CASE REPORT FORM(CRF) of COVID-19 Convalescent Plasma Recipient
SECTION A : PATIENT DETAILS

1. Name of Patient:	2. Age:	3. Gender: M ☐ F ☐ TG ☐
4. Blood Group:	5. Address:	6. Phone No:
7. (a) Hospital Name: (b) Ward :	8. IPD No.:	9. Date of Hospital Admission: 10. Date of Hospital Discharge:

11. Tested positive for COVID-19 by RT PCR : Yes ☐ No ☐

12. Recipient of Pooled Immunoglobulin in last 30 days : Yes ☐ No ☐

13. Any Allergies to food/drugs: Yes ☐ No ☐ (if Yes , then specify) : .....

14. Known hyper sensitivity to blood products : Yes ☐ No ☐ (if Yes , then specify) : .....

15. Transfusion history: Yes ☐ No ☐ (if yes please specify below)

a) Type of Blood/Component received : ☐ PRBC ☐ Platelet ☐ FFP ☐ Cryoprecipitate ☐ CCP

b) Date of last Transfusion : ..... c) Number of transfusion : .....

16. Medications and treatment detail of the present admission (dose, dosage, duration) :

a. Hydroxychloroquine :	b. Heparin:
c. Remdesivir :	d. Azithromycin :
e. Lopinavir/Ritonavir:	f. Antibiotics (Name):
g. Methylprednisolone:	h. IVIG:
i. Tocilizumab:	j. Heparin:

17. Known case of (tick if Yes or No)	HIV : Yes ☐ No ☐ HBsAg : Yes ☐ No ☐ HCV : Yes ☐ No ☐ Other (please specify) : .....
18. (a) Height (in cm) :	(b) Weight (in Kg) :
19. Number and Volume of CCP transfusions given (off label):	.....

20. a. Date of CCP transfusion : b. CCP Unit ID :	21. Consent obtained: Yes ☐ No ☐
22. Any known Immunosuppressive Condition	Yes ☐ No ☐
23 . History of Smoking	Yes ☐ No ☐
24. Known Coexisting Chronic Condition (Please tick)	☐ COPD ☐ Diabetes Mellitus ☐ Hypertension, ☐ Coronary artery disease ☐ Cerebrovascular Disease ☐ Cancer ☐ Liver Cirrhosis ☐ Tuberculosis ☐ Chronic Kidney Disease ☐ Obesity BMI> 30 ☐ Others
25. Any other medical co-morbidity, specify	.....
26. Interval Between Symptom onset and Admission	.....days
27. Interval Between Symptom onset and CCP transfusion	..... days
28. Vasopressor support for at least 6 hours to maintain MAP>65 during hospital stay	Yes ☐ No ☐
29. Duration of Vasopressor Support	..... days
30. Cause of Shock	☐ Hypovolemic Shock ☐Septic Shock ☐ Cardiogenic Shock ☐ Other
31. Already in ICU during transfusion	Yes ☐ No ☐
32. ICU transfer after transfusion	Yes ☐ No ☐
33. Interval Between Admission and ICU transfer	.....days
34. Reason for ICU transfer	☐ Respiratory Failure ☐ Shock ☐ Altered Mental Status ☐ Acute Kidney Injury ☐ Other .....
35. Duration of ICU stay	..... days
36. Duration of respiratory support	..... days
37. Modality of Respiratory support	☐ Nasal Cannula ☐ Face Mask ☐ BiPAP ☐ High Flow ☐Invasive Ventilation

38. Duration of invasive mechanical ventilation	.....days
39. Cause of respiratory failure	☐ COVID induced ☐ Non COVID
40. Required renal replacement therapy during hospitalisation	☐ Yes ☐ No
41. Organ failure during hospitalisation	☐ Yes ☐ No (tick below if yes) Heart failure ☐ Respiratory failure ☐ Acute kidney injury ☐ Acute Hepatitis ☐ Altered mental status ☐
42. Hospital acquired infection 43. If yes, Name of the organism	☐ Yes ☐ No .....
44. Duration of hospital stay	.....days
45. Outcome of hospital stay	☐ Discharged to home ☐ Death in ward ☐ Death in ICU ☐ Death in ward after step down from ICU
46. Cause of death (NA if alive)	.....

SECTION B : CLINICAL EXAMINATION

Parameters	**Day 0 - Before transfusion**	**1st Day post transfusion (24hrs after transfusion)**	**3rd Days post transfusion**	**7th Days post transfusion**
01.Presence of shortness of breath ***(Yes / No)***				
02. Fever***(Yes / No)*** *(temperature >100.4^0 F)*				
03. Cough***(Yes / No)***				
04. Fatigue***(Yes / No)***				
06. Maximum respiratory rate/min in 24 hours				
07. Maximum heart rate/min in 24 hours				
08. GCS(noon) (final number; not in EVM)				

09. SaO2**(%)** on room Air If on Vent (NA) or if not possible to put on				
10. FiO2 req. to maintain SaO2 >92% (Add 3 to 21% for each liter of O2, if on nasal cannula)				
11. Invasive mechanical ventilation***(Yes / No)***				
12. Arterial pH				
13. Lactate (mm/L)				
14. HCO3 (mEq/L)				
15. SaO2/FiO2				
16. PaO2/FiO2				
17. PEEP (Number) (NA if not on Vent)				

SECTION C : INVESTIGATIONS

Parameter	**Day 0 before transfusion**	**1st Day post transfusion (24hrs after transfusion)**	**3rd Day post transfusion**	**7 Day post transfusion**
18. Haemoglobin *(g/dl)*				
19. WBC count (Cell / cumm)				
20. Neutrophil count (%)				
21. Lymphocyte count (%)				
22. Platelets(Lakhs/cumm)				
23. Serum Sodium*(mEq/L)*				
24. Serum Potassium*(mEq/L)*				
25. Creatinine*(mg/dL)*				
26. Total Bilirubin*(mg/dL)*				
27. AST/SGOT *(u/L)*				

28. ALT/SGPT *(u/L)*				
29. PT/INR				
30. aPTT *(seconds)*				
31. Fibrinogen *(mg/dL)*				
32 Ferritin (ng/mL)				
33. LDH (IU/L)				
34. CRP (mg/L)				
35. D-dimer (mg/L)				
36. IL 6 (pg/ml)				
37. Viral Load (Ct Value: Egene; RdRp and N gene)				
38. Chest X ray				

Signature of Doctor: _____ Name:_____Date_____

SECTION D . ADVERSE EVENT RECORDING FORM FOR RECIPIENT OF CCP

(To be monitored for 6 hours after transfusion & fill below Yes or No)

1. Pain (Chest/Abdomen/Flank)		2. Fever (Temp >100.4F)	
3. Reddish Urine		4. Chills/Rigors	
5. Dyspnoea/Wheezing/Stridor		6. Urticaria/ Pruritus	
7. Vertigo		8. Nausea/Vomiting	
9. Perioral paraesthesia		10. Hypothermia (Temp <96.5F)	
11. Tachycardia (Pulse > 100/min)		12. Bradycardia (Pulse 60/min)	
13. Change in Hemodynamic status (BP)		14. Change in respiratory status	

Signature of Doctor: _____Name _____Date_____

Filled by (Signature and Name) _____Date_____

Note:

This Case Report Form (MGH/BB/CCP/CRF/Pt/211) should be filled by doctor /residents/MO at appropriate days after CCP transfusion. A scanned copy of this CRF should be sent to Blood Center, Mahatma Gandhi Medical College and Hospital, Jaipur along with the Transfusion Reporting Form(MGH/BB/CCP/TRF/207) by mail on covidplasmamgh@gmail.com .

Coexisting Chronic Condition

1. COPD – Has known history of COPD or clinical diagnosis during current admission.
2. Diabetes Mellitus - Has known history of Diabetes Mellitus or clinical diagnosis during current admission.
3. Hypertension - Has known history of Hypertension or clinical diagnosis during current admission.
4. Coronary Artery Disease - Has known history of coronary artery disease or clinical diagnosis during current admission.
5. Cerebrovascular Disease – Has known history of cerebrovascular disease or clinical diagnosis during current admission.
6. Liver Cirrhosis – Has known history of liver cirrhosis or clinical diagnosis during current admission.
7. Tuberculosis – Has known history of Tuberculosis or clinical diagnosis during current admission.
8. Cancer – Has known history of malignancy or clinical diagnosis during current admission.
9. Chronic Kidney Disease – Has known history of chronic kidney disease or clinical diagnosis during current admission.
10. Obesity BMI> 30 – Has known history of Obesity or clinical diagnosis during current admission.

Definitions

1. Hypovolemic Shock : Reduction in effective circulating blood volume which leads to MAP <65. Clinically : Cool extremities, pale moist skin, feeble pulse, oliguria.
2. Septic Shock : Patient with a septic source with MAP <65mmHg or requiring vasopressor to maintain MAP >65 despite adequate volume resuscitation. Clinically : fever, extremities warm, full bounding pulse, flushed skin.
3. Cardiogenic Shock – MAP <65 mm Hg after fluid resuscitation. Clinically :Cold extremities, oliguria, thready pulse, crackles tachypnea.
4. Respiratory Failure - SaO2<92% on room air
5. Altered Mental Status – Glasgow Coma Scale <14
6. Acute Kidney Injury – Urine output less than 0.5ml/kg/h for 6 hours or rise in serum creatinine 1.5 times the baseline within 72 hours.

Number of organ failure during hospitalization

a. Heart failure – EF <35%
b. Respiratory failure – SaO2 <92% on room Air.
c. Acute kidney injury – Urine output less than 0.5ml/kg/h for 6 hours or rise in serum creatinine 1.5 times the baseline within 72 hours.
d. Acute Hepatitis – Transaminitis – 5 times the upper limit of normal or 3 times the upper limit of normal along with symptoms.
e. Altered Mental Status - Glasgow Coma Scale <14