

Was an underlying immunosuppressive condition present: Yes, <i>specify</i> No Unknown	Was a chest x-ray performed? Yes, Date ___ / ___ / ___ No Unk		
	Did chest x-ray show unexplained bilateral interstitial infiltrates? Yes, Date ___ / ___ / ___ No Unk		
	Was chest x-ray suggestive of ARDS? Yes, Date ___ / ___ / ___ No Unk		

Is there radiographic evidence of noncardiogenic pulmonary edema? Yes, Date ___ / ___ / ___ No Unknown	Was supplemental oxygen required? Yes, Date ___ / ___ / ___ No Unknown	Was patient intubated? Yes, Date ___ / ___ / ___ No Unknown
--	--	---

Was patient on ECMO? Yes, Date ___ / ___ / ___ No Unknown	Did the patient die because of this illness? Yes, Date ___ / ___ / ___ No Unk		
	Was an autopsy performed? Yes, Date ___ / ___ / ___ No Unk		
	Cause of death/findings:		

RISK FACTORS

In the 8 weeks prior to illness onset, did the patient travel? Yes No Unk			
Location	Activities / Possible rodent exposure	Dates of exposure	

In the 8 weeks prior to illness onset, was the patient exposed to rodents or rodent excreta?			
Yes	No	Unk	

Address of rodent exposure	Dates of exposure	Type of exposure	Describe exposure
		Cleaning Working Recreational activity Other: _____	

LABORATORY DATA

Test	Name of laboratory	Specimen type	Specimen collection date	Result	Reference range
Hantavirus IgM					
Hantavirus IgG					
PCR					
Culture/Viral Isolation					
Other:					
Other:					

ADDITIONAL CASE NOTES