To accurately link this patient update to previous record on this patient, please confirm the patient's primary cancer diagnosis.

Do you have access to the ICD-10 code for the patient's primary cancer diagnosis?
- Yes
- No

It is strongly preferred that ICD-10 codes are entered. If you need to look up an ICD-10 code, please refer to this site:
https://www.icd10data.com/ICD10CM/Codes/C00-D49

Primary cancer currently being managed:
Please enter ICD-10, or begin typing cancer type to use auto-fill feature.

Other cancer type:

PATIENT HEALTH STATUS
Date of clinical encounter associated with this report of the patient's COVID-19 and cancer status:

The date you entered is in the future. Please revisit the date field above and revise your entry.
**Patient's ECOG performance status at clinical encounter:**

- 0 - Fully active, able to continue with all pre-disease activities without restriction.
- 1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work.
- 2 - Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
- 3 - Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours.
- 4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
- 5 - Dead

**Has the patient died since the last clinical encounter?**

- Yes
- No

**Date of death:**

---

The date you entered is in the future. Please revisit the date field above and revise your entry.

**Cause of death:**

- Cancer progression
- Complication of cancer treatment
- COVID-19 or complications due to COVID-19
- Another cause unrelated to Cancer or COVID-19
- Unknown cause of death

Although the patient has died, please complete the following information regarding the patient's COVID-19 experience prior to his/her death.

### COVID-19 INFORMATION:

**What is the patient's current (or last known) COVID-19 status?**

- Symptomatic
- COVID-19 test positive but asymptomatic
- Fully recovered with no current symptoms
- Deceased due to COVID-19 or COVID-19 complication
- Deceased due to other or unknown cause

**Given full recovery of symptoms, what is the patient's COVID-19 test status?**

- Patient has tested negative since since resolution of symptoms
- Patient is COVID-19 positive despite resolution of symptoms
- Patient was not retested after symptom resolution (i.e. COVID-19 test status is unknown)
What COVID-19 symptoms has the patient experienced? (check all that apply)

- Fever
- Headache
- Sore throat
- Cough
- Shortness of breath
- Loss of taste or smell
- Vomiting
- Diarrhea
- Other
- None of the above (Asymptomatic)

Other COVID-19 symptoms:

Has the patient developed pneumonia?

- Yes
- No

Is the patient receiving any care or treatment (for COVID-19 or cancer) via telemedicine?

- Yes
- No
- Unsure

Has the patient been hospitalized for COVID-19 or COVID-19 complications?

- No
- Yes, but not in the intensive care unit
- Yes, in the intensive care unit

Has the patient been admitted to a temporary hospital, such as a field hospital or other building converted to hospital for the COVID-19 crisis?

- Yes
- No
- Unknown

Date of admission to hospital:

The date you entered is in the future. Please revisit the date field above and revise your entry.

Date of admission to intensive care unit:

The date you entered is in the future. Please revisit the date field above and revise your entry.

Has the patient been discharged from the intensive care unit?

- Yes
- No

Date of discharge from the ICU:

The date you entered is in the future. Please revisit the date field above and revise your entry.
Has the patient been discharged from the hospital?  
- Yes  
- No

Date of discharge from hospital: ____________________________

The date you entered is in the future. Please revisit the date field above and revise your entry.

**What COVID-19 treatments has the patient received?**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Yes</th>
<th>No</th>
<th>Unsure or unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental oxygen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventilator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-COVID-19 drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other treatment approaches</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What date did the patient start supplemental oxygen? ____________________________

The date you entered is in the future. Please revisit the date field above and revise your entry.

Is the patient still on supplemental oxygen?  
- Yes  
- No  
- Unsure

When did the patient stop using supplemental oxygen? ____________________________

The date you entered is in the future. Please revisit the date field above and revise your entry.

What date did the patient start treatment with a ventilator? ____________________________

The date you entered is in the future. Please revisit the date field above and revise your entry.

Is the patient still on a ventilator?  
- Yes  
- No  
- Unsure

When did the patient stop using a ventilator? ____________________________
The date you entered is in the future. Please revisit the date field above and revise your entry.

**Which anti-COVID-19 drugs has the patient received?**
(check all that apply)

- ribavirin
- remdesivir
- lopinavir + ritonavir (kaletra)
- avipiravir
- hydroxychloroquine
- chloroquine
- tocilizumab
- siltuximab
- azithromycin
- losartan
- convalescent plasma
- mesenchymal stem cells
- IVIG
- Other
- Unknown

**Other anti-COVID19 drugs:**

---

**Has the patient had any of the following SYSTEMIC complications during his/her COVID-19 illness?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure/Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleeding</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Disseminated intravascular coagulation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Multiorgan failure</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sepsis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Has the patient had any of the following PULMONARY complications during his/her COVID-19 illness?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure/Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARDS</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pneumonitis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pulmonary embolism</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Respiratory failure</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Has the patient had any of the following CARDIOVASCULAR complications during his/her COVID-19 illness?</td>
<td>Yes</td>
<td>No</td>
<td>Unsure/Unknown</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Cardiac arrythmia</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Cerebrovascular accident (e.g., CVA, stroke)</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Deep venous thrombosis</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Myocardial infarction</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has the patient had any of the following GASTROINTESTINAL complications during his/her COVID-19 illness?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure/Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute hepatic injury</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Bowel perforation</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has the patient had any of these OTHER complications during his/her COVID-19 illness?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure/Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute renal failure</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Encephalopathy</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>Seizures</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
</tbody>
</table>

**CLINICAL TRIAL PARTICIPATION**

Has the patient received treatment for COVID-19 as part of a therapeutic clinical trial?  
- ⬜ Yes  
- ⬜ No