sotrovim
			RXCUI-5521	covid_19_trial_txrxcui_5521	Hydroxyc (Plaqueni
			HO-44995	covid_19_trial_txho_44995	Anti-virals
			ATC-J05AR10	covid_19_trial_txatc_j05ar10	Lopinavir
			OMOP4873974	covid_19_trial_txomop4873974	Remdesiv
			RXCUI-18631	covid_19_trial_txrxcui_18631	Azithrom (Zithroma
			HO-45523	covid_19_trial_txho_45523	Systemic
			L04AC08	covid_19_trial_txl04ac08	Canakinu
			L04AC16	covid_19_trial_txl04ac16	Guselkun
			L04AC14	covid_19_trial_txl04ac14	Sarilumal
			L04AC07	covid_19_trial_txl04ac07	Tocilizum
			RXCUI-42355	covid_19_trial_txrxcui_42355	Fluvoxam
			L04AB02	covid_19_trial_txl04ab02	Infliximat
			B05AX03	covid_19_trial_txb05ax03	Plasma fr individua plasma)
			OTH	covid_19_trial_txoth	Other
			UNK	covid_19_trial_txunk	Unknown
				: Terminologies: MOP/RxNorm @HIDECHOICE = 'OTH- 5,ATC-J05AR10,L04AC08,L04AC16,L0-	
222	[dx_cp_interval_2] Show the field ONLY if: [covid_19_trial_tx(B05AX03)] = '1' and [covid_19_treatment(B05AX0	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)		
	3)] = '0'				
223	[covid_19_trial_more]	Please specify what other clinical trial treatment. (Note: some institutions have restrictions on sharing of this information, please	notes		
	Show the field ONLY if: [covid_19_trial_tx(OTH)] = '1'	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.			
224	[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		
225	[prbc]	Did the patient receive any PRBC transfusions?	radio		
			0 No 1 Yes		
			99 Unknown		
226	[comments_form_2]	Section Header: Free text entry (optional) Comments Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
227	[covid19_details_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete		

Instru	ment: Cancer details (can	er_details) 🛂 Enabled as survey	Instrument: Cancer details (cancer_details)				
228	[ts_3]	Timestamp for the cancer details form		ime_dmy), Required tation: @HIDDEN @NOW_UTC			
229	[exclude_cancer] Show the field ONLY if: [manual_exclude] = '1'	This record has been marked for manual exclusion. Please do not make additional edits, they will be ignored.	descriptive				
230	[cancer_type]	Section Header: Cancer-specific data - Mandatory	dropdown	(autocomplete), Required			
		Cancer type. If the patient has multiple primaries, please report on the	C132146	Malignant Solid Neoplasm, NOS			
		cancer that was most recently treated.	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			
		l II-	C4013 C4819	Head and Neck Cancer Invasive Cutaneous SCC (do not record localiz SCC)			
			C2921	Invasive Cutaneous BCC (do not record localized BCC)			
			C3234	Mesothelioma			
			C4039	III Defined/Cancer of Unknown Primary			
			C3099	Liver Cancer (HCC)			
			C4878	Lung Cancer, NOS			
			C3224	Melanoma			
			C9231	Merkel Cell			
			C3871	Nasopharyngeal Carcinoma			
			C3270	Neuroblastoma			
			C3809	Neuroendocrine tumor (NET) or Carcinoid			
			C2926	Non Small Cell Lung Cancer (NSCLC)			
			C9145	Osteosarcoma			
			C7431	Ovarian Cancer			
			C3850	Pancreatic Cancer			
			C4906	Parathyroid Cancer			
			C9061	Penis Cancer			
			C3538	Peritoneum Cancer			
			C3555	Placenta Cancer (incl. Choriocarcinoma)			
			C4863	Prostate Cancer			
			C9382	Rectum and Rectosigmoid Cancer			
			C9385	Renal Kidney Cancer (RCC)			
			C7355	Renal Pelvis Cancer			

			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)
			C3457	B-cell non-Hodgkin lymphoma
			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
				tation: LOINC:63929-4; Terminology: NCIT
721	[cancon type oth]	Please specify cancer type		DICE = 'OTH'
231	[cancer_type_oth] Show the field ONLY if: [cancer_type] = 'OTH' or [cancer_t ype] = 'C132146' or [cancer_type] = 'OTH_H' or [cancer_type] = 'OTH _S' or [cancer_type] = 'C27134'	Please specify cancer type	text	
232	[acute_leukemia_more]	This code is not preferred because it is non-specific. If the patient has a	descriptive)
	Show the field ONLY if: [cancer_type] = 'C9300'	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.		

,,,,,	.20 / ((V)	COVID TO AIR CARGO CONSCITAIN (COCT)	o) i togioti j) 1123 Oup
233	[lung_nos_more] Show the field ONLY if: [cancer_type] = 'C4878'	This code should only be used if you do not know the histology of the lung cancer (e.g., the patient was treated without a confirmatory biopsy) or if the histology overlaps. If you know that the cancer is NSCLC (e.g., adenocarcinoma, squamous cell carcinoma, large cell carcinoma) please go back and select that choice. If you know that the cancer is a low-grade neuroendocrine tumor (i.e., carcinoid), please go back and select carcinoid/NET. If you know that the cancer is a high-grade neuroendocrine tumor (i.e., small cell lung cancer), please go back and select SCLC. Otherwise, please enter the specific histology below in the additional cancer details.	descriptive	
234	[teravolt] Show the field ONLY if: [cancer_type] = 'C4878' or [cancer_type] = 'C2926' or [cancer_type] = 'C4917' or [cancer_type] = 'C341 1'	Please consider donating data to the TERAVOLT (Thoracic cancERs international coVid 19 cOLlaboraTion) registry, as well. In order to do this, unless you are already part of a member institution, you will need to reach out to Prof. Jennifer Whisenant j.whisenant@vumc.org	descriptive	
235	[multiple_ca]	Does the patient have multiple malignancies? This includes multiple active malignancies as well as historic cancers.	radio, Requ 0 No 1 Yes 99 Unkn	
236	[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, Requ 2 Two 3 Three 4 Four 5 Five or	
237	[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 C132146 C9325 C9291 C9330	(autocomplete), Required Malignant Solid Neoplasm, NOS Adrenocortical Carcinoma Anal Cancer Appendix Cancer
			C4436 C4912 C9312 C5111	Bile Duct Cancer (Cholangiocarcinoma) Bladder Cancer Bone cancer, NOS Brain Cancer - benign (e.g., meningioma)
			C132067 C3059 C4627	Brain Cancer - low-grade glioma Brain Cancer - high-grade glioma (e.g., GBM) Brain (CNS) Cancer, NOS
			C4872 C9039 C4910 C2955	Breast Cancer Cervical Cancer Colon Cancer Colon/Rectum Cancer
			C3513 C4817 C3867	Esophagus Cancer Ewing Sarcoma Fallopian Tube Cancer
			C3844 C3708 C3868	Gallbladder Cancer Germ Cell Tumor GIST
			C4013 C4819	Head and Neck Cancer Invasive Cutaneous SCC (do not record localize SCC)
			C2921 C3234	Invasive Cutaneous BCC (do not record localized BCC) Mesothelioma
			C4039 C3099	III Defined/Cancer of Unknown Primary Liver Cancer (HCC)
			C4878 C3224	Lung Cancer, NOS Melanoma Merkel Cell
			C9231 C3871	Nasopharyngeal Carcinoma

C8851 C4337 C2912 C8504 C3209 C3163 C4341 C4665	Mantle cell lymphoma (MCL) Burkitt lymphoma Indolent lymphoma Follicular lymphoma Chronic lymphocytic leukemia (CLL) Marginal zone lymphoma Plasma cell dyscrasia Multiple myeloma
C4337 C2912 C8504 C3209 C3163 C4341	Mantle cell lymphoma (MCL) Burkitt lymphoma Indolent lymphoma Follicular lymphoma Chronic lymphocytic leukemia (CLL) Marginal zone lymphoma
C4337 C2912 C8504 C3209 C3163	Mantle cell lymphoma (MCL) Burkitt lymphoma Indolent lymphoma Follicular lymphoma Chronic lymphocytic leukemia (CLL)
C4337 C2912 C8504 C3209	Mantle cell lymphoma (MCL) Burkitt lymphoma Indolent lymphoma Follicular lymphoma
C4337 C2912 C8504	Mantle cell lymphoma (MCL) Burkitt lymphoma Indolent lymphoma
C4337 C2912	Mantle cell lymphoma (MCL) Burkitt lymphoma
C4337	Mantle cell lymphoma (MCL)
	5 7 1 1 1
C8851	Birtase large B cell lymphoma (BEBCE)
—	Diffuse large B-cell lymphoma (DLBCL)
C3457	B-cell non-Hodgkin lymphoma
C3211	Non-Hodgkin lymphoma (NHL)
C9357	Hodgkin lymphoma
C9244	Aggressive lymphoma
C3247	Myelodysplastic syndrome (MDS)
C3174	Chronic myeloid leukemia (CML)
C4345	Myeloproliferative neoplasm (MPN)
C3167	Acute lymphoblastic leukemia (ALL)
C3171	Acute myeloid leukemia (AML)
C9300	Acute Leukemia
C27134	Malignant Hematologic Neoplasm, NOS
C3267	Wilms Tumor
C4866	Vulva Cancer
C8538	Vascular Sarcoma, NOS
C3917	Vagina Cancer
C7558	Uterus (Endometrial) Cancer
C4815	Thyroid Cancer
C3411	Thymus Cancer
C9063	Testis Cancer
C4911	Stomach (Gastric) Cancer
C9306	Soft Tissue Sarcoma, NOS
C7724	Small Intestine Cancer
C4917	Small Cell Lung Cancer
C6389	Scrotum Cancer
C3359	Rhabdomyosarcoma
C7541	Retinoblastoma
C7355	Renal Pelvis Cancer
C9385	Renal Kidney Cancer (RCC)
C9382	Rectum and Rectosigmoid Cancer
C4863	Prostate Cancer
C3555	Placenta Cancer (incl. Choriocarcinoma)
C3538	Peritoneum Cancer
C9061	Penis Cancer
C4906	Parathyroid Cancer
C3850	Pancreatic Cancer
C7431	Ovarian Cancer
C9145	Osteosarcoma
C2926	Non Small Cell Lung Cancer (NSCLC)
C3809	Neuroendocrine tumor (NET) or Carcinoid
	Neuroblastoma

20/22,	9:20 AM	COVID-19 and Cancer Consortium (CCC1	a) ixegisti	у ПСВСар
			OTH_H	Other Heme
			OTH_S	Other Solid Tumor
				tation: LOINC:63929-4; Terminology: NCIT
238	[cancer_type_oth_2]	Please specify cancer type	text	
	Show the field ONLY if: [cancer_type_2] = 'OTH' or [cance r_type_2] = 'C132146' or [cancer_t ype_2] = 'OTH_H' or [cancer_type_ 2] = 'OTH_S' or [cancer_type_2] = 'C27134'	Teese speeing cancer type	COAC	
239	[cancer_type_3]	Cancer type of third malignancy. If the patient has more than three		(autocomplete), Required
	Show the field ONLY if:	malignancies, please select the third-most recently diagnosed cancer type. If unknown or unclear, please specify in the free text box below.	C132146	Malignant Solid Neoplasm, NOS
	[multiple_ca_quant] = '3' or [multi ple_ca_quant] = '4' or [multiple_c	δρ	C9325	Adrenocortical Carcinoma
	a_quant] = '5'		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	III Defined/Cancer of Unknown Primary
			C3099	Liver Cancer (HCC)
			C4878	Lung Cancer, NOS
			C3224	Melanoma
			C9231	Merkel Cell
			C3871	Nasopharyngeal Carcinoma
			C3270	Neuroblastoma
			C3809	Neuroendocrine tumor (NET) or Carcinoid
			C2926	Non Small Cell Lung Cancer (NSCLC)
			C9145	Osteosarcoma
			C7431	Ovarian Cancer
			C3850	Pancreatic Cancer
			C4906	Parathyroid Cancer
			C9061	Penis Cancer
			C3538	Peritoneum Cancer
			C3555	Placenta Cancer (incl. Choriocarcinoma)
			C4863	Prostate Cancer

22, 3.2	20 AM	COVID-19 and Cancer Consortium (CCC1	9) Registr	у керсар
			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)
			C3457	B-cell non-Hodgkin lymphoma
			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
- 1			C9308	Lymphoproliferative disorder
				7 P - P - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
			C3106	Histiocyte disorder
			C3106	Histiocyte disorder Other Heme
			ОТН_Н	Other Heme
				-
			OTH_H OTH_S	Other Heme
40 [cancer_type_oth_3]	Please specify cancer type	OTH_H OTH_S	Other Heme Other Solid Tumor
S [d a e	show the field ONLY if: cancer_type_3] = 'C132146' or [c incer_type_3] = 'OTH_H' or [canc ir_type_3] = 'OTH_S' or [cancer_ty	Please specify cancer type	OTH_H OTH_S Field Anno	Other Heme Other Solid Tumor
S [d a e p	chow the field ONLY if: cancer_type_3] = 'C132146' or [c incer_type_3] = 'OTH_H' or [canc ir_type_3] = 'OTH_S' or [cancer_ty ie_3] = 'C27134'		OTH_H OTH_S Field Annotext	Other Heme Other Solid Tumor station: LOINC:63929-4; Terminology: NCIT
S [0 a e p	chow the field ONLY if: cancer_type_3] = 'C132146' or [c incer_type_3] = 'OTH_H' or [cancer_type_3] = 'OTH_S' or [cancer_ty ie_3] = 'C27134' cancer_type_4]	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer	OTH_H OTH_S Field Annotext	Other Heme Other Solid Tumor
S [4 a e e p P P P P P P P P P P P P P P P P P	chow the field ONLY if: cancer_type_3] = 'C132146' or [c incer_type_3] = 'OTH_H' or [canc ir_type_3] = 'OTH_S' or [cancer_ty ie_3] = 'C27134'	Cancer type of fourth malignancy. If the patient has more than four	OTH_H OTH_S Field Annotext	Other Heme Other Solid Tumor station: LOINC:63929-4; Terminology: NCIT

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	
C4815	
	Thymus Cancer Thyroid Cancer
C7558	Thyroid Cancer Uterus (Endometrial) Cancer

		C3917 C8538 C4866 C3267 C27134 C9300	Vagina Cancer Vascular Sarcoma, NOS Vulva Cancer Wilms Tumor Malignant Hematologic Neoplasm, NOS
		C4866 C3267 C27134	Vulva Cancer Wilms Tumor Malignant Hematologic Neoplasm, NOS
		C3267 C27134	Wilms Tumor Malignant Hematologic Neoplasm, NOS
		C27134	Malignant Hematologic Neoplasm, NOS
		-	
		C9300	1
		23300	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)
		C3457	B-cell non-Hodgkin lymphoma
		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 Anno	tation: LOINC:63929-4; Terminology: NCIT
242 [cancer_type_oth_4]	Please specify cancer type	text	
	rease speeny current type	CCAC	
Show the field ONLY if: [cancer_type_4] = 'C132146' or [
ancer_type_4] = 'OTH_H' or [can			
er_type_4] = 'OTH_S' or [cancer_ pe_4] = 'C27134'	У		
243 [cancer_type_5]	Cancer type of fifth malignancy. If the patient has more than five	drondown	(autocomplete), Required
	malignancies, please select the fifth-most recently diagnosed cancer		Malignant Solid Neoplasm, NOS
Show the field ONLY if: [multiple_ca_quant] = '5'	type. If unknown or unclear, please specify in the free text box below.	C9325	Adrenocortical Carcinoma
		C9291	Anal Cancer
		1	
		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)
1 1		C4627	Brain (CNS) Cancer, NOS
		C4872	Breast Cancer
		C-1072	I
		C9039	Cervical Cancer
		I 	
		C9039 C4910	Cervical Cancer Colon Cancer
		C9039 C4910 C2955	Cervical Cancer Colon Cancer Colon/Rectum Cancer
		C9039 C4910	Cervical Cancer Colon Cancer

	Т
C3867	Fallopian Tube Cancer
C3844	Gallbladder Cancer
C3708	Germ Cell Tumor
C3868	GIST
C4013	Head and Neck Cancer
C4819	Invasive Cutaneous SCC (do not record localized SCC)
C2921	Invasive Cutaneous BCC (do not record localized BCC)
C3234	Mesothelioma
C4039	III Defined/Cancer of Unknown Primary
C3099	Liver Cancer (HCC)
C4878	Lung Cancer, NOS
C3224	Melanoma
C9231	Merkel Cell
C3871	Nasopharyngeal Carcinoma
C3270	Neuroblastoma
C3809	Neuroendocrine tumor (NET) or Carcinoid
C2926	Non Small Cell Lung Cancer (NSCLC)
C9145	Osteosarcoma
C7431	Ovarian Cancer
C3850	Pancreatic Cancer
C4906	Parathyroid Cancer
C9061	Penis Cancer
C3538	Peritoneum Cancer
C3555	Placenta Cancer (incl. Choriocarcinoma)
C4863	Prostate Cancer
C9382	Rectum and Rectosigmoid Cancer
C9385	Renal Kidney Cancer (RCC)
C7355	Renal Pelvis Cancer
C7541	Retinoblastoma
C3359	Rhabdomyosarcoma
C6389	Scrotum Cancer
C4917	Small Cell Lung Cancer
C7724	Small Intestine Cancer
C9306	Soft Tissue Sarcoma, NOS
C4911	Stomach (Gastric) Cancer
C9063	Testis Cancer
C3411	Thymus Cancer
C4815	Thyroid Cancer
C7558	Uterus (Endometrial) Cancer
C3917	Vagina Cancer
C8538	Vascular Sarcoma, NOS
C4866	Vulva Cancer
C3267	Wilms Tumor
C27134	Malignant Hematologic Neoplasm, NOS
C9300	Acute Leukemia
C3171	Acute myeloid leukemia (AML)
C3167	Acute lymphoblastic leukemia (ALL)
C4345	Myeloproliferative neoplasm (MPN)
C3174	Chronic myeloid leukemia (CML)
C3247	Myelodysplastic syndrome (MDS)
C9244	Aggressive lymphoma
C9357	Hodgkin lymphoma
C3211	Non-Hodgkin lymphoma (NHL)

·, ·	7.20 AIVI	COVID-19 and Cancer Consortium (CCC18	o) i togi				
			C3457	B-cell non-Hodgkin lymp	homa		
			C8851	Diffuse large B-cell lymp	Diffuse large B-cell lymphoma (DLBCL)		
			C4337	Mantle cell lymphoma (l	MCL)		
			C2912 Burkitt lymphoma				
			C8504	Indolent lymphoma			
			C3209	Follicular lymphoma			
			C3163	Chronic lymphocytic leu	kemia (CLL)		
			C4341	Marginal zone lymphom	a		
			C4665	Plasma cell dyscrasia			
			C3242	Multiple myeloma			
			C3819	AL amyloidosis			
			C2790	8 T-cell and NK-cell neopla	asm		
			C9308	Lymphoproliferative dis	order		
			C3106	Histiocyte disorder			
			OTH_H	H Other Heme			
			OTH_S	Other Solid Tumor			
			F: 114	:	· I NGIT		
244		Discourse of the second of		nnotation: LOINC:63929-4; Te	erminology: NCTI		
244	[cancer_type_oth_5]	Please specify cancer type	text				
	Show the field ONLY if: [cancer_type_5] = 'C132146' or [c ancer_type_5] = 'OTH_H' or [canc er_type_5] = 'OTH_S' or [cancer_ty pe_5] = 'C27134'						
245	[multiple_ca_more]	Multiple malignancies - further details. Please provide further details,	notes				
	Show the field ONLY if: [multiple_ca] = '1'	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.					
246	[breast_biomarkers]	Breast cancer specific: What is the breast cancer phenotype? Check all	checkb	ox			
	Show the field ONLY if: [cancer_type] = 'C4872' or [cancer_ _type_2] = 'C4872' or [cancer_type_3] = 'C4872' or [cancer_type_4]	ype] = 'C4872' or [cancer	ER	breast_biomarkerser	Estrogen and/or progesterone-receptor positive (ER or PR positive)		
	= 'C4872' or [cancer_type_5] = 'C4 872'	pathology report is not required (unless the clinic notes fails to comment on both hormone receptors as well as HER2 status).	HER2	breast_biomarkersher2	HER2 overexpressing (HER2 positive)		
		Pathology Reports: If the most recent note is unclear, proceed as follows for assessing pathology reports: For patients with stage IV or metastatic breast cancer, use the receptor information from the most	TNBC	breast_biomarkerstnbc	Triple-negative breast cancer (ER, PR, and HER2 negative)		
		recent biopsy of the metastatic site, if unavailable, can use information from primary surgery or initial diagnostic biopsy. For stages I-III breast	99	breast_biomarkers99	Unknown		
		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.					
247	[bcg_intraves_ever]	Bladder cancer specific: Has the patient ever received intravesicular BCG?	radio	_			
	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] = 'C4	BCG?	0 No 1 Ye 99 Ur				

	_		ı.				
248	[gleason]	Prostate cancer specific: Gleason Score – Document the highest Gleason score (from either biopsy or radical prostatectomy - preferred	radio		2		
	Show the field ONLY if:	if available). For example, Gleason 4 + 3 would be marked as Gleason 7.	02		ason score 2		
	[cancer_type] = 'C4863' or [cancer_type_2] = 'C4863' or [cancer_typ		03	Glea	ason score 3		
	e_3] = 'C4863' or [cancer_type_4]		04	Glea	ason score 4		
	= 'C4863' or [cancer_type_5] = 'C4 863'		05	Glea	eason score 5		
			06	Glea	ason score 6		
			07	Glea	ason score 7		
			08	Glea	ason score 8		
			09	Glea	ason score 9		
			10	Glea	ason score 10		
			X7		needle core biopsy/TURP/pro formed	ostatectomy	
			X8	_	applicable: Information not	collected for this ca	se
			Х9	Not	documented in medical reco	ord or Gleason Scor	e
				not	assessed or unknown if asse	essed	
					otation: Terminology: NAACO	CR 3840/3841	
249	[gleason_source]	Prostate cancer specific: What type of specimen was the Gleason score based on?	radio				
	Show the field ONLY if:	based on:	384		rostate biopsy or TURP		
	([cancer_type] = 'C4863' or [cance r_type_2] = 'C4863' or [cancer_typ		384	11 R	adical prostatectomy		
	e_3] = 'C4863' or [cancer_type_4]		ME	T N	letastatic site of disease		
	= 'C4863' or [cancer_type_5] = 'C4 863') and ([gleason] = '02' or [glea		UN	K U	nknown		
	son] = '03' or [gleason] = '04' or [g						
	leason] = '05' or [gleason] = '06' o						
	r [gleason] = '07' or [gleason] = '0 8' or [gleason] = '09' or [gleason]						
	= '10')						
250	[sarcoma_type]	Sarcoma specific: What histologic subtype of sarcoma did the patient	radio)			
	Show the field ONLY if:	have, if known?	C64	196	Undifferentiated pleomorp	ohic sarcoma (UPS)/	
	([cancer_type] = 'C9306' or [cance				Myxofibrosarcoma		
	r_type_2] = 'C9306' or [cancer_typ e_3] = 'C9306' or [cancer_type_4]		C63		Uterine leiomyosarcoma		
	= 'C9306' or [cancer_type_5] = 'C9		C31	58	Non-uterine Leiomyosarco	ma	
	306') or ([cancer_type] = 'C8538' o r [cancer_type_2] = 'C8538' or [ca		C37	704	Dedifferentiated liposarcor	ma	
	ncer_type_3] = 'C8538' or [cancer		C42	250	Well differentiated liposarc	coma	
	_type_4] = 'C8538' or [cancer_typ		C27	7781	Myxoid/round cell liposarco	oma	
	e_5] = 'C8538')		C34	100	Synovial sarcoma		
			C37	798	Malignant peripheral nerve (MPNST)	e sheath tumor	
			C30	88	Angiosarcoma		
			C27	7005	Spindle cell/soft tissue sarc	coma NOS	
			C90		Kaposi sarcoma		
			OTI		Other		
			UN		Unknown		
25:		Discourage of the state of the					
251	[sarcoma_type_more]	Please specify other sarcoma subtype. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	text				
	Show the field ONLY if: [sarcoma_type] = 'OTH'	,					
252	[cancer_status]	Cancer status. If the patient has multiple primaries, please report on	radio	n Rei	quired		
	2	the cancer that was most recently treated. This should be cancer status	1		nission/NED		1
		at or around the time that COVID-19 was diagnosed, not at the time	2		ve disease, responding to tre	eatment	1
		that the survey is filled out.	3		ve disease, responding to the		1
			4		•		1
					ve disease, progressing		-
			5		ve disease, status unknown	or not yet assessed	4
			99	Unk	nown		
253	[hospice]	Was the patient on hospice prior to the COVID-19 diagnosis?	radio)			
	Show the field ONLY if:		0	No			
	[cancer_status] = 4 or [cancer_sta		1	Yes			
	tus] = 5		99	Unk	nown		
			_				

20/22, 0	9:20 AM	COVID-19 and Cancer Consortium (CCC19	9) K	gisti y NEDCap		
254	[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).	1 0 99	yes No Unknown		
255	[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.	1 2 3	p, Required Less than 2 weeks pr Within 2 to 4 weeks p Within the month to	rior to COVII	D-19 diagnosis
			98	diagnosis More than 3 months Treatment was initiat COVID-19 diagnosis Unknown		_
256	[hx_treatment] Show the field ONLY if: [on_treatment] = '0' or [recent_tre atment] = '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.	radi 1 2 3 88 98		n 3 months b gnosis n 1 year prio received can s)	out less than 1 year r to COVID-19 cer treatment prior
257	[treatment_modality] Show the field ONLY if: [on_treatment] = '1' or [hx_treatment] = '1' or [hx_treatment] = '2'	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 hematopoeitic 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).	685 694 582 691 695 140 451 OTI	treatment_modal treatment_modal treatment_modal treatment_modal treatment_modal treatment_modal treatment_modal treatment_modal	ity694 ity58229 ity691 ity695 ity14051 ity45186 ity45215 ityoth	therapy Intravesicular therapy (e.g., BCG) Other
258	[intravesicular_bcg] Show the field ONLY if: [treatment_modality(45215)] = '1'	Did the intravesicular therapy include BCG?	0 1 99	No Yes Unknown		
259	[tx_modality_oth_specify] Show the field ONLY if: [treatment_modality(OTH)] = '1'	Please specify other modalities. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	note	s		

		Turk et al. 2	1		
260	[what_immunotherapy]	What immunotherapy?	radio, Req		
	Show the field ONLY if:		45838	Anti-CTLA4 antibody	
	[treatment_modality(694)] = '1'		45446	Anti-PD-1 antibody (e.g., nivo pembrolizumab)	lumab,
			45170	Anti-PD-L1 antibody (e.g., ate avelumab, durvalumab)	zolizumab,
			45838- 45446	Combination of anti-CTLA4 a ipilimumab & nivolumab)	nd anti-PD-1 (e.g.
			OTH	Other	
			UNK	Unknown	
			Field Anno	otation: Terminology: HemOnc OICE='45838'	
26	[immuno_other_specify] Show the field ONLY if: [what_immunotherapy] = 'OTH'	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.	notes		
262	2 [what_targeted_tx]	Some targeted therapies have postulated antiviral effects. Was the	checkbox		
	Show the field ONLY if: [treatment_modality(58229)] = '1'	patient taking any of these medications? Check all that apply.	L01XE51	what_targeted_txl01xe51	Acalabrutinib (Calquence)
	the second secon		L01XE06	what_targeted_txl01xe06	Dasatinib (Sprycel)
			L01XE57	what_targeted_txl01xe57	Fedratinib (Inrebic)
			L01XE27	what_targeted_txl01xe27	Ibrutinib (Imbruvica)
			L01XE01	what_targeted_txl01xe01	Imatinib (Gleevec)
			L01XE08	what_targeted_txl01xe08	Nilotinib (Tasigna)
			L01XE18	what_targeted_txl01xe18	Ruxolitinib (Jakafi)
			OTH	what_targeted_txoth	Other
			UNK	what_targeted_txunk	Unknown
			NONE	what_targeted_txnone	None
26) [4	Blacco specificulate other targeted therapy. Do not record any BUI in	notos		
263	Show the field ONLY if: [what_targeted_tx(OTH)] = '1'	Please specify what other targeted therapy. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
264	[pneumonitis]	Is there a strong concern for concurrent immune-related adverse event	radio		
	Show the field ONLY if:	(irAE) pneumonitis?	1 No		
	[treatment_modality(694)] = '1'		2 Possik	ole	
			3 Likely		
			ا ا	te irAE pneumonitis	
261	[[setting days]	Is there a strong concern for another consurrent in AE2	vocno		
26		Is there a strong concern for another concurrent irAE?	yesno 1 Yes		
	Show the field ONLY if: [treatment_modality(694)] = '1'		0 No		
20		Please describe Do not record any DIII in this field. As a varied on this			
266	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		
26	7 [radiotherapy]	Does or did the radiation treatment field include the lungs to any	radio		
	Show the field ONLY if:	degree?	1 Yes		
	[treatment_modality(695)] = '1'		0 No		
			99 Unkr	nown	
200		Transplant and collular the control of distance to Co. 10. 10. 10. 10.			
268		Transplant and cellular therapy - additional information. So that we can better understand the patient's degree of immunosuppression, please	notes		
	Show the field ONLY if:	provide additional details related to their prior treatment course and to			
	[treatment_modality(45186)] = '1' or [significant_comorbidities(234	their disease status when entering into transplant or cellular therapy.			
	336002)] = '1'	Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.			
Ш_		S. S			

ant_cellular_therapy] e field ONLY if: nt_modality(45186)] = '1' icant_comorbidities(234	Transplant & cellular therapy - what type of therapy?	radio 1	And de constant of the constant
nt_modality(45186)] = '1'		1	A . A a la marca a tanan a a II tanan a a la a t
			Autologous stem cell transplant
icani_comorbidities(234		10	Allogeneic SCT (donor/type unknown)
= '1'		2	MUD allogeneic SCT
		3	MRD allogeneic SCT
		4	Haplo allogeneic SCT
		5	Cord blood allogeneic SCT
		6	CAR-T cells
			Other
		\vdash	DEPRECATED (was Unknown)
		-	
		99	Unknown
		Field A	nnotation: @HIDECHOICE = '7'
er_specify]	Please specify what other type of transplant or cellular therapy Do not	notes	
e field ONLY if:	record any PHI in this field. As a reminder, this includes all elements of		
nt_cellular_therapy] = 'O	dates other than year.		
	Transplant 9 cellular the security have for section 1.2	u = -1!	
	rranspiant & ceilular therapy - now far out from treatment?		during prep (prior to transplant)
e field ONLY if: nt_modality(45186)] = '1'		-	<u> </u>
icant_comorbidities(234		-	-20 days
= '1'		-	1-100 days
		3 1	01-365 days
		4 N	lore than 1 year
		5 D	EPRECATED (was Unknown)
		99 U	Inknown
		Field A	nnotation: @HIDECHOICE = '5'
nt_additional] e field ONLY if: ement] = '1' or [hx_treatm	here about the specific treatment(s) that the patient has been receiving, including drug and/or regimen names. Do not record any PHI in this field. As a reminder, this includes all elements of dates other	notes	
nt intentl		radio I	Required
_	curable, you should choose palliative intent.		urative
tment] = '1' or [hx_treatm		2 P	alliative
or [hx_treatment] = '2'		\vdash	Inclear or unknown
			neice. e. e.i.i.i.e.i.i.
_	Current (or most recent) anti-cancer treatment context. Note that the language for treatment context differs for solid and hematologic		Curative therapy NOS
	malignancies. The first set of choices are more commonly used for		1
or [hx_treatment] = '2'	· · · · · · · · · · · · · · · · · · ·		Neoadjuvant
	induction" and should be checked for patients receiving upfront		Adjuvant
	therapy with the intent of achieving remission, e.g., 7+3 for AML, R-CHOR for DLRCL, and ARVD for Hodgkin lymphoma. If the nations	2648	Non-curative therapy, NOS
	underwent curative surgical resection or radiation as their only therapy,	3175	1st line non-curative therapy
	please mark "Curative therapy, NOS". Likewise, if they underwent	14900	2nd line non-curative therapy
	· · · · · · · · · · · · · · · · · · ·	1874	Subsequent line non-curative therapy
		813	Induction
		1526	Consolidation
		1901	Maintenance
		OTH	Other
		UNK	Unknown
		Field A	nnotation: Terminology: HemOnc
ontext]	Please specify other treatment context Do not record any PHI in this	notes	<u></u>
e field ONLY if: nt_context] = 'OTH'	field. As a reminder, this includes all elements of dates other than year.		
	field ONLY if: nt_cellular_therapy] = 'O ant_cellular_timing] field ONLY if: nt_modality(45186)] = '1' cant_comorbidities(234 = '1' field ONLY if: ment] = '1' or [hx_treatm ant_intent] field ONLY if: ment] = '1' or [hx_treatm or [hx_treatment] = '2' field ONLY if: ment] = '1' or [hx_treatm or [hx_treatment] = '2' ant_context] field ONLY if: ment] = '1' or [hx_treatm or [hx_treatment] = '2' ant_context] field ONLY if:	record any PHI in this field. As a reminder, this includes all elements of dates other than year. Transplant & cellular_tining field ONLY if: nt_modality(45186)] = '1' cant_comorbidities(234 = '1') and 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. 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. Anti-cancer treatment intent Note: if the cancer is not considered curable, you should choose palliative intent. 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 DIBLG, and ABVD for Hodgkin lymphoma. If the patient underwent curative surgical resection or radiation as their only therapy, please mark "Non-curative therapy, NOS". Likewise, if they underwent palliative surgical resection or radiation as their only therapy, please mark "Non-curative therapy, NOS". 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.	Please specify what other type of transplant or cellular therapy Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. Transplant & cellular therapy - how far out from treatment? Transplant & cellular therapy - how far out f

276	[orchiectomy]	Prostate cancer specific: Has the patient had a bilateral orchiectomy?	radio		
	Show the field ONLY if:		0 No		
	[cancer_type] = 'C4863' or [cancer		1 Yes		
	_type_2] = 'C4863' or [cancer_typ				
	e_3] = 'C4863' or [cancer_type_4]		99 Unk	nown	
	= 'C4863' or [cancer_type_5] = 'C4 863'				
277	[adt]	Prostate cancer specific: Was the patient on androgen deprivation	radio		
2,,		therapy (ADT) within 6 months of a positive SARS-CoV-2 test or	0 No		
	Show the field ONLY if: ([cancer_type] = 'C4863' or [cance	presumed positive COVID-19 disease? HINT: Androgen deprivation	1 Yes		
	r_type_2] = 'C4863' or [cancer_typ	therapy is typically administered in the form of an injection given every 1, 3, 4, or 6 months. Agents largely include: degarelix (Firmagon),			
	e_3] = 'C4863' or [cancer_type_4]	leuprolide (Lupron), goserelin (Zoladex), triptorelin (Trelstar), buserelin	99 Unk	nown	
	= 'C4863' or [cancer_type_5] = 'C4 863') and [hx_treatment] != '3' an	(Suprefact).			
	d [hx_treatment] != '88'				
278	[prostate_tx]	Prostate cancer specific: Please check all the prostate cancer therapies	checkbox		
	Show the field ONLY if:	that the patient received within 3 months of a positive SARS-CoV-2 test	83008	prostate_tx83008	Bicalutamide
	([cancer_type] = 'C4863' or [cance	or presumed positive COVID-19 disease. More than one option can be selected.			(Casodex)
	r_type_2] = 'C4863' or [cancer_typ e_3] = 'C4863' or [cancer_type_4]		4508	prostate_tx4508	Flutamide
	= 'C4863' or [cancer_type_5] = 'C4		31805	prostate_tx31805	Nilutamide
	863') and [hx_treatment] != '3' an		1100072	prostate_tx1100072	Abiraterone (Zytiga)
	d [hx_treatment] != '88'		1307298	prostate_tx1307298	Enzalutamide (Xtandi)
			1999574	prostate_tx1999574	Apalutamide (Erleada)
			2180325	prostate_tx2180325	Darolutamide
					(Nubeqa)
			72962	prostate_tx72962	Docetaxel (Taxotere)
			996051	prostate_tx996051	Cabazitaxel (Jevtana)
			40048	prostate_tx40048	Carboplatin
			1958200	1	Radium-223
			1597582	·	Olaparib
			1547545	·	Pembrolizumab
				1	
			TRIAL	prostate_txtrial	Clinical trial
			OTH	prostate_txoth	Other agent
			NONE	prostate_txnone	None of the above
			UNK	prostate_txunk	Unknown
			Field Ann	otation:	
				loice='4508,31805,40048,	,1958200'
			@NONEO	FTHEABOVE='NONE'	
279	[prostate_trial_more]	Please specify clinical trial details. Do not record any PHI in this field. As	notes		
	Show the field ONLY if:	a reminder, this includes all elements of dates other than year.			
	[prostate_tx(TRIAL)] = '1'				
280	[prostate_tx_oth]	Please specify other agent(s). Do not record any PHI in this field. As a	notes		
	Show the field ONLY if:	reminder, this includes all elements of dates other than year.			
	[prostate_tx(OTH)] = '1'				
281	[cancer_more]	Section Header: Cancer-specific data - Optional	yesno		
	Show the field ONLY if:	Would you like to answer additional cancer-specific questions? This is optional but will really help us understand the granular details better.	1 Yes		
	[ccc19] = '0'	optional but will really help us understand the grandal details better.	0 No		
282	[stage]	Stage at cancer diagnosis. If the patient has multiple primaries, please	radio		
		report on the cancer that was most recently treated. If the patient has a	1004-0	0 (in situ)	
		solid tumor but you cannot determine an exact stage, try to determine whether the disease was localized or disseminated at diagnosis. Clues	1	I	
		to localized disease at diagnosis include definitive therapies such as	-	II	
		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	-	IV	
		the stage at the time of invasive disease diagnosis. For hematologic	-		
		malignancies that are not anatomically staged (e.g., leukemias,	+	Localized	
		myeloma), select localized or disseminated based on the distribution of the disease. For example, multiple myeloma would be disseminated,	-	Disseminated	
		whereas a solitary plasmacytoma would be localized. Most leukemias	OTH	Other	
		are considered disseminated at diagnosis, with very few exceptions.	99	Unknown	
			Field A	otation: Torminala = " 1144	ACCE
			riela Ann	otation: Terminology: NAA	ACCK

		COVID TO and Cancer Consortian (COC)	, 0 , 1			
283	[stage_note] Show the field ONLY if: [stage] = '1004-0'	Please note that in situ malignancies are not considered eligible for CCC19 case inclusion, with the exception of bladder cancer. Please double-check the staging information for this patient. For example, Rai Stage 0 CLL should not be reported as stage 0 (in situ) but should be reported as disseminated.	descriptive			
284	[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			
285	[mets_yn] Show the field ONLY if: [cancer_status]!= '1'	Did the patient have metastatic cancer at the time of COVID-19 diagnosis?	radio 0 No 1 Yes 88 Not applicable (e.g., patient has a liquid hematologic malignancy) 99 Unknown			
286	[mets_sites] Show the field ONLY if: [mets_yn] = '1'	What were the sites of metastatic disease? Please check all that apply.	checkbox 1112- mets_sites1112_1 Bone 1			
			1113- mets_sites1113_1 Brain 1			
			1			
			1116- mets_sites1116_1 Lung 1			
			1 1117- mets_sites1117_2 Generalized metastases such as carcinomatosis, malignant pleural effusion, malignant ascites			
			9 mets_sites9 DEPRECATED (was Unknown)			
			99 mets_sites99 Unknown Field Annotation: Terminology: NAACCR @HIDECHOICE = '9'			
287	[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			
288	<pre>[cancer_timing]</pre>	Approximately when was the patient's cancer diagnosed? If the patient has multiple primaries, please report on the cancer that was most recently treated.	radio O 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			
289	[cancer_timing_yr]	What year was the patient's cancer diagnosed? If the patient has multiple primaries, please report on the cancer that was most recently treated. If the year is unknown, leave the field blank.	text (integer, Min: 1940, Max: 2030)			
290	[cancer_timing_note_1] Show the field ONLY if: [cancer_timing] = '0'	Please note that patients diagnosed concurrently with COVID-19 and cancer will be excluded from most analyses, given major intrinsic differences between such patients and those with an established diagnosis of cancer. However, we will likely undertake a dedicated analysis of this population and encourage you to fill the remainder of the survey.	descriptive			
291	[cancer_timing_note_2] Show the field ONLY if: [cancer_timing] = '88'	Please note that patients diagnosed with cancer after COVID-19 will not be included in any future planned analyses. There is too much uncertainty about whether the cancer was present at the time that COVID-19 was diagnosed. We appreciate your understanding.	descriptive			
292	[clinical_trial]	Is the patient on a clinical trial?	radio 0 No 1 Yes 99 Unknown			

293	<pre>[clinical_trial_more] Show the field ONLY if: [clinical_trial] = '1'</pre>	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			
294	[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			
295	[prior_tx]	Has the patient ever received treatments known to be associated with	checkbo	x		
		cardiac or pulmonary toxicity? Check all that apply.	73	prior_tx73	Bleomycin	
			90	prior_tx90	Carmustine	
			122	prior_tx122	Cyclophosphamide	
			202	prior_tx202	Everolimus	
			243	prior_tx243	Gemcitabine	
			44985	prior_tx44985	Anthracyclines	
			45000	prior_tx45000	Antibody-drug conjugates	
			45613	prior_tx45613	Anti-CD38 antibodies (e.g. daratumumab)	
			58101	prior_tx58101	Checkpoint inhibitors	
			694	prior_tx694	Immunotherapy	
			44947	prior_tx44947	Monoclonal antibodies	
			45388	prior_tx45388	Platinum agents	
			45352	prior_tx45352	Taxanes	
			44955	prior_tx44955	Tyrosine kinase inhibitors (TI	Kls)
			695	prior_tx695	Radiation involving a lung fie	
			ОТН	prior_txoth	Other	
		-	UNK	prior_txunk	Unknown	
			NONE	prior_txnone	None	
					<u> </u>	
			Field Anı	notation: Terminol	ogy: HemOnc	
296	[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 [p rior_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			
297	[irae_gr3]	Has the patient experienced a current or past (ever) iRAE CTCAE grade	checkbo	x		
	Show the field ONLY if:	3 or above? Check all that apply.	418290	006 irae_gr341	18290006 Pruritis	
	[prior_tx(58101)] = '1' or [prior_tx (694)] = '1' or [treatment_modalit		271807	003 irae_gr327	71807003 Rash	
	y(694)] = '1'		576760	02 irae_gr357	7676002 Arthralgia	
			372300	1 irae_gr337	723001 Arthritis	
			205237	003 irae_gr320	05237003 Pneumonitis	
			409300	08 irae_gr340	0930008 Hypothyroidism	
			267060			
			642260			
			646130			
			128241	005 irae_gr312	28241005 Hepatitis	
			OTH	irae_gr3ot	h Other	
			NONE	irae_gr3no		
			UNK	irae_gr3ur	nk Unknown	
			Field Anı	notation: @HIDECH	HOICE='57676002,64613007'	
298	[irae_oth_specify] Show the field ONLY if:	Please specify what other iRAE CTCAE grade 3 or above. Do not record any PHI in this field. As a reminder, this includes all elements of dates	notes			
	[irae_gr3(OTH)] = '1'	other than year.				

299	[irae_past]	Was there ever evidence of an immune-related adverse event (irAE)	radio	
	Show the field ONLY if:	affecting the lungs or heart? (pneumonitis, myocarditis)		No
	[prior_tx(58101)] = '1' or [prior_tx		2 1	Possible
	(694)] = '1'		-	
			-	Likely
				Definite
			99 l	Unknown
300	[irae_past_more]	Please specify Do not record any PHI in this field. As a reminder, this	notes	
	Show the field ONLY if:	includes all elements of dates other than year.		
	[irae_past] = '2' or [irae_past] = '3' or [irae_past] = '4'			
301	[prior_tx_other]	Please specify other past treatments with potential cardiac or	text	
1	Show the field ONLY if:	pulmonary toxicity.		
	[prior_tx(OTH)] = '1'			
302	[rt_screen]	Section Header: Radiation therapy questions	radio	
		Has the patient ever had radiation therapy as part of their cancer care?	1 0	No
			1	/es
			l	Unknown
			99 (STIKHOWIT
303	[rt_timing]	When was the patient treated with radiation relative to their COVID-19	radio	T
ł	Show the field ONLY if:	diagnosis? If the patient has undergone more than one course of radiation, answer according to the course given in closest proximity to	1	COVID-19 diagnosis
	[rt_screen] = '1'	the COVID-19 diagnosis.		COVID-19 diagnosis
			2	Completed radiation less than 3 months prior to COVID-19 diagnosis
			3	Started radiation prior to COVID-19 diagnosis, but did not complete until after COVID-19 diagnosis
			4	Started radiation less than 3 months after COVID-19 diagnosis
			5	Started radiation more than 3 months after COVID- 19 diagnosis
			99	Unknown
			ОТН	Other
				<u> </u>
304	[rt_timing_oth]	Please specify timing of radiation Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes	
l	Show the field ONLY if:	a reminder, and includes an elements of dates other than year.		
	[rt_timing] = 'OTH'			
305	[rt_timing_yr]	What year did the patient complete their most recent radiation?	text (i	nteger, Min: 1940, Max: 2099)
	Show the field ONLY if:			
-	[rt_timing] = '1' or [rt_timing] = '2'			
306	[rt_delay]	Was the patient's most recent radiation treatment delayed due to their	radio	
	Show the field ONLY if:	COVID-19 diagnosis?	1 0	No
	[rt_timing] = '3' or [rt_timing] = '4'		1	Yes
	or [rt_timing] = '5'		99 l	Unknown
307	[rt_modification]	Was the patient's most recent radiation course altered (modality,	radio	
307		timing, fraction number, fraction size, non-standard hypofractionation,	0	No
	Show the field ONLY if: [rt_timing] = '3' or [rt_timing] = '4'	delay/induction, etc.) or not completed?	1	Yes
	or [rt_timing] = '5'		-	
			99	Unknown
l			OTH	Other
308	[rt_modification_oth]	Please specify what modifications Do not record any PHI in this field. As	notes	, Required
	Show the field ONLY if:	a reminder, this includes all elements of dates other than year.		
	[rt_modification] = 'OTH'			
309	[rt_intent]	What was the intent of the most recent radiation? If the patient has	radio	
1	Show the field ONLY if:	undergone more than one course of radiation, answer according to the	1	Adjuvant
	[rt_screen] = '1'	course given in closest proximity to the COVID-19 diagnosis.	2	Definitive
				
			3	Palliative
			99	Unknown
			OTH	Other
310	[rt_intent_oth]	Please specify what other intent Do not record any PHI in this field. As a	notes	
1	Show the field ONLY if:	reminder, this includes all elements of dates other than year.		
	[rt_intent] = 'OTH'			
		1		

		,	, 0		
311	[rt_modality]	What was the most recent radiation modality? Check all that apply.	checkbox		
	Show the field ONLY if: [rt_screen] = '1'		1506-02	rt_modality1506_02	Photons
			1506-04	rt_modality1506_04	Electrons
			1506-03	rt_modality1506_03	Protons
			1506-07	rt_modality1506_07	Brachytherapy
			1506-98	rt_modality1506_98	Unknown
			ОТН	rt_modalityoth	Other
			Field Ann	otation: Terminology: NAA	
			modified		
312	<pre>[rt_modality_oth] Show the field ONLY if: [rt_modality(OTH)] = '1'</pre>	Please specify what other radiation modality Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, Re	quired	
313	[rt_systemic_tx]	Did the patient receive concurrent systemic therapy with their most	checkbox		Γ
	Show the field ONLY if:	recent radiation? Check all that apply.	0	rt_systemic_tx0	No
	[rt_screen] = '1'		1-685	rt_systemic_tx1_685	Yes - cytotoxic chemotherapy
			1-694	rt_systemic_tx1_694	Yes - immunotherapy (e.g., immune checkpoint inhibitor)
			1- 44955	rt_systemic_tx1_44955	Yes - small molecule inhibitor (e.g., TKI)
			1- 12278	rt_systemic_tx1_12278	Yes - antibody therapy other than immunotherapy (e.g., trastuzumab, cetuximab, etc)
			99	rt_systemic_tx99	Unknown
			ОТН	rt_systemic_txoth	Other
			L .	otation: @NONEOFTHEAB	OVE=0
314	<pre>[rt_systemic_tx_oth] Show the field ONLY if: [rt_systemic_tx(OTH)] = '1'</pre>	Please specify what other systemic concurrent therapy was utilized. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, Re	quired	
315	[rt_technique]	What was the most recent radiation technique? Check all that apply.	checkbox	[
	Show the field ONLY if: [rt_screen] = '1'		03	t_technique1502_03	2-D therapy (An external beam planning technique using 2-D imaging, such as plain film x-rays or fluoroscopic images, to define the location and size of the treatment beams.)
			1502- r 04	t_technique1502_04	Conformal or 3-D conformal therapy (An external beam planning technique using multiple, fixed beams shaped to conform to a defined target volume.)

			1502- 05	rt_technique1502_05	Intensity modulated therapy (IMRT/IMPT - An external beam planning technique where the shape or energy of beams is optimized using software algorithms. Any external beam modality can be modulated but these generally refer to photon or proton beams. Intensity modulated therapy can be described as intensity modulated radiation therapy (IMRT), intensity modulated x-ray or proton therapy (IMXT/IMPT), volumetric arc therapy (VMAT) and other ways.)	
			1502- 06	rt_technique1502_06	Stereotactic radiotherapy or radiosurgery (These approaches are sometimes described as SBRT (stereotactic body radiation), SABR (stereotactic ablative radiation), SRS (stereotactic radiosurgery), or SRT (stereotactic radiotherapy).)	
			1502- 88-1	rt_technique1502_88_1	Brachytherapy	
			1502- 88-2	rt_technique1502_88_2	Intra-operative radiation therapy	
			1502- 99	rt_technique1502_99	Unknown	
			1502- 98	rt_technique1502_98	Other	
			Field Ar modific	nnotation: Terminology: NAA ations	CCR item #1502 with	
316	[rt_technique_oth] Show the field ONLY if:	Please specify what other radiation technique(s) was/were used. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, F	Required		
317	[rt_technique(1502-98)] = '1' [rt_dose] Show the field ONLY if: [rt_screen] = '1'	Total radiation dose in cGy. If radiation is recorded in Gy, please multiply by 100 to get cGy (e.g., 50 Gy = 5000 cGy). The conversion from "rads" to cGy is direct (1 rad = 1 cGy). If proton beam radiation is recorded in CGe units (Cobalt Gray Equivalent), multiply by 100 to get cGy (e.g., 1 CGe = 100 cGy).	-	text (number, Min: 50, Max: 10000) Field Annotation: Terminology: NAACCR item #1507		
318	<pre>[rt_fractions] Show the field ONLY if: [rt_screen] = '1'</pre>	Total number of fractions.		eger, Min: 1, Max: 50) notation: Terminology: NAA	CCR item #1503	
319	[rt_days] Show the field ONLY if: [rt_screen] = '1'	Elapsed treatment days. This should be inclusive of non-treatment days. For example, if the patient is treated Monday thru Friday for four subsequent weeks, the elapsed treatment days would be 20 weekdays + 6 weekend days = 26 days.		eger, Min: 1, Max: 100) notation: Terminology: NAA	CCR item #1507	

220	Fue 1-1-2-3	What was the location (site of realistica? Chaste III that are to	ch a al de			
320	[rt_location] Show the field ONLY if:	What was the location/site of radiation? Check all that apply.	1504-	rt_location1504_12	Brain	
	[rt_screen] = '1'		12 1504- 29	rt_location1504_29	Head & Neck	
			1504- 39	rt_location1504_39	Thorax	
			1504- 40	rt_location1504_40	Breast	
			1504- 42	rt_location1504_42	Chest Wall (following mastectomy)	
			1504- 59	rt_location1504_59	Abdomen	
			1504- 86	rt_location1504_86	Pelvis	
			1504- 81	rt_location1504_81	Spine including the vertebral bodies	
			1504- 88	rt_location1504_88	Limb	
			1504- 93	rt_location1504_93	Whole body	
			1504- 99	rt_location1504_99	Unknown	
			1504- 98	rt_location1504_98	Other	
			Field An	notation: Terminology: N	NAACCR item #1504	
321	[rt_location_oth]	Please specify what other locations/sites were treated with radiation.	notes, R	equired		
	Show the field ONLY if: [rt_location(1504-98)] = '1'	Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.				
322	[rt_comments]	Please optionally provide any additional comments about radiation	notes			
	Show the field ONLY if: [rt_screen] = '1'	therapy here. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.				
323	<pre>[rt_addl] Show the field ONLY if:</pre>	The following questions can only be answered if you have access to the radiation treatment planning system.	descriptive			
	[rt_screen] = '1'					
324	[rt_volume]	What was the volume of the Planning Target Volume in cc's?	text (nui	mber, Min: 0)		
	Show the field ONLY if: [rt_screen] = '1'					
325	[rt_lung]	Was the lung involved in the treatment field?	radio			
	Show the field ONLY if: [rt_screen] = '1'		0 No			
				ıknown		
326	[rt_lung_v20]	Volume of lung receiving 20 Gy (Lung V20 in %)		mber, Min: 0, Max: 100)		
	Show the field ONLY if: [rt_lung] = '1'		, , ,			
327	[rt_lung_v5]	Volume of lung receiving 5 Gy (Lung V5 in %)	text (nui	mber, Min: 0, Max: 100)		
	Show the field ONLY if: [rt_lung] = '1'					
328	[rt_lung_mean_dose]	Mean total lung dose (in cGy)	text (nui	mber, Min: 25, Max: 500	0)	
	Show the field ONLY if: [rt_lung] = '1'					
329	[rt_heart]	Was the heart involved in the treatment field?	radio			
	Show the field ONLY if: [rt_screen] = '1'		0 No 1 Yes	S		
				ıknown		
330	[rt_heart_v30] Show the field ONLY if:	Volume of heart receiving 30 Gy (Heart V30 in %)	text (nui	mber, Min: 0, Max: 100)		
	[rt_heart] = '1'					

331	[rt_heart_mean_dose]	Mean heart dose (in cGy)	text (number, Min: 25, Max: 5000)
	Show the field ONLY if: [rt_heart] = '1'		
332	<pre>[prior_tx_text]</pre>	Section Header: Free text entry (optional) 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
333	[comments_form_3]	Comments Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
334	[cancer_details_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instru	ment: Respondent details (respondent_details) 🛂 Enabled as survey	
335	[ts_4]	Timestamp for the respondent details form	text (datetime_dmy), Required Field Annotation: @HIDDEN @NOW_UTC
336	[role]	Section Header: A bit about you Are you the primary managing hematologist/oncologist?	yesno, Required 1 Yes 0 No
337	<pre>[practice_setting] Show the field ONLY if: [role] = '1'</pre>	What is your practice setting? Check all that apply.	checkbox 1 practice_setting1 Community Practice 2 practice_setting2 Community Hospital 3 practice_setting3 University Hospital 4 practice_setting4 NCI designated Comprehensive Cancer Center 5 practice_setting5 Other Cancer Centers 6 practice_setting6 Other Tertiary Center
338	[role_2]	What is your role in relationship to the patient?	radio, Required
	Show the field ONLY if: [role] = '0'		Advanced practice practitioner who regularly sees patient Nurse who regularly sees patient Hematology/oncology fellow who regularly sees
			patient 4 Triage personnel 5 Hospitalist
			6 Intensivist 99 Designee of a CCC19 participating institution 7 Other
339	[other_role] Show the field ONLY if: [role] = '7'	Please specify	text, Required
340	[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
341	[comments_form_4]	Please leave any general comments here, including what if anything we can do to make the survey better.	notes
342	[respondent_details_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instru	iment: Follow-up (followup)	⊆ Enabled as survey	
343	[ts_5]	Timestamp for the follow-up form	text, Required Field Annotation: @HIDDEN @NOW_UTC
344	[exclude_fu] Show the field ONLY if: [manual_exclude] = '1'	This record has been marked for manual exclusion. Please do not make additional edits, they will be ignored.	descriptive

1				
345	[fu_weeks]	How far out from initial COVID-19 diagnosis are you making this report?	radio	, Required 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
346	[d30_vital_status]	Was the patient ALIVE at 30 days from COVID-19 diagnosis?	radio	o, Required
	Show the field ONLY if:	was the patient ALIVE at 30 days from COVID-13 diagnosis.	0	Yes the patient was alive for at least 30 days from
	[fu_weeks] = '30'		1	COVID-19 diagnosis Patient was deceased within 30 days of COVID-19
			00	diagnosis Unknown
			99	OTIKTOWIT
347	[d90_vital_status]	Was the patient ALIVE at 90 days from COVID-19 diagnosis?	radio	o, Required
	Show the field ONLY if: [fu_weeks] = '90'		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
348	[4100]	Was the nations ALIVE at 180 days from COVID 10 diagnosis?	radio	Dequired
	[d180_vital_status]	Was the patient ALIVE at 180 days from COVID-19 diagnosis?		o, Required Yes the patient was alive for at least 180 days from
	Show the field ONLY if: [fu_weeks] = '180'			COVID-19 diagnosis
			1	Patient was deceased within 180 days of COVID-19 diagnosis
			99	Unknown
349	[d365_vital_status]	Was the patient ALIVE at ONE YEAR from COVID-19 diagnosis?	radio	o, Required
		was the patient viewe at one resident covid 15 diagnosis.	0	Yes the patient was alive for at least one year from
	Show the field ONLY if: [fu_weeks] = '365'			COVID-19 diagnosis
			1	Patient was deceased within one year of COVID-19 diagnosis
			99	Unknown
	[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: 120), Required
351	[fu reason]	What is prompting this follow-up report?	radio	, Required
	[and the first of t	0	Routine follow-up
			1	Hospitalization
			2	Major change in clinical status other than
			2b	hospitalization SARS-CoV-2 re-infection
			3	Death
			OTH	
\vdash				
352	[fu_reason_oth]	Please specify Do not record any PHI in this field. As a reminder, this	notes	S
	Show the field ONLY if: [fu_reason] = 'OTH'	includes all elements of dates other than year.		
	[variant_fu]	If you know the variant (e.g., delta, omicron), please enter it here.	text	
		y y deltaj dilital dilita di la		
	Show the field ONLY if: [fu_reason] = '2b'			
354	[covid_19_status_fu]	Section Header: COVID-19 follow-up details required	radio	, Required
]]:	Show the field ONLY if:	Current COVID-19 status Fully recovered means that the patient has	1	Fully recovered
	[d30_vital_status] != '1' and [d90_	returned to their baseline functional status and repeat SARS-CoV-2 testing, if obtained, is negative. If they are on medications to treat	1b	Recovered with complications
	vital_status] != '1' and [d180_vital_ status] != '1' and [d365_vital_statu	sequelae or have functional compromise (e.g., impaired pulmonary	2	Ongoing infection
	s] != '1' and [fu_reason] != '3'	function) but are not considered to have active infection, they should	3	Died
]] ;	sj != '1' and [tu_reason] != '3'	be considered to have recovered with complications.		
		be considered to have recovered with complications.	99	Unknown

-0,,	9.20 AIVI	COVID-19 and Cancer Consortium (CCC):	o) region y [reboup		
355	[c19_status_fu_final] Show the field ONLY if: [d30_vital_status] = '1' or [d90_vit al_status] = '1' or [d180_vital_stat us] = '1' or [d365_vital_status] = '1' or [fu_reason] = '3'	Final COVID-19 status Fully recovered means that the patient returned to their baseline functional status and repeat SARS-CoV-2 testing, if obtained, was negative. If they were on medications to treat sequelae or had functional compromise (e.g., impaired pulmonary function) but were not considered to have active infection, they should be considered to have recovered with complications.	radio, Required 1 Fully recovered 1b Recovered with complications 3 Died with ongoing infection 99 Unknown		
356	[days_to_death_fu_2] Show the field ONLY if: [covid_19_status_fu] = '3' or [d30_vital_status] = '1' or [d90_vital_status] = '1' or [d180_vital_status] = '1' or [d365_vital_status] = '1' or [f u_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		
357	[cause_of_death_fu] Show the field ONLY if: [covid_19_status_fu] = '3' or [d30_vital_status] = '1' or [d90_vital_status] = '1' or [d180_vital_status] = '1' or [d365_vital_status] = '1' or [fu_reason] = '3'	To the best of your knowledge, what was the proximal cause of death?	radio, Required 1 COVID-19 2 Cancer 3 Both 88 Other 99 Unknown		
358	[deceased_reason_fu_2] Show the field ONLY if: [covid_19_status_fu] = '3' or [d30_vital_status] = '1' or [d90_vital_status] = '1' or [d180_vital_status] = '1' or [d365_vital_status] = '1' or [fu_reason] = '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		
359	[who_ordinal_scale] Show the field ONLY if: ([fu_weeks] = '30' or [fu_weeks] = '90' or [fu_weeks] = '180' or [fu_w eeks] = '365') and [covid_19_statu s_fu]!= '3' and [d30_vital_status]!= '1' and [d180_vital_status]!= '1' and [d180_vital_status]!= '1' and [d365_vital_status]!= '1' and [fu_r eason]!= '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 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		
360	[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		
361		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		

5/22, 9	:20 AM	COVID-19 and Cancer Consortium (CCC1)	9) Re	gistry REDCap			
362	<pre>[current_status_clinical_speci fy_fu]</pre>	Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes	s, Required			
	Show the field ONLY if: [current_status_clinical_fu] = 'OT H'						
363	[worst complications severity	Worst severity of COVID-19 complications. This answer should capture	radio	adio, Required			
303	fu]	the worst severity from the time of diagnosis to the time of this follow-	0	None (patient was asymptomatic	-)		
	Show the field ONLY if: [covid_19_status_fu] = '1' or [covi	up report.	1	Mild complications (mimimal syncomplications)			
	d_19_status_fu] = '1b' or [covid_1 9_status_fu] = '2'		2	Moderate complications (moderate complications)	ate symptoms from		
			3	Serious complications (symptom impact the patient's functional st physical functioning)	_		
			ОТН	Other			
			99	Unknown			
			_				
364	[complications_severity_fu]	Severity of COVID-19 complications at the time of this follow-up report.		kbox, Required	1		
	Show the field ONLY if:	Check all that apply.	0	complications_severity_fu0	No complications		
	[covid_19_status_fu] = '1b' or [cov id_19_status_fu] = '2'		1	complications_severity_fu1	Mild complications (mimimal symptoms from complications)		
			2	complications_severity_fu2	Moderate complications (moderate symptoms from complications)		
			3	complications_severity_fu3	Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning)		
			ОТН	complications_severity_fuoth	Other		
			99	complications_severity_fu99	Unknown		
365	[complications_severity_oth_sp ecify_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				
366	[cancer_tx_fu] Show the field ONLY if: [covid_19_status_fu] != '3' and [d3 0_vital_status] != '1' and [d90_vital_status] != '1' and [d180_vital_stat us] != '1' and [d365_vital_status] ! = '1' and [fu_reason] != '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 0 No 1 Yes 99 Unknown				
367	[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				
368	[cancer_status_fu]	Cancer status at the time of this follow-up report. If the patient has	radio	, Required			
	Show the field ONLY if:	multiple primaries, please report on the cancer that was most recently	1	Remission/NED			
	[covid_19_status_fu] != '3' and [d3	treated.	2	Active disease, responding to treat	ment		
	0_vital_status] != '1' and [d90_vital		-		ment		
	_status] != '1' and [d180_vital_stat		3	Active disease, stable			
	us] != '1' and [d365_vital_status] !		4	Active disease, progressing			
	= '1' and [fu_reason] != '3'		5	Active disease, status unknown or	not yet assessed		
			ı—∔				
			99	Unknown			

369	[hospice_fu]	Section Header: COVID-19 follow-up details optional The following sections contain	radio	
	Show the field ONLY if:	questions that will help us more fully understand the disease course of COVID-19. Most but not all of these questions are optional.	1 0	No
	[hospice] != '1'	Since you last reported on this patient, were they transitioned to	l⊢∔	Yes
		hospice?	99 l	Unknown
370	[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	
371	[hosp_status_fu]	Since you last reported on this patient, were they admitted or re-	radio,	Required
		admitted to the hospital?	0	No
			1	Yes - admitted to floor for the 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
372	[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	
373	[admission_reason_fu]	Was the admission related to COVID-19 or complications of COVID-19?	radio,	Required
	Show the field ONLY if:		I 	Definitely related
	[hosp_status_fu] = '1' or [hosp_st atus_fu] = '2' or [hosp_status_fu]		l 	Possibly related
	= '3'		\vdash	Unrelated
			99 (Unknown
374	[hosp_los_fu] Show the field ONLY if:	If known, how long was the length of stay, in days?	text (i	nteger, Min: 1)
	[hosp_status_fu] = '1'			
375	[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 (i	nteger, Min: 1)
376	[icu_los_fu]	If known, how long was the ICU length of stay, in days?	text (i	nteger, Min: 1)
	Show the field ONLY if: [hosp_status_fu] = '2' or [hosp_st atus_fu] = '3'			
377	[current_status_fu]	What is the patient's current location?	radio	
	Show the field ONLY if:		2 (Outpatient - follow up
	[covid_19_status_fu] != '3' and [d3 0_vital_status] != '1' and [d90_vital		4	ER - Follow up
	_status] != '1' and [d180_vital_stat		5 I	Hospitalized (non-ICU) - new admit
	us] != '1' and [d365_vital_status] ! = '1' and [fu_reason] != '3'		l 	Hospitalized (non-ICU) - continued
			l 	ICU - new admit
			l 	ICU - continued
			I 	None - patient is deceased
			99 (Unknown
			Field A	Annotation: @HIDECHOICE='9'
378	[days_to_death_fu]	Approximately how many days elapsed between COVID-19 diagnosis		nteger, Min: 0), Required
	Show the field ONLY if: [current_status_fu] = '9' or [fu_rea son] = '3'	and death? If this information is unknown to you, please enter 9999 here.	Field /	Annotation: @HIDDEN
379	[cause_of_death_fu_2]	To the best of your knowledge, what was the proximal cause of death?	radio,	Required
	Show the field ONLY if:		1 (COVID-19
	[covid_19_status_fu] = '9' or [fu_re ason] = '3'		2 (Cancer
			3 E	Both
			88	Other
			99 l	Unknown
			Field A	Annotation: @HIDDEN

		COVID TO GITG CONSOLIGITIAN (COC)	, , , ,		
380	[deceased_reason_fu] Show the field ONLY if: [covid_19_status_fu] = '9' or [fu_re ason] = '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, Requir Field Annotat	red tion: @HIDDEN	
204		Castian Handay Additional Madical Funts Places report any new complications or	ala a al da a con Dia	and the d	
381	[c19_complications_systemic_fu	Section Header: Additional Medical Events Please report any new complications or medical events that have arisen since completing the most recent form, whether or not	checkbox, Re		
	1	they are clearly attributable to COVID-19 or another cause.	50960005	c19_complications_systemic_fu5096	50005
		Systemic events during the follow-up period. Check all that apply. If there were no additional systemic events, please check "No additional events".	67406007	c19_complications_systemic_fu6740	06007
			57653000	c19_complications_systemic_fu5765	53000
			91302008	c19_complications_systemic_fu9130	02008
			238147009	c19_complications_systemic_fu2381	147009
			NONE	c19_complications_systemic_funone	ρ
			NOIVE	ers_complications_systemic_runonk	C
			UNK	c19_complications_systemic_fuunk	
			Field Annotat	tion: Terminology: SNOMED	
382	[c19_bleeding_fu]	Please specify the type of bleeding. Check all that apply.	checkbox		
	Show the field ONLY if: [c19_complications_systemic_fu(5 0960005)] = '1'		112648003	c19_bleeding_fu112648003	Majo bleed (requ multi RBCs trans or ICI admi
			73099002	c19_bleeding_fu73099002	Non- but o relev bleed
			127563002	c19_bleeding_fu127563002	Mind (with trans
			230690007- Major	c19_bleeding_fu230690007_major	CNS hem exter
			230690007- Minor	c19_bleeding_fu230690007_minor	CNS hem limit
			OTH	c19_bleeding_fuoth	Othe
			UNK	c19_bleeding_fuunk	Unkr
			Field Annotat	tion: Terminology: SNOMED-modified	
383	[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		
384	[dic_more_fu] Show the field ONLY if:	Please provide further details about DIC, including clinical manifestations. Do not record any PHI in this field. As a reminder, this	notes		
	[c19_complications_systemic_fu(6 7406007)] = '1'	includes all elements of dates other than year.			
385	[c19_comp_systemic_specify_fu] Show the field ONLY if: [c19_complications_systemic_fu(2 38147009)] = '1'	Please specify other systemic events. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
386	[o2_requirement_fu]	Did the patient require supplemental O2 during the follow-up period?	radio, Requir 0 No 1 Yes 99 Unknov		

387	<pre>[c19_complications_pulm_fu]</pre>	Pulmonary events during the follow-up period. Check all that apply. If	checkbox,	Required	
388		there were no additional pulmonary events, please check "No additional events".	40962200	c19_complications_pulm_fu409622000	Re fa
			20523700	c19_complications_pulm_fu205237003	l Pr
			23360400	07 c19_complications_pulm_fu233604007	Pr
			67782005	c19_complications_pulm_fu67782005	Ad re di sy (A
			59282003	c19_complications_pulm_fu59282003	Pu
			60046008	c19_complications_pulm_fu60046008	PI ef
			31268200	c19_complications_pulm_fu312682007	Eı
			50043002	c19_complications_pulm_fu50043002	0
			NONE	c19_complications_pulm_funone	N ac pi ev
			UNK	c19_complications_pulm_fuunk	U
			Field Anno	otation: Terminology: SNOMED	
388	<pre>[resp_failure_tx_fu] Show the field ONLY if:</pre>	require? Select the most invasive intervention required during the follow-up period. require? Select the most invasive intervention required during the follow-up period.	radio		
				l cannula or face mask with standard O2	
[0	622000)] = '1' or [o2_requirement		2 High-flow nasal cannula or blow-by		
	_fu] = '1'			rebreather	
			4 CPAP		
			5 BiPAI		
			6 Intubation 99 Unknown		
				IOWIT	
389	[berlin_yn_fu]	Were the Berlin criteria formally assessed?	radio 0 No		
	Show the field ONLY if: [c19_complications_pulm_fu(677		1 Yes		
	82005)] = '1'			nown/Unsure	
200	[berlin_fu]	Berlin criteria.The Berlin criteria are based on a decreased PaO2/FiO2	radio		_
,,,	Show the field ONLY if:	ratio:-mild ARDS: 201 - 300 mmHg (≤ 39.9 kPa)-moderate ARDS: 101 -	1 Mild		
	[berlin_yn_fu] = '1'	200 mmHg (≤ 26.6 kPa)-severe ARDS: ≤ 100 mmHg (≤ 13.3 kPa)Note that the Berlin definition requires a minimum positive end expiratory	2 Mode	erate	
		pressure (PEEP) of 5 cmH2O for consideration of the PaO2/FiO2 ratio.	3 Sever	re	
		This degree of PEEP may be delivered noninvasively with CPAP to diagnose mild ARDS.	noninvasively with CPAP to 99 Unknown		
391	[c19_comp_pulm_specify_fu] Show the field ONLY if:	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		
	[c19_complications_pulm_fu(500 43002)] = '1'				

392	<pre>[c19_complications_card_fu]</pre>	Cardiovascular events during the follow-up period. Check all that apply.	checkbox, R	equired	
		If there were no additional cardiovascular events, please check "No additional events".	45007003	c19_complications_card_fu45007003	Нуј
		additional events .	22298006	c19_complications_card_fu22298006	My inf
93			414545008	c19_complications_card_fu414545008	Ot
			49436004	c19_complications_card_fu49436004	Atı
			71908006	c19_complications_card_fu71908006	Ve fib
			698247007	c19_complications_card_fu698247007	Ot
			85898001	c19_complications_card_fu85898001	Ca
			42343007	c19_complications_card_fu42343007	Co he (Cl
			59282003	c19_complications_card_fu59282003	Pu
			128053003	c19_complications_card_fu128053003	De the
			275517008	c19_complications_card_fu275517008	Su ve th (S'
			230690007	c19_complications_card_fu230690007	Ce
			414086009	c19_complications_card_fu414086009	+
			49601007	c19_complications_card_fu49601007	0
			NONE	c19_complications_card_funone	N ca ev
			UNK	c19_complications_card_fuunk	U
			Field Annota	ation: Terminology: SNOMED	
393	[hotn_pressors_fu]	Did the patient require pressors?	radio		
	Show the field ONLY if:		0 No		
	[c19_complications_card_fu(4500 7003)] = '1'		1 Yes 99 Unkno	wn	
394	[c19_comp_card_specify_fu] Show the field ONLY if: [c19_complications_card_fu(4960 1007)] = '1' or [c19_complications _card_fu(414545008)] = '1' or [c19	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		
	_complications_card_fu(69824700 7)] = '1'				

395	[c19 complications gi ful	Gastrointestinal events during the follow-up period. Check all that	checkbox				
	[apply. If there were no additional GI events, please check "No additional events".	427044009		Acute injury		
			389026000	c19_complications_gi_fu389026000	Ascite		
			81060008		Bowe obstr		
395 396 397 398 399			56905009		Bowe perfo		
	additional events". 389026000 c19_complications_gl_fu_389026000 8106008 c19_complications_gl_fu_8106008 c19_complications_gl_fu_8106008 c19_complications_gl_fu_1_8690509 c19_complications_gl_fu_1_5690509 c19_complications_gl_fu_1_5690509 c19_complications_gl_fu_1_5690509 c19_complications_gl_fu_1_48661000 c19_complications_gl_fu_1_48669001 c19_complicati	lleus					
		Perit					
		Othe					
			NONE		No ad gastr event		
			UNK		Unkn		
396	Show the field ONLY if: [c19_complications_gi_fu(536190	· · ·	notes				
397	[c19_complications_other_fu]		checkbox, Re				
		were no additional other events, please check "No additional events".	14669001	c19_complications_other_fu1466900°	1 A		
			91175000	c19_complications_other_fu91175000			
			372070002	c19_complications_other_fu37207000)2 G		
			414086009	c19_complications_other_fu41408600	— h		
			362965005	c19_complications_other_fu36296500	05 C		
		NONE	c19_complications_other_funone	N a e			
			UNK	c19_complications_other_fuunk	U		
			Field Annotation: Terminology: SNOMED @HIDECHOICE =				
398			notes				
	[c19_complications_other_fu(362						
399	[c19_addl_treatment]	Did the patient receive any additional treatments for COVID-19 or its	0 No 1 Yes	wn			
400	Show the field ONLY if:	further information here. Do not record any PHI in this field. As a	notes				

401	[covid_19_treatment_fu]	Additional COVID-19 treatment. Check all that apply.	checkbox		\neg
401	Show the field ONLY if:	Additional Covid-19 deathlent. Check all that apply.	DB-15718	covid_19_treatment_fudb_15718	Bar
	[c19_addl_treatment] = '1'		Bam-Et	covid_19_treatment_fubam_et	Bar
			REGEN-COV2	covid_19_treatment_furegen_cov2	Cas
			RXCUI- 2550731	covid_19_treatment_furxcui_2550731	Spt
			OMOP4873974	covid_19_treatment_fuomop4873974	Rer
			HO-45523	covid_19_treatment_fuho_45523	Sys (wil det
			B05AX03	covid_19_treatment_fub05ax03	Plas ind plas
			RXCUI-2393	covid_19_treatment_furxcui_2393	Chl
			RXCUI-5521	covid_19_treatment_furxcui_5521	Hyc (Pla
			HO-44995	covid_19_treatment_fuho_44995	Ant
			ATC-J05AE08	covid_19_treatment_fuatc_j05ae08	Ata
			ATC-J05AR10	covid_19_treatment_fuatc_j05ar10	Lop
			RXCUI-260101	covid_19_treatment_furxcui_260101	Cs€
			RXCUI-18631	covid_19_treatment_furxcui_18631	Azit (Zit
			ATC-C10AA	covid_19_treatment_fuatc_c10aa	Stat
			RXCUI-612865	covid_19_treatment_furxcui_612865	Тос
			RXCUI-42355	covid_19_treatment_furxcui_42355	Flu
			L04AA37	covid_19_treatment_ful04aa37	Bar
			ATC-L04AC	covid_19_treatment_fuatc_l04ac	Oth inh adc
			HO-45861	covid_19_treatment_fuho_45861	JAK for
			ATC-L04AB	covid_19_treatment_fuatc_l04ab	TNF pro det
			B01A	covid_19_treatment_fub01a	Ant
			N02BA	covid_19_treatment_fun02ba	Asp
			B01AC	covid_19_treatment_fub01ac	Ant
			233573008	covid_19_treatment_fu233573008	tha Exti oxy
			714749008	covid_19_treatment_fu714749008	Cor rep (CR
			OTH	covid_19_treatment_fuoth	Oth
			UNK	covid_19_treatment_fuunk	Unl
			NONE	covid_19_treatment_funone	Nor
			oth_plasma	covid_19_treatment_fuoth_plasma	DEF
			@HIDECHOICE='0	MOP/RxNorm/SNOMED oth_plasma,RXCUI-2393,ATC-J05AE08,ATC- 60101,ATC-L04AC,ATC-L04AB,HO-	
402	[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)		

		COVID TO AIR CAIRCO CONCORNAIN (COCK		J J	<u>'</u>		
403	[steroid_type_fu]	Steroid type. Check all that apply.	check				
	Show the field ONLY if: [covid_19_treatment_fu(HO-4552 3)] = '1'		H02A	AB02	steroid_type_fuh02ab02	Dexam (Decad	ethasone ron)
			H02A	AB09	steroid_type_fuh02ab09	Hydroc (Cortef	ortisone)
			H02A	AB04	steroid_type_fuh02ab04	Methyl (Solum	prednisolon edrol)
			H02/	AB06	steroid_type_fuh02ab06	Prednis	solone
			H02/	AB07	steroid_type_fuh02ab07	Prednis	sone
			Field A	Annota	ation: Terminology: ATC		
404	[steroid_specific_fu]	Steroid dosing, in prednisone dose equivalents Note: 3 mg of	radio				
	Show the field ONLY if:	dexamethasone is equivalent to 20 mg of prednisone, so any dose of dexamethasone of more than 3 mg/day (21 mg/week) would be	1 :	20 mg	/day or below [low dose]		
	[covid_19_treatment_fu(HO-4552 3)] = '1'	equivalant to more than 20 mg of prednisone/day.	1a	10 mg	/day or below [low dose]		
	3) <u>]</u> - 1		1b	More t	than 10 mg/day up to 20 mg/	day	
			2	More t	than 20 mg/day but less than	1mg/kg	g/day
			3	Equal	to or greater than 1 mg/kg/da	ау	
			99	Unkno	own		
			Field A	Annota	ation: @HIDECHOICE='1'		
405	[steroid_more_fu] Show the field ONLY if: [covid_19_treatment_fu(HO-4552	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				
	3)] = '1'						
406	[c19_aspirin_dose_fu]	Aspirin dosing	radio	159003	B Low dose (less than 200 mg	g/day)	
	Show the field ONLY if: [covid_19_treatment_fu(N02BA)]		l 	39003	· · · · · · · · · · · · · · · · · · ·	g/uay)	
	= '1'		l 		+		
			2616	65006	Unknown		
					ation: Terminology: SNOMED		
407	[c19_anticoag_type_fu]	Which anticoagulants were used? Check all that apply.	check B01A		c10 anticoag typo fu h01s) /	itamin K
	Show the field ONLY if: [covid_19_treatment_fu(B01A)] = '1'	ovid_19_treatment_fu(B01A)] =	БОТА	•VA	c19_anticoag_type_fub01a	а	ntagonists e.g., warfarir
			B01A	¥В	c19_anticoag_type_fub01a	w (e e	ow-moleculoreight hepare.g., noxaparin Lovenox])
			B01 <i>A</i>	AB01	c19_anticoag_type_fub01a		Infractionate eparin
			B01A	ΛE	c19_anticoag_type_fub01a	th ir a d	virect nrombin nhibitors (e. grgatroban, abigatran Pradaxa])
			B01A	\ F	c19_anticoag_type_fub01a	X (6 [[virect factor a inhibitors e.g., apixaba Eliquis], varoxaban Karelto])
			B01A	X05	c19_anticoag_type_fub01a	ax05 F	ondaparinu
			UNK		c19_anticoag_type_fuunk	U	nknown
			ОТН		c19_anticoag_type_fuoth	С	ther
408	[c19_anticoag_type_oth_specify _fu]	Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes			<u> </u>	
	Show the field ONLY if: [c19_anticoag_type_fu(OTH)] = '1'						

409	[c19_anticoag_reason_fu]	What was the purpose of the anticoagulant treatment? Check all that	checkb					
703	Show the field ONLY if:	apply.	1	c19_anticoag_reason_fu1	Prophylad	tic use		
	[covid_19_treatment_fu(B01A)] =			- 5	(without to presence either as a inpatient outpatien	he of a VTE an or		
			2	c19_anticoag_reason_fu2	Therapeu (for know ATE histor	n VTE or		
			2a	c19_anticoag_reason_fu2a	Therapeu (for know diagnosis	n VTE		
			2b	c19_anticoag_reason_fu2b	Therapeu (for know diagnosis	n ATE		
			2c	c19_anticoag_reason_fu2c	Therapeu the absen thrombos for prever stroke in a fibrillation	ice of any iis (e.g., ntion of atrial		
			3	c19_anticoag_reason_fu3	For DIC during hospitalization			
			UNK	c19_anticoag_reason_fuunk	Unknown			
			ОТН	c19_anticoag_reason_fuoth	_oth Other			
			Ei-l-LA	and the time of HDECHOICE 131				
410	[c19_anticoag_reason_oth_speci	Please specify Do not record any PHI in this field. As a reminder, this	notes	nnotation: @HIDECHOICE='2'				
	fy_fu] Show the field ONLY if: [c19_anticoag_reason_fu(OTH)] = '1'	includes all elements of dates other than year.						
411	[covid_19_tx_interleukin_fu]	Interleukin inhibitor treatment other than tocilizumab. Check all that	checkb	00X				
	Show the field ONLY if:	apply.	L04A0	covid_19_tx_interleukin_fu_	l04ac03	anakinra		
	[covid_19_treatment_fu(ATC-L04A C)] = '1'		L04A0	covid_19_tx_interleukin_fu_	l04ac02	basiliximab		
	C)] - 1		L04A0	covid_19_tx_interleukin_fu_	l04ac09	briakinumal		
			L04A0	covid_19_tx_interleukin_fu_	l04ac12	brodaluma		
			L04A0	covid_19_tx_interleukin_fu_	l04ac08	canakinuma		
			L04A0	covid_19_tx_interleukin_fu_	l04ac01	daclizumab		
			L04A0	covid_19_tx_interleukin_fu_	l04ac16	guselkuma		
			L04A0	covid_19_tx_interleukin_fu_	l04ac13	ixekizumab		
			L04A0	CO4 covid_19_tx_interleukin_fu_	l04ac04	rilonacept		
			L04A0	C18 covid_19_tx_interleukin_fu_	l04ac18	risankizuma		
			L04A0	C14 covid_19_tx_interleukin_fu_	l04ac14	sarilumab		
			L04A0	C10 covid_19_tx_interleukin_fu_	l04ac10	secukinuma		
			L04A0	C11 covid_19_tx_interleukin_fu_	l04ac11	siltuximab		
			L04A0			sirukumab		
			L04A0			tildrakizuma		
			L04A0			DEPRECATE		
			11 -5-77					
			[0440	05 covid 19 tx interleukin fu	104ac05	ustekinuma		
			L04A0	covid_19_tx_interleukin_fu_	l04ac05	ustekinuma		

412	[jak_fu]	JAK inhibitor treatment. Check all that apply.	checkbox		
	Show the field ONLY if: [covid_19_treatment_fu(HO-4586 1)] = '1'		L01XE18	jak_ful01xe18	Ruxolitinib (Jakafi)
			L04AA29	jak_ful04aa29	Tofacitinib (Xeljanz)
			RXCUI- 1487006	jak_furxcui_1487006	Oclacitinib
			L04AA37	jak_ful04aa37	Baricitinib
			Peficitinib	jak_fupeficitinib	Peficitinib
			L01XE57	jak_ful01xe57	Fedratinib (Inrebic)
			L04AA44	jak_ful04aa44	Upadacitinib
			Field Annotation: Terminologies: ATC, RxNorm @HIDDEN		
413	[covid_19_tx_tnf_fu]	Tumor necrosis factor alpha (TNF- α) inhibitor treatment. Check all that apply.	checkbox		
	Show the field ONLY if: [covid_19_treatment_fu(ATC-L04AB)] = '1'		L04AB04 covi	d_19_tx_tnf_ful04ab04	Adalimumab
			L04AB03 covi	d_19_tx_tnf_ful04ab03	Afelimomab
			L04AB05 covi	d_19_tx_tnf_ful04ab05	Certolizumab pegol
			L04AB01 covi	d_19_tx_tnf_ful04ab01	Etanercept
			L04AB06 covi	d_19_tx_tnf_ful04ab06	Golimumab
			L04AB02 covi	d_19_tx_tnf_ful04ab02	Infliximab
			L04AB07 covi	d_19_tx_tnf_ful04ab07	Opinercept
			Field Annotation	n: Field:ATC L04AB; Values	:ATC @HIDDEN
414	[covid_19_treatment_trial_fu]	Was any of the additional COVID-19 treatment given as part of a clinical trial?	radio	1	
	Show the field ONLY if: [c19_addl_treatment] = '1'		0 No 1 Yes		
			99 Unknown		

			ı		
415	<pre>[covid_19_trial_tx_fu]</pre>	COVID-19 clinical trial treatment. Check all that apply. If you do not	checkbox, Requi		Τ_
	Show the field ONLY if: [covid_19_treatment_trial_fu] = '1'	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".	DB-15718	covid_19_trial_tx_fudb_15718	Bar
			Bam-Et	covid_19_trial_tx_fubam_et	Bar
			REGEN-COV2	covid_19_trial_tx_furegen_cov2	Cas
			RXCUI- 2550731	covid_19_trial_tx_furxcui_2550731	Sot
			RXCUI-2393	covid_19_trial_tx_furxcui_2393	Chl
			RXCUI-5521	covid_19_trial_tx_furxcui_5521	Hyd (Pla
			HO-44995	covid_19_trial_tx_fuho_44995	Ant
			ATC-J05AE08	covid_19_trial_tx_fuatc_j05ae08	Ata
			ATC-J05AR10	covid_19_trial_tx_fuatc_j05ar10	Lo
			RXCUI-260101	covid_19_trial_tx_furxcui_260101	09
			OMOP4873974	covid_19_trial_tx_fuomop4873974	Re
			RXCUI-18631	covid_19_trial_tx_furxcui_18631	Az (Zi
			HO-45523	covid_19_trial_tx_fuho_45523	Sys
			ATC-C10AA	covid_19_trial_tx_fuatc_c10aa	Sta
			L04AC03	covid_19_trial_tx_ful04ac03	ar
			L04AA37	covid_19_trial_tx_ful04aa37	Ва
			L04AC02	covid_19_trial_tx_ful04ac02	b
			L04AC09	covid_19_trial_tx_ful04ac09	b
			L04AC12	covid_19_trial_tx_ful04ac12	b
			L04AC08	covid_19_trial_tx_ful04ac08	С
			L04AC01	covid_19_trial_tx_ful04ac01	С
			L04AC16	covid_19_trial_tx_ful04ac16	g
			L04AC13	covid_19_trial_tx_ful04ac13	i
			L04AC04	covid_19_trial_tx_ful04ac04	r
			L04AC18	covid_19_trial_tx_ful04ac18	r
			L04AC14	covid_19_trial_tx_ful04ac14	s
			L04AC10	covid_19_trial_tx_ful04ac10	s
			L04AC11	covid_19_trial_tx_ful04ac11	s
			L04AC15	covid_19_trial_tx_ful04ac15	s
			L04AC17	covid_19_trial_tx_ful04ac17	ti
			L04AC07	covid_19_trial_tx_ful04ac07	t
			RXCUI-42355	covid_19_trial_tx_furxcui_42355	F
			L04AC05	covid_19_trial_tx_ful04ac05	ι
			L04AB04	covid_19_trial_tx_ful04ab04	а
			L04AB03	covid_19_trial_tx_ful04ab03	а
			L04AB05	covid_19_trial_tx_ful04ab05	c
			L04AB01	covid_19_trial_tx_ful04ab01	е
			L04AB06	covid_19_trial_tx_ful04ab06	g
			L04AB02	covid_19_trial_tx_ful04ab02	ir
			L04AB07	covid_19_trial_tx_ful04ab07	0
			OTH-plasma	covid_19_trial_tx_fuoth_plasma	P in
			B05AX03	covid 10 trial ty fu b0Fay03	pl
			BUSANUS	covid_19_trial_tx_fub05ax03	PI in
			ОТН	covid_19_trial_tx_fuoth	pl O
			UNK	covid_19_trial_tx_fuunk	Uı
			ONK	COVID_19_trial_tx_IDDrik	101
			Field Annotation	: Terminologies: MOP/RxNorm @HIDDEN	
			ATCHEMONOON	MOL/KXINOLILI @HIDDEIN	

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416	[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) Field Annotation: @HIDDEN					
417	<pre>[covid_19_trial_more_fu] Show the field ONLY if: [covid_19_treatment_trial_fu] = '1'</pre>	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					
418	[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					
419	[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					
420	[followup_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete					
Instru	Instrument: Manual Exclude (manual_exclude)							
421	[manual_exclude]	Field to manually exclude records identified as needing exclusion (e.g., false positive PCR)	truefalse 1 True 0 False Field Annotation: @DEFAULT='0'					
422	[exclude_why] Show the field ONLY if: [manual_exclude] = '1'	Why was the patient excluded?	radio, Required 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 8 Cancer diagnosed after COVID-19 88 Other 99 Unknown					
423	[dup_link] Show the field ONLY if: [exclude_why] = '1'	Enter the other record_id that this record appears to duplicate. If there are 3+ duplicated records, separate the record_id with a pipe delimiter.	text, Required					
424	[manual_exclude_more]	Why was patient manually excluded?	notes					
425	[exclude_confirm_date]	Date that confirmatory query was sent	text (date_dmy)					
426	[exclude_confirm_result]	Site response to confirmatory query	radio 1 Agree 2 Disagree 3 Pending					
427	<pre>[manual_exclude_complete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete					