



Site ID

 Participant number
Patient Data

1 Enrolment Date	<input type="text"/>	5 Age	<input type="text"/>
2 Clinic name	<input type="text"/>	6 Gender	<input type="text"/>
3 Clinic folder #	<input type="text"/>	7 Race	<input type="text"/>
4 Date of birth	<input type="text"/>	8 Place of residence	<input type="text"/>
Antibiotics administered in the last 30 days?		Informed consent obtained?	
<input type="checkbox"/> N <input type="checkbox"/> Y		<input type="checkbox"/> N <input type="checkbox"/> Y	

Pharyngitis

1 Cough	<input type="checkbox"/> N <input type="checkbox"/> Y	8 Exudate on the tonsils	<input type="checkbox"/> N <input type="checkbox"/> Y
2 Rhinorrhoea	<input type="checkbox"/> N <input type="checkbox"/> Y	9 Oropharyngeal candidiasis	<input type="checkbox"/> N <input type="checkbox"/> Y
3 Hoarseness	<input type="checkbox"/> N <input type="checkbox"/> Y	10 Tender anterior cervical node	<input type="checkbox"/> N <input type="checkbox"/> Y
4 Temperature > 38C	<input type="checkbox"/> N <input type="checkbox"/> Y	11 Ant cervical node > 1.5cm in diameter	<input type="checkbox"/> N <input type="checkbox"/> Y
5 Tonsillar erythema	<input type="checkbox"/> N <input type="checkbox"/> Y	12 Rash	<input type="checkbox"/> N <input type="checkbox"/> Y
6 Tonsilla swelling	<input type="checkbox"/> N <input type="checkbox"/> Y	13 Conjunctivitis	<input type="checkbox"/> N <input type="checkbox"/> Y
7 Exudate on the pharynx	<input type="checkbox"/> N <input type="checkbox"/> Y	14 Rapistrep	<input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Ndone
Time of swab collection		<input type="text"/>	

Invasive GAS

Diagnosis: _____	Date of onset: <u>yyyy/mm/dd</u>
Specimen isolated from:	Clinical presentation:
Blood	<input type="checkbox"/> N <input type="checkbox"/> Y Bacteraemia
Joint	<input type="checkbox"/> N <input type="checkbox"/> Y Septic arthritis
Deep tissue	<input type="checkbox"/> N <input type="checkbox"/> Y Toxic shock-like syndrome
CSF	<input type="checkbox"/> N <input type="checkbox"/> Y Necrotising fasciitis
Abscess	<input type="checkbox"/> N <input type="checkbox"/> Y Pneumonia
Bone	<input type="checkbox"/> N <input type="checkbox"/> Y Erysipelas
Other sterile site?	<input type="checkbox"/> N <input type="checkbox"/> Y Other
<i>Please specify:</i>	<i>Please specify:</i>
_____	_____

Clinical Management

Admitted to ICU?	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Unclear	<i>If YES, number of days spent in ICU following GAS isolation?</i>
Surgical intervention	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Unclear	<i>If YES, number of days spent in ICU following GAS isolation?</i>
Outcome (one week after GAS isolation) : <i>alive/RIP/unsure</i>		
If RIP: date of death <i>(dd/mm/yyyy)</i>		
RIP - GAS as main cause of death	<input type="checkbox"/>	
RIP - GAS contributed	<input type="checkbox"/>	
RIP - GAS contribution unknown	<input type="checkbox"/>	
RIP - GAS did not contribute (cause unknown)	<input type="checkbox"/>	
RIP - GAS did not contribute (cause known)	<input type="checkbox"/>	

Person completing form	(Signature)
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<i>For Coordinating Centre Use</i>	Awaiting Info	Complete	Entered	Verified
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