



<u>INSTRUCTIONS</u>		Panorama Data Entry Guidance
<ul style="list-style-type: none"> • Confidential when completed • Enter lab-confirmed cases into Panorama or PARIS • Vancouver Coastal Health: fax this case report form to 604-707-2516 		
PERSON REPORTING		
Health Authority: <input type="checkbox"/> FHA <input type="checkbox"/> FNHA <input type="checkbox"/> IHA <input type="checkbox"/> NHA <input type="checkbox"/> VCH <input type="checkbox"/> VIHA		Review /update using the links on the top right hand corner: >My Account >>User Profile If entering data on behalf of someone else, record in >Notes when the investigation is in context. Record Report Date: >Investigation >>Investigation Details >>>Reporting Notifications as Report Date (Received)
Name <i>Last</i> <i>First</i>	Phone Number: () - ext.	
Email:	Fax Number: () - ext.	
	Report Date (Received): _____ <i>YYYY / MM / DD</i>	
A. CLIENT PERSONAL INFORMATION		
Name: <i>Last</i> <i>First</i> <i>Middle</i>		Record or review and update in >Subject >>Client Details >>>Personal Information Select this address as "Client Home Address at Time of Initial Investigation" in >Investigation >>Investigation Details >>>Investigation Information
Date of Birth: <i>YYYY / MM / DD</i>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Unknown	
Health Card Number:	Alternate Name(s):	
Phone Number (home/work/mobile): () - ext.		
Address: <i>Unit #</i> <i>Street #</i> <i>Street Name</i> <i>City</i>		
Postal Code:	Province: Country of Residence (<i>if not Canada</i>):	
Client Health Region:		
Address Located on Reserve Administered By:		
B. ABORIGINAL INFORMATION		
Does the client wish to identify as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Asked, not provided <input type="checkbox"/> Not asked		Record in >Subject >>Client Details >>>Aboriginal Information
If yes, Aboriginal Identity:		
<input type="checkbox"/> First Nations <input type="checkbox"/> First Nations and Inuit <input type="checkbox"/> First Nations and Métis <input type="checkbox"/> First Nations, Inuit and Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Inuit and Métis <input type="checkbox"/> Métis <input type="checkbox"/> Asked, but unknown <input type="checkbox"/> Asked, not provided <input type="checkbox"/> Not asked		
If <i>First Nations</i> , is the client:		
<input type="checkbox"/> Non-Status <input type="checkbox"/> Status Indian <input type="checkbox"/> Asked, but unknown <input type="checkbox"/> Asked, not provided <input type="checkbox"/> Not asked		
C. CLASSIFICATION		
■ Case – Confirmed		Record/Update in >Investigation >>Disease Summary Per case definition (see Section I), all EV-D68 cases should be entered as "Case – Confirmed"



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D. LABORATORY INFORMATION							
Specimen	Test Name	Collection Date (YYYY/MM/DD)	Result/Interpreted Result		Receive through E-Lab inbox, or record in >Investigation >>Lab >>>Lab Quick Entry Record Causative Agent in >Investigation >>Disease Summary		
<input type="checkbox"/> Swab, nasopharyngeal	<input type="checkbox"/> Enterovirus 68 RNA; PCR/NAAT	_____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
<input type="checkbox"/> Other, <i>specify:</i>	<input type="checkbox"/> Enterovirus 68 RNA; PCR/NAAT	_____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
E. CAUSATIVE AGENT							
Disease: <i>select</i> Enterovirus/Rhinovirus	Causative Agent: <i>select</i> Enterovirus	Further Differentiation: <i>enter</i> "Enterovirus D68"		Record/Update in >Investigation >>Disease Summary Under Further Differentiation (free text), enter verbatim "Enterovirus D68"			
F. SIGNS AND SYMPTOMS							
Onset date of earliest symptom:		____/____/____ YYYY MM DD	Did the case present with neurological symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Select "Set as Onset" and record onset date of earliest symptom; includes respiratory/non-neurological or neurological symptoms. Record in >Investigation >>Signs and Symptoms		
<i>If yes, record in Signs and Symptoms and complete "Neurologic Illness Associated with Enterovirus D68" Form under Links & Attachments</i>							
G. HOSPITALIZATION							
Admitted to hospital:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Admission date: _____ YYYY/MM/DD	Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> Hospitalization and Supplemental Investigation Form NOTE: Only Admitted to hospital and Admission date are required fields; other fields on UDF can be left blank.		
H. CASE DEFINITION							
Enterovirus D68				Reportable?			
Confirmed	Laboratory confirmation of infection:			Yes			
	<ul style="list-style-type: none"> Detection of enterovirus D68 RNA by RT-PCR assay from an appropriate clinical specimen. 						