

## Global COVID-19 Clinical Platform

Case Report Form (CRF) for Post COVID condition (Post COVID-19 CRF)

The WHO has established a Global Clinical Data Platform<sup>1</sup> of COVID-19 and invites all Member States and health facilities to report anonymised patient-level clinical information to the WHO platform using standardized Case Report Form (CRF):

- o Core CRF captures clinical information of individuals hospitalized for COVID-19
- o Core-P CRF has information of pregnant women hospitalized for COVID-19
- MIS-CRF has information related to multisystemic inflammatory syndrome in children and adolescents temporally related to COVID-19
- Post COVID-19 CRF, designed to build upon the Core CRF and assess the medium- and long-term sequelae of COVID-19

## The Post COVID-19 CRF includes 3 modules:

Module 1 includes background demographic and clinical information of the acute episode of COVID-19.

Module 2 includes questions to help identifying patients who require further clinical evaluation.

**Module 3** includes medical assessment and results of examinations, tests, or diagnosis made during the follow up visit. Based on results, patients should be referred for clinical care, or rehabilitation as per national protocols.

The Post COVID-19 CRF is intended to serve as: (i) A clinical tool that can be used by Member States to document the mid- and long-term sequelae of COVID-19. Uniformity in the follow up of patients could ensure that mid- and long-term clinical and rehabilitation needs are identified, and patients are provided the care they need; (ii) WHO is not necessarily recommending the comprehensive testing described in the CRF for all individuals; clinician judgement is required to select the test needed for clinical care. This CRF is a tool for gathering standardized information regarding the post COVID-19 condition through the WHO Clinical Data Platform. Such data collation and its analysis would improve national and global knowledge of the consequences of COVID-19, inform further public health responses and prepare for large investigational studies.

**Criteria for completion of Post COVID-19 CRF**: Variables' dictionary available on WHO website<sup>1</sup> support data entry. The CRF can be administered either as part of routine follow up or at a specific time point to any patient in the post-acute phase of COVID-19, regardless of hospitalization. While it is suggested to prioritize the completion of the CRF for patients *who were hospitalized for a severe or critical* episode of COVID-19, the CRF should be administered, where possible, also to patients who suffered from COVID-19, including those with mild or moderate illness, and who *received care either at home or in a hospital setting*.

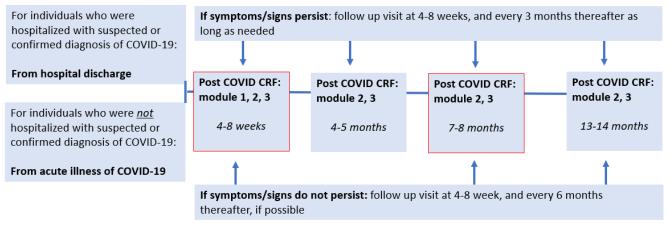
**Time-points for administration**: The form can be completed any time during follow up after an acute episode of COVID-19. However, to support standardization and data comparability, it should preferably be completed 4 to 8 weeks and 6 months after hospital discharge from the acute ward or after acute illness for individuals who have not been hospitalized. In case of persistent symptoms/signs after hospital discharge or after acute illness, it is recommended to complete the CRF at 3-month intervals, for as long as needed, or at 6 months interval, if no symptoms persist (see figure below).

## Mode of administration:

**Module 1-2**: face-to-face administration and completion by a health care worker is preferred. However, when this is not possible, the form can be either self-administered, or completed remotely (online or through telephone) by the caregiver. For children, the form should be completed by the primary caregiver (preferred) or by the legal guardian. **Module 3:** face-to-face administration and completion by a health care worker.

## Module 1 needs to be completed only once during the first follow up visit, while Modules 2 and 3 should be completed at every follow up visit.

**General guidance:** Please contact **COVID\_ClinPlatform@who.int** if you need assistance with data entry, if you have any query on the CRF, and to let us know that you are using the forms.



<sup>&</sup>lt;sup>1</sup> https://www.who.int/teams/health-care-readiness-clinical-unit/covid-19/data-platform

Module 1, page 1



Mental health conditions:

Any other condition:

If Yes, specify:

**Tuberculosis:** 

Obesity (BMI>30):

#### Module 1: Background demographical and epidemiological information This module is completed by patient caregiver (in case of children) health care worker Facility name of follow up visit (if applies) Country Date of module 1 completion: [ D ][ D ]/[ M ][ M ]/[ Y ][ Y ][ Y ][ Y ][ Y ][ Y 1.1 Acute episode of COVID-19 information (first episode, in case of re-infection) Does the patient have a WHO Rapid Core CRF Participant ID? If Yes, report PARTICIPANT ID of CORE CRF I\_\_\_I I\_\_I 1.2 Demographics Sex at Birth: Male Female Not specified Age: [ ][ ][ ] years; OR [ ][ ] months [ ][ ] days Height (Length): [ ][ ][ ] cm Weight: [ ][ ][ ] kg **Highest level of education completed?** No schooling or never completed any grade Elementary school Vocational school Secondary school University In the last 3 years, has the participant ever stayed overnight in a hospital, rehabilitation facility, or long-term care facility? Yes, a hospital Yes, a rehabilitation facility Yes, a long-term care facility All No Unknown Was the participant a long-term care facility resident prior to initial COVID-19 diagnosis? Yes No Unknown Ethnicity/background: Asian Black White Mixed Arab Latino Other Unknown Smoking: Current Former Never Unknown Substance abuse: Yes No Unknown; If yes: Alcohol Drug Other Was this participant employed as a health care worker or laboratory staff since Jan 1st, 2020? Yes No Unknown **Pregnancy information** Was the participant pregnant during the acute illness of COVID-19? Yes No Unknown; If yes, gestational weeks at COVID-19 diagnosis/clinical suspicion: [\_][\_] weeks Unknown; If pregnant during the acute illness, outcome of pregnancy? Miscarriage Induced abortion Still birth Live birth Still pregnant; If pregnant during the acute illness, and currently not pregnant: gestational age at the time of delivery/abortion? [ ][ ] weeks; If delivered, mode of delivery? Vaginal Assisted vaginal Caesarean section; Is the participant currently pregnant? Yes No Unknown; If yes, gestational weeks [][]Weeks Unknown; If recently pregnant, is the participant currently breastfeeding? Yes No Unknown 1.3 Pre-existing conditions in the year prior to your acute illness of COVID-19: In the year prior to the acute illness of COVID-19, has the participant been diagnosed with any of the following conditions? Asplenia: Yes No Unknown: Cancer: Yes No Unknown: Chronic heart disease (not hypertension): Yes No Unknown; Chronic kidney disease: Yes No Unknown; Chronic liver disease: Yes No Unknown; Chronic lung disease: Yes No Unknown; Chronic neurological disorder: Yes No Unknown: If Yes, specify: Dementia Stroke Multiple Sclerosis Parkinson's Disease; **Diabetes:** Yes No Unknown: HIV: Yes No Unknown; If Yes, was on ART? Yes No Unknown; If Yes, what regimen? Protease inhibitor-based ART; NNRTI-based ART Integrase inhibitor-based ART; Last viral load test: copies/ml; Last CD4 cell count: [ ][ ][ ][ ] cells/mm<sup>3</sup>; Hypertension: Yes No Unknown; If Yes, did the participant receive medication? Yes No Unknown; Immunodeficiency: Yes No Unknown:

Yes No Unknown.

Yes No Unknown:

Yes No; If yes, specify

psychoses depression anxiety;

Yes No Unknown; If yes Active Previous;



Organizatio	n	
1.4 Diagnosis o	f acute illness of COVID-19 (first episode, in case of re-infectio	n)
	symptoms of <b>acute</b> COVID-19: _D_]_D_/_M_]_M_]/_Y_]_Y	
	nt receive a diagnosis of COVID-19 by a health care worker dur	
Yes No Unl	known;	-
Did the participa	nt have a diagnostic test? Yes No Unknown;	
	the 3 questions below:	
	nt have a <b>PCR test</b> during the acute illness?	
	Yes, negative Not performed Unknown;	
If positive, date	of positive PCR test: [D_][D_]/[M_][M_]/[Y_][Y_][Y_][Y	1
	nt have an <b>antigen test</b> (rapid test) during acute illness?	_
	Yes, negative Not performed Unknown;	
	of positive antigen test: [D][D]/[M][M]/[Y][Y][Y][Y][	Yl
	nt have an <b>antibody test</b> during/after the acute illness?	
	Yes, negative Not performed Unknown;	
	of positive antibody test: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_]	[Y]
	e severity of acute illness of COVID-19 based on WHO criteria	
	lassification that applies: Mild Moderate Severe Critical	
WHO Clinical	Based on available clinical records	Based on self-report, if clinical
Classification		records are not available
Mild	No hypoxia or pneumonia	Did not receive oxygen
Moderate	Clinical signs of non-severe pneumonia AND SpO2>90% on	
	room air	
Severe	Adults/adolescents: Clinical signs of severe pneumonia AND	Received oxygen
	SpO2 <90% on room air; <i>OR</i>	(or told you they needed it,
	RR > 30 breaths/min	but it was not available)
	Children: Clinical signs of severe pneumonia AND at least one	
	of the following: central cyanosis; OR SpO2 < 90%; OR severe	
	respiratory distress (e.g. fast breathing, grunting, very severe	
	chest indrawing); OR general danger sign(s) (inability to	
	breastfeed or drink, lethargy or unconsciousness, convulsions)	
Critical	ARDS; OR sepsis/septic shock; OR pulmonary embolism, acute	Received invasive ventilation
	coronary syndrome, acute stroke;	(or max available respiratory
	OR Multi-Inflammatory Syndrome in Children and adolescents	support)
	temporally related to COVID-19	
1 E Clinical man	exament while upwell during the south COVID 10 epicede	
	agement while unwell during the acute COVID-19 episode care received during the acute episode? Admitted to the ho	spital Solf care/Over the
	d at home/Telemedicine Outpatient Unknown;	Spital Sell-Cale/Over-life-
If admitted to th		
	admission: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_];	
	discharge: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]; ital stay (total) during acute episode of COVID-19: II II I	I days;
	ant admitted to Intensive Care Unit or lower dependency unit?	<u> </u>
	ant receive oxygen therapy during the acute illness? Yes	
	rticipant receive invasive ventilation (a machine that breaths for	
	rticipant receive non-invasive ventilation (a machine that breaths for s	
	Yes No Unknown;	ssunzeu an anu oxygen to help
If yes, complete	the participant receive <b>treatment for COVID-19</b> ? Yes No;	
	ved? Yes No Unknown;	
		as (a a ciproflovacio
n yes, specily:		nes (e.g. ciprofloxacin,

If yes, specify: Macrolides (e.g. Azithromycin, clarithromycin) Fluoroquinolones (e.g. ciprofloxacin, levofloxacin 3rd and 4rd generation Cephalosporins (e.g. ceftriaxone, cefotaxime, ceftazidime, cefepime)

Carbapenems (e.g. imipenem, meropenem) Piperacillin + Tazobactam Amoxicillin-clavulanate

Cotrimoxazole Other antibiotics

Duration of antibiotics therapy (days): [\_\_][\_\_]

Antithrombotic/anticoagulation drugs received? Yes No Unknown;

If yes specify: Unfractionated heparin Low molecular weight heparin Warfarin Direct oral anticoagulant Other \_\_\_\_\_\_; Dose: □Preventive dose □Therapeutic dose

;

Antiviral drugs received? Yes No Unknown;

If yes, specify: Lopinavir/Ritonavir Darunavir +/- cobicistat Remdesivir Favipiravir Acyclovir/Ganciclovir Oseltamivir Other \_\_\_\_\_;



1.5 Clinical management whil	e unwell during the acute COVID-19 episode continuation
Blood-derived products recei	ved? Yes No Unknown;
	bulin Convalescent plasma Other;
Chloroquine/hydroxychloroq	uine received? Yes No Unknown;
If Yes, purpose: malaria proph	nylaxis COVID-19 prophylaxis; COVID-19 treatment
Experimental agents:	
Ivermectin received?	
Interferon received?	
Eculizumab received?	
Pytotherapy received?	
IL-1 Antagonists received?	
	Anakinra Canakinumab; Other IL-1 antagonist;
IL-6 Antagonists received?	
If Yes, specify:	
Kinase Inhibitors received?	
If Yes, specify:	Acalabrutinib Ibrutinib Zanubrutinib Baricitinib Ruxolitinib Tofacitinib
	Ruxolitinib; Other Kinase inhibitors;
Neutralizing monoclonal antiboo	dies received? Yes No Unknown; If Yes, specify:;
Other agents:	Yes No Unknown; If Yes, specify:;
Steroids received? Yes No	o Unknown;
If yes specify: Dexamethason	e Hydrocortisone Prednisone Methylprednisolone Other
Duration of steroid therapy (day	/s): [][] Dose: Route: □Oral □Intravenous □Inhaled

World Health Organization PARTICIPANT ID <sup>2</sup> I		<u>                                     </u>		I I
Module 2. Follow up interview				
This module is completed by  patient caregiver (in case of children	) □health care worker			
Date of follow up interview: [D_][D_]/[M_][M_]/[Y_][Y_][Y_]	_Y_]			
Country City: Facility name (if applie	es)			
2.1 Hospital admission after the acute illness of COVID-19				
Was the participant <b>admitted to the hospital</b> for a possible <b>complic</b> Yes No Unknown; If yes, date of (re)admission [_D_][_D_]/[_M_ specify type of complication in section 3.5	ation of COVID-19 aft ][_M_]/[_Y_][_Y_][_Y_]	er the acu [[_Y_] and	u <b>te illne</b> I please	ess?
2.2 Reinfection				
Did the participant experience a second episode/reinfection with SAF	RS-CoV-22 Yes No.	Unknow	'n	
If yes, date of <b>second positive PCR:</b> [D][D]/[M][M]/[Y][		Ontriow		
What is the highest level of care received during the second episode		nital Sel	lf-care/C	Over-
the-counter Outpatient/Telemedicine Community facility Unknow				
2.3 Vaccination status for Covid-19				
Did the patient receive a Covid-19 vaccine? Yes No Unknown				
If yes, number of doses received: 1 2 Unknown Product name of COVID-19 vaccine dose 1:				
Moderna Pfizer-BioNTech AstraZeneca Janssen Novavax	Other Unknown:			
Date of vaccine dose 1: [ D ][ D ]/[ M ][ M ]/[ Y ][ Y ][ Y ][ Y ]	Other Orknown,			
Product name of COVID-19 vaccine dose 2:				
Moderna Pfizer-BioNTech AstraZeneca Janssen Novavax	Other Unknown			
Date of vaccine dose 2: $[D][D]/[M][M][Y][Y][Y][Y]$	Other Offkhown,			
	Passport/Facility based	record/oth	er): Re	ecall
Source of information:         Documented Evidence (Vaccine card/Vaccine <b>2.4 Occupational status</b> Is there a change in the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as compared as the duration (hours) of working or schooling as the duration (hours) of working or school	· · ·		•	ecall -19?
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Source of information:       Documented Evidence (Vaccine card/Vaccine <b>2.4 Occupational status</b> Is there a change in the duration (hours) of working or schooling as convergence         Yes       No       Unknown;         If yes, specify:       Working/schooling time increased       Working/school         schooling since COVID-19       Unknown;       If less or not working or schooling, what is the reason?       Poor he         school less or not available due to COVID-19 restrictions       Other       P <b>2.5 Functioning</b> (do not need complete this section for children <15)	mpared to before acute bling time decreased alth New caring respo refer not to say Unkn	illness of Stopped v	COVID-	-19? or
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Source of information:       Documented Evidence (Vaccine card/Vaccine <b>2.4 Occupational status</b> Is there a change in the duration (hours) of working or schooling as corves. No Unknown;         If yes, specify:       Working/schooling time increased       Working/schooling since COVID-19         Unknown;       If less or not working or schooling, what is the reason? Poor he school less or not available due to COVID-19 restrictions       Other <b>2.5 Functioning</b> ( <i>do not need complete this section for children &lt;15</i> Ability to self-care:       Same as before COVID-19       Worse <b>Ability to self-care:</b> Same as before COVID-19       Worse       Be <b>Think back over the past 7 days</b> .       How much difficulty has the participant had with the following:         Standing for long periods such as 30 minutes?       Taking care of your household responsibilities?         Learning a new task, e.g. learning how to get to a new place?       Joining in community activities (e.g. festivities, religious, other)?         Being emotionally affected by your health problems?       Concentrating on doing something for ten minutes?         Walking a long distance such as a kilometre (or equivalent)?       Washing your whole body?         Getting dressed?       Dealing with people you do not know?         Maintaining a friendship?       Maintaining a friendship?	mpared to before acute oling time decreased s alth New caring respond refer not to say Unkn (vrs) tter Unknown Score: 0 No Difficulty 1 Mild Difficulty 2 Moderate Difficulty 3 Severe Difficulty 4 Extreme Difficulty or	E illness of Stopped w onsibility own Compar COVID- better/w	COVID- vorking Work o red to be 19, are y rorse/sa	-19? or r efore /ou ime?
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<sup>&</sup>lt;sup>2</sup> **Participant ID**: obtain the 4-digit **site code** by contacting COVID\_ClinPlatform@who.int. Enter a 5-digit **patient number** (e.g. 00001, 00002, etc) and record the information in a logbook



2.6 Incidence of symptoms after acute illness of COVID-19 Did the participant experience any of the following symptoms after the acute illness of COVID-19/ since hospital discharge for COVID-19, that were not experienced before the acute episode of COVID-19? Yes No Unknown; **If ves**, please respond to questions below: Anxiety: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Behaviour change: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Can't move and/or feel one side of body or face: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Chest pain: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Constipation: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Depressed mood: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Diarrhoea: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; **Dysmenorrhea** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; **Dizziness/light headedness:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Fainting/blackouts: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Fever: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Forgetfulness: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Jerking of limbs: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Joint pain/swelling: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Loss of appetite: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Loss of interest/pleasure: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Lumpy lesions: (purple/pink/bluish) on toes/COVID toes: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; **Nausea/vomiting:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Numbness or tingling: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Pain on breathing: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; **Palpitations:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Persistent dry cough: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; **Persistent fatigue:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; **Problems hearing:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Persistent headache: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Persistent muscle pain: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; **Post-exertional malaise:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; **Problems passing urine:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Problems seeing: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Problem swallowing: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; **Problems with balance:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; **Problems with gait/falls:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Reduced smell: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Reduced taste: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; **Ringing in ears:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Seizures: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Shortness of breath: Yes, but not present anymore Yes, still present; If yes: Present At rest With activity; Yes, intermittent No Unknown; Skin rash: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; If yes, please tick all areas of the body that apply: Face Trunk (stomach or back) Arms Legs Buttocks Toes Fingers; **Slowness of movement:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Sleeping less: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Sleeping more: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Stiffness of muscles: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Stomach pain: Yes, but not present anymore Yes still present Yes, intermittent No Unknown; **Swollen ankles:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; **Tremors:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Trouble in concentrating: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Weakness in limbs: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Weight loss: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; The following questions should not be completed for children <15yrs: Erectile dysfunction: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown; Hallucinations (seeing or hearing things others don't see or hear): Yes, but not present anymore Yes, still present Yes, intermittent No Unknown

Module 3, page 1



## Module 3: Clinical examinations, laboratory tests and diagnosis during follow up visit

This module should be completed by a health worker to report on examinations/tests undertaken during the current follow up visit. **Date of follow up visit:** [\_D\_][\_D\_]/[\_M\_][\_M\_]/[\_Y\_][\_Y\_][\_Y\_]]

Country \_\_\_\_\_ City: \_\_\_\_\_ Facility name (if applies) \_\_\_\_\_

3.1 Neurological examination

Was a neurological examination performed? Yes No Unknown; If yes, findings were: Normal Abnormal Unknown; If abnormal, select below the abnormalities that apply: Aphasia: Yes No Unknown; Ataxia: Yes No Unknown; Confusion, disorientation or otherwise abnormal mental status: Yes No Unknown; Dysarthria: Yes No Unknown; Dystonia: Yes No Unknown; Facial weakness: Yes No Unknown; Hearing loss: Yes No Unknown; Hemiparesis: Yes No Unknown; Neuralgia: Yes No Unknown; Paraparesis: Yes No Unknown; Sensory Loss: Yes No Unknown; Tremor or abnormal movements: Yes No Unknown; Vision loss (including ocular, field cut): Yes No Unknown

## 3.2 Radiographic examinations

Did the participant perform any radiographic examination? Yes No Unknown; **If yes**, please specify type of exam and results: **CT Scan Brain:** Done Not done Unknown; **If done:** Normal Abnormal, likely unrelated to COVID-19 Abnormal, likely related to COVID-19 Abnormal, but unknown if related to COVID-19;

**CT Scan Chest:** Done Not done Unknown; **If done:** Normal Abnormal, likely unrelated to COVID-19 Abnormal, likely related to COVID-19 Abnormal, but unknown if related to COVID-19;

**Echocardiogram:** Done Not done Unknown; **If done:** Normal Abnormal, likely unrelated to COVID-19 Abnormal, likely related to COVID-19 Abnormal, but unknown if related to COVID-19;

Lung ultrasound: Done Not done Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Abnormal, likely related to COVID-19 Abnormal, but unknown if related to COVID-19;

**MRI Brain:** Done Not done Unknown; **If done:** Normal Abnormal, likely unrelated to COVID-19 Abnormal, likely related to COVID-19 Abnormal, but

# 预览已结束, 完整报告链接和二维码如下:



https://www.yunbaogao.cn/report/index/report?reportId=5\_24101