

## COVID-19 Initial Presentation

Please complete this form for **ALL AFFECTED** patients listed for a transplant or with a transplant under follow-up.

Please complete the form electronically, or if completing by hand please scan and email to [ODTCovid19@nhsbt.nhs.uk](mailto:ODTCovid19@nhsbt.nhs.uk)

**Please download the form and access through Adobe Reader for best performance**

Please complete as much of the form as possible, however, patient identifiers will be accepted as a minimum at this stage.

RECIPIENT DETAILS			Section 1	
Centre code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Transplant centre	<input type="text"/>	
		ODT Recipient number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Recipient surname	<input type="text"/>		Recipient forename(s)	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NHS Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

PRESENTATION INFORMATION			Section 2
Date of presentation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Was patient tested for COVID-19?	Suspected/not tested = 1 Confirmed = 2 <input type="checkbox"/>
Heart rate	<input type="text"/> <input type="text"/> <input type="text"/> beats/min	Respiration rate	<input type="text"/> <input type="text"/> <input type="text"/> breaths/min
Oxygen saturation with room air	<input type="text"/> <input type="text"/> %	Blood pressure	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> mmHg
Abnormalities on chest X-ray compatible with COVID-19	No = 1 Yes = 2 No chest X-ray performed = 3 <input type="checkbox"/>	Abnormalities on CT-scan compatible with COVID-19	No = 1 Yes = 2 No CT-scan performed = 3 <input type="checkbox"/>
Organs affected other than airways at presentation (please complete all that apply)			
Liver (elevated enzymes)	No = 1 Yes = 2 <input type="checkbox"/>	Heart (dysfunction on ECHO)	No = 1 Yes = 2 <input type="checkbox"/>
Kidney (dysfunction)	No = 1 Yes = 2 <input type="checkbox"/>	Pancreas (Hyperglycaemia)	No = 1 Yes = 2 <input type="checkbox"/>
Other	No = 1 Yes = 2 <input type="checkbox"/>	If yes, please specify <input type="text"/>	
Immunosuppressive therapy at presentation (please complete all that apply)			
Tacrolimus	No = 1 Yes = 2 <input type="checkbox"/>	Cyclosporin	No = 1 Yes = 2 <input type="checkbox"/>
mTor inhibitor	No = 1 Yes = 2 <input type="checkbox"/>	Steroids	No = 1 Yes = 2 <input type="checkbox"/>
Belatacept	No = 1 Yes = 2 <input type="checkbox"/>	Other	No = 1 Yes = 2 <input type="checkbox"/> If yes, please specify <input type="text"/>
		Troponin level	<input type="text"/> . <input type="text"/> <input type="text"/> ng/ml