Additional file 3: Case Report Form – New Case – ER

ER Consultation	Date and time _ _ /_ _/ _ _ _ _, _ _:_ _ (dd/mm/yyyy, hh:mm)	
Doctor's Last Name	_____	
Demographics	Date of birth _ _ /_ _/ _ _ _ _ (dd/mm/yyyy)	
Patient Hospital Number:	_____	
Gender	Male ☐, Female ☐	
Ethnicity	Caucasian	☐
	Asian	☐
	African	☐
	Other/mix _____	☐
Comorbidities	Cardiovascular	☐
	Respiratory	☐
	Neurological	☐
	Diabetes Mellitus	☐
	Rheumatological	☐
	Other:_____	☐
Suspicion of appendicitis	Yes	☐
	No	☐
Alvarado score	Abdominal pain that migrates to the right iliac fossa	☐
	Anorexia (loss of appetite) or ketones in the urine	☐
	Nausea or vomiting	☐
	Tenderness (Pain on pressure) in right iliac fossa	☐
	Rebound tenderness	☐
	Raised temperature (≥37.3℃)	☐
	Leukocytosis (>10 WCC x10^9/L)	☐
	Neutrophils >75% (left shift)	☐
	Time from symptoms to ER consultation	____ hours
Consent obtained	Yes	☐
	No	☐
Blood obtained for PSP	Yes	☐
	No	☐
	Date and time: _ _ /_ _/ _ _ _ _, _ _:_ _ (dd/mm/yyyy, hh:mm)	
Re-Attendance to ER	Yes	☐
	No	☐
Patient status	Admitted for appendectomy/observation/referred	☐
	Discharged home directly from the Emergency Room	☐