|  |
| --- |
| 1. Contact details |
| |  |  | | --- | --- | | Full name: |  | |  |  | | Email address: |  | |
| 2. Demographics |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Date of birth: |  |  | / |  |  | / |  |  |  |  | |  | D | D |  | M | M |  | Y | Y | Y | Y |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Gender: |  | Male |  |  | Female |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Ethnicity: | |  |  |  |  | |  |  |  |  |  |  | |  | English/Welsh/Scottish/Northern Irish/British |  |  | Chinese |  | |  |  |  |  |  |  | |  | Irish |  |  | Any other Asian background |  | |  |  |  |  |  |  | |  | Gypsy or Irish Traveller |  |  | White and Black Caribbean |  | |  |  |  |  |  |  | |  | Any other White background |  |  | White and Black African |  | |  |  |  |  |  |  | |  | Indian |  |  | White and Asian |  | |  |  |  |  |  |  | |  | Pakistani |  |  | African |  | |  |  |  |  |  |  | |  | Bangladeshi |  |  | Caribbean |  | |  |  |  |  |  |  | |  | Any other mixed/multiple ethnic groups |  |  | Arab |  | |  |  |  |  |  |  | |  | Any other Black/African/Caribbean background |  |  | Any other ethnic group: |  | |  |  |  |  |  |  | |  | Prefer not to say/unknown |  |  |  | |  |  |  |  |  |  | |
| 3. Research samples |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Kit barcode ID: |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | Date samples taken: |  |  | / |  |  | / |  |  |  |  | |  | D | D |  | M | M |  | Y | Y | Y | Y | |  |  |  |  |  |  |  |  |  |  |  | | Time first sample taken: |  |  | : |  |  |  |  |  |  |  | | *(24hr clock)* | H | H |  | M | M |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |
| 4. Past Medical History *(Tick all that apply)* |
| |  |  | | --- | --- | |  | Not applicable |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | Heart disease |  |  | Active malignancy *(last 6 months)* | |  | |  |  |  |  |  | | | |  | |  | Renal impairment |  |  | Immunosuppression | | | |  | |  |  |  |  |  | | | |  | |  | Steroid therapy |  |  | Other chronic lung disease | | | |  | |  |  |  |  |  | | | |  | |  | Asthma |  |  | Please specify: |  | | |  | |  |  |  |  |  | | | |  | |  | Diabetes |  |  | Hypertension | | | |  | |  |  |  |  |  | | | |  | |  |  |  |  |  | | | |  | |  |  |  |  |  | | | |  | |
| 5. COVID Status |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Have you previously had a test for SARS-CoV-2 infection? | | | | | | | | | |  | Yes\* |  |  | No |  |  | Unknown |  | | \*If yes, what was the test result? | | | | | | | | | |  | Positive |  |  | Negative |  |  | Indeterminate |  | |  | | | | | | | | | |
| **OFFICE USE ONLY** |
| Study ID number |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Study ID Number: |  |  | - |  |  |  | |
| Research sample results |
| RT-PCR   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | SARS-CoV-2 |  | RNA detected\* |  |  | No RNA detected |  |  | Not done |   Mass Spec swab   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | SARS-CoV-2 |  | RNA detected\* |  |  | No RNA detected |  |  | Not done |   Mass Spec saliva   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | SARS-CoV-2 |  | RNA detected\* |  |  | No RNA detected |  |  | Not done | |
| CRF completion |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Date completed: |  |  | / |  |  | / |  |  |  |  | |  | D | D |  | M | M |  | Y | Y | Y | Y | |  |  |  |  |  |  |  |  |  |  |  | | Completed by (print name): |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |