National Liver Disease Biobank

(DBT-ILBS initiative for Research on Hepatitis C and Liver Diseases)

INSTITUTE OF LIVER & BILIARY SCIENCES

D1-Vasant kunj, New Delhi

Phone No. +91-011-46300000, Ext. 24813, 24814

Email: biobank.ilbs@gmail.com, Website: www.nldb.in

ANNOTATION FORM – COVID-19 VIRUS

1. *PATIENT IDENTIFIER & DEMOGRAPHICS*

Biobank ID: _____ Hospital Registration No: _____ Date of Admission _____

Name: _____ Name of Father/Mother/Spouse _____

Age: [__] [__] Years Gender: Male/Female/Others Marital Status: Married/ Unmarried/Divorced

Height: _____cm Weight: _____kg BMI: _____ Pulse/min: _____ BP (mmHg): _____

Address: House No/Name: _____ Street: _____ Area: _____

Village/City: _____ Taluk/Tahsil: _____

District: _____ State: _____ PIN CODE: _____

_____ Contact no: _____ E-mail: _____

Occupation: _____

Pregnant?: ☐ Yes ☐ No ☐ Unknown☐N/A If Yes, gestational age [__] [__] weeks

Clinical Diagnosis: _____ Final Diagnosis_____

_____

2. TREATMENT SITE Name of the Hospital: _____

Contact number of the hospital (Medical Superintendent) Mob: _____ Landline: _____
Fax: _____ Email Id: _____
City: _____District: _____ State: _____

Doctor/ PI Name: _____

DATE	DD:MM:YYYY
SERUM ID	HHHNNNNN

Types of samples to be collected:

i. Oropharyngeal swab / throat swab
ii. Nasopharyngeal swab / nasal swab
iii. Bronchoalveolar lavage
iv. Sputum
v. Blood
vi. Urine
vii. Stool

***Follow-up sample (Mention: Hour/ Day/ Week/ Month/ Year)**

4. COVID19 Diagnosis Details

	Type of sample	*Collected [Yes/No]*	Date of collection	Date of result	*Result [Positive/Negative]*
4.1	Oro-pharyngeal swab				
4.2	Nasopharyngeal swab				
4.3	Broncho-alveolar lavage (BAL)				
4.4	Tracheal aspirate				
4.5	Nasopharyngeal aspirate				
4.6	Nasal wash				
4.7	Sputum				
4.8	Serum				
4.9	Whole blood				

5. EXPOSURE HISTORY				
5.1	Travel in the 14 days prior to onset of symptoms	☐ Yes ☐ No ☐ Unknown		
5.1.1	If Yes to Q. 9.1, list all the places travelled during 14 days prior to onset of symptoms			
	Country	City	Visit date	Return date
5.2	Contact with known COVID case in the 14 days prior to onset of symptoms	☐ Yes ☐ No ☐ Unknown		

6. ADMISSION SIGNS AND SYMPTOMS *(observed/reported at admission and associated with this episode of acute illness)*		
6.1	Fever	☐ Yes ☐ No ☐ Unknown
6.2	Cough	☐ Yes ☐ No ☐ Unknown
	With sputum production	☐ Yes ☐ No ☐ Unknown
	Bloody/haemoptysis	☐ Yes ☐ No ☐ Unknown
6.3	Sore throat	☐ Yes ☐ No ☐ Unknown
6.4	Runny nose	☐ Yes ☐ No ☐ Unknown
6.5	Ear pain	☐ Yes ☐ No ☐ Unknown
6.6	Chest pain	☐ Yes ☐ No ☐ Unknown
6.7	Wheezing	☐ Yes ☐ No ☐ Unknown
6.8	Lower chest wall indrawing	☐ Yes ☐ No ☐ Unknown
6.9	Shortness of breath	☐ Yes ☐ No ☐ Unknown
6.10	Muscle aches	☐ Yes ☐ No ☐ Unknown
6.11	Joint pain	☐ Yes ☐ No ☐ Unknown

6.12	Fatigue/Malaise	☐ Yes ☐ No ☐ Unknown
6.13	Headache	☐ Yes ☐ No ☐ Unknown
6.14	Altered consciousness/confusion	☐ Yes ☐ No ☐ Unknown
6.15	Seizures	☐ Yes ☐ No ☐ Unknown
6.16	Abdominal pain	☐ Yes ☐ No ☐ Unknown
6.17	Vomiting/Nausea	☐ Yes ☐ No ☐ Unknown
6.18	Diarrhoea	☐ Yes ☐ No ☐ Unknown
6.19	New loss of taste	☐ Yes ☐ No ☐ Unknown
6.20	New loss of smell	☐ Yes ☐ No ☐ Unknown

7. CO-MORBIDITIES		***Status***
7.1	Chronic cardiac disease, including Congenital heart disease *(not hypertension)*	☐ Yes ☐ No ☐ Unknown
7.2	Chronic pulmonary disease *(not asthma)*	☐ Yes ☐ No ☐ Unknown
7.3	Asthma *(physician diagnosed)*	☐ Yes ☐ No ☐ Unknown
7.4	Chronic kidney disease	☐ Yes ☐ No ☐ Unknown
7.5	Moderate or severe liver disease	☐ Yes ☐ No ☐ Unknown
7.6	Chronic neurological disorder	☐ Yes ☐ No ☐ Unknown
7.7	Malignant neoplasm	☐ Yes ☐ No ☐ Unknown
7.8	Chronic hematologic disease	☐ Yes ☐ No ☐ Unknown
7.9	AIDS / HIV	☐ Yes ☐ No ☐ Unknown
7.10	Diabetes	☐ Yes ☐ No ☐ Unknown
7.11	Hypertension	☐ Yes ☐ No ☐ Unknown
7.12	Others	[ ]

8. INTENSIVE CARE OR HIGH DEPENDENCY CARE UNIT ADMISSION		
8.1	ICU admission (or high dependency unit)?	☐ Yes*(complete the rest of this section)* ☐ No*(skip this section)*
8.2	ICU admission date	[__ __]/ [__ __]/ [__ __ __ __] D D M M Y Y Y Y

9. CLINICAL PARAMETERS				
9.1	Respiratory Rate		/min	
9.2	Temperature		Degree C	
9.3	Blood Pressure (SBP/DBP)		SBP - mm of Hg DBP - mm of Hg	
9.4	Pulse rate		/min	
9.5	Altered Mental status		☐ Yes ☐ No ☐N/A	
9.6	Mechanical ventilation Required		☐ Yes ☐ No ☐N/A	
	Parameter	***Done***	***Value***	***Unit***
9.7	FiO2 *(0.21-1.0)*	☐ Yes ☐ No	[__].[__] [__]	%

9.8	SaO2 *at time of FiO2*	☐ Yes ☐ No	[__] [__] [__]	
9.9	PaO2 *at time of FiO2*	☐ Yes ☐ No	[__] [__] [__]	☐kPa*or*☐mmHg
9.10	Platelet Count	☐ Yes ☐ No	[__] [__] [__] [__]	x10^9/L
9.11	Mean arterial pressure	☐ Yes ☐ No	[__] [__] [__]	Mm of Hg
9.12	Glasgow Coma Score	☐ Yes ☐ No	[__] [__]	(GCS / 15)

10. LABORATORY PARAMETERS				
	Parameter	***Done***	***Value***	***Unit***
10.1	Haemoglobin	☐ Yes ☐ No	[__] [__] [__] [__]	☐g/Lor☐g/dL
10.2	WBC count	☐ Yes ☐ No	[__] [__] [__]	☐x10^9/Lor☐x10^3/µL
10.3	Platelet Count	☐ Yes ☐ No	[__] [__]	☐x10^9/L or☐x10^3/µL
10.4	APTT/ PTT	☐ Yes ☐ No	[__] [__]	seconds
10.5	Prothrombin Time (PT)	☐ Yes ☐ No	[__] [__]	seconds
10.6	INR	☐ Yes ☐ No	[__].[__]	seconds
10.7	Total Bilirubin	☐ Yes ☐ No	[__] [__] [__]	µmol/L
10.8	ALT	☐ Yes ☐ No	[__] [__] [__]	U/L
10.9	AST	☐ Yes ☐ No	[__] [__] [__]	U/L
10.10	Serum Amylase	☐ Yes ☐ No	[__] [__] [__]	U/L
10.11	Glucose	☐ Yes ☐ No	[__] [__] [__] [__]	☐mmol/L or☐mg/dL
10.12	Blood Urea	☐ Yes ☐ No		☐mmol/L or☐mg/dL
10.13	Lactate	☐ Yes ☐ No	[__] [__] [__] [__]	☐mmol/L or☐mg/dL
10.14	Creatinine	☐ Yes ☐ No	[__] [__] [__] [__]	☐mmol/L or☐mg/dL

Sample Storage Location:

Biobank Sample ID No.	Sample type	Location		Stored by/ Date & Time
		EQP.ID: Self No: Box No:	Rack No: Well No:	
		EQP.ID: Self No: Box No:	Rack No: Well No:	
		EQP.ID: Self No: Box No:	Rack No: Well No:	
		EQP.ID: Self No: Box No:	Rack No: Well No:	
		EQP.ID: Self No: Box No:	Rack No: Well No:	
		EQP.ID: Self No: Box No:	Rack No: Well No:	