

# Screening

Participant ID

---

Date Screened

---

(mm-dd-yyyy or enter "-99" if unknown)

Sex

Male  Female

Is the potential participant alive?

Alive  Deceased

Will the participant be approached/contacted for consent?

Will be approached for consent  
 Will not be approached for consent

Reason participant will not be approached/contacted for consent (choose all that apply)

- Does not want to be a part of research
- Concerned about confidentiality
- Too much of a time commitment
- Refusal to follow study visit schedule
- Physician decision that participant is not a good candidate for the study
- Travel distance to/from site too far for study visits
- Older than 21 years of age at time of consent
- Did not have fever of at least 38 degrees C for at least 24 hours, either documented or reported
- No laboratory evidence of inflammation as outlined in the protocol
- No evidence of clinically severe illness requiring hospitalization with multisystem organ involvement
- Negative result for SARS-CoV-2 infection
- No known COVID-19 exposure within 4 weeks prior to onset of symptoms
- Has plausible alternative diagnosis as outlined in the protocol
- Other

If other reason, please specify

---

Will you collect retrospective data under a waiver of consent?

Will enroll in study with waiver  
 Will not enroll in study

Reason waiver of consent will not be enacted and data not collected (choose all that apply)

- Older than 21 years of age at time of consent
- Did not have fever of at least 38 degrees C for at least 24 hours, either documented or reported
- No laboratory evidence of inflammation as outlined in the protocol
- No evidence of clinically severe illness requiring hospitalization with multisystem organ involvement
- Negative result for SARS-CoV-2 infection
- No known COVID-19 exposure within 4 weeks prior to onset of symptoms
- Has plausible alternative diagnosis as outlined in the protocol
- Other

---

If other reason, please specify

---

---

Did this person participate in the Overcoming COVID-19 study in some way (Please ask OC-19 study team rather than asking the participant/family)?

Yes  No

---

Hashed Identifier

---

(If unknown, enter "-99")

# Informed Consent and Enrollment

Participant ID \_\_\_\_\_

WARNING: The Screening form does NOT indicate that this participant will be approached for consent. Please check the Screening form before moving forward

Acknowledged

## Study Consent

Was consent obtained from the Participant/Parent/Legal guardian?  Yes  No

Date consent signed \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

## Genetic Biorepository Consent

Did the Participant/Parent/Legal guardian agree to genetic biorepository?  Yes  No

Did the participant agree to: "I agree to have my data and samples shared in a central biobank after PHN funding ends for future studies in heart disease and other diseases."  Yes  No

Did the participant agree to: "I agree to be contacted in the future for return of results of my genetic testing."  Yes  No

Did the participant agree to: "I agree to be contacted in the future to collect health information about me and my family and to be offered participation in new studies."  Yes  No

## Health Plan Claims Data

RELEASE OF HEALTH PLAN CLAIMS DATA (for use only for those insured by an Anthem Health Plan - US Only)  Not Applicable  Yes  No

Name of Health Plan \_\_\_\_\_

---

Reason for not obtaining informed consent (choose all that apply)

- Does not want to be a part of research study
- Concerned about confidentiality
- Too much of a time commitment
- Refusal to follow study visit schedule
- Physician decision that participant is not a good candidate for the study
- Travel distance to/from site too far for study visits
- Older than 21 years of age at time of consent
- Did not have fever of at least 38 degrees C for at least 24 hours, either documented or reported
- No laboratory evidence of inflammation as outlined in the protocol
- No evidence of clinically severe illness requiring hospitalization with multisystem organ involvement
- Negative result for SARS-CoV-2 infection
- No known COVID-19 exposure within 4 weeks prior to onset of symptoms
- Has plausible alternative diagnosis as outlined in the protocol
- Could not reach participant
- Other  
(If participant is now deceased, please return to Screening form and change information to indicate deceased.)

---

Please specify:

\_\_\_\_\_

---

Was the participant enrolled under waiver of consent after 3 unsuccessful attempts were made to contact them?

Yes  No

---

Reason three attempts not made to reach the potential participant?

\_\_\_\_\_

# Eligibility

Participant ID \_\_\_\_\_

WARNING: The Screening and Informed Consent forms do NOT indicate that this participant has consented or will have a waiver of consent. Please check the Screening and Informed Consent forms before moving forward

Acknowledged

## Inclusion Criteria

1. Age < 21 years.  Yes  No

2. Fever above or equal to 38 degrees Celsius for at least 24 hours, or report of subjective fever lasting at least 24 hours.  Yes  No

3. Laboratory evidence of inflammation, including, but not limited to, one or more of the following: an elevated CRP, ESR, fibrinogen, procalcitonin, d-dimer, ferritin, LDH, or IL-6, elevated neutrophils, reduced lymphocytes and low albumin.  Yes  No

4. Evidence of clinically severe illness requiring hospitalization, with multisystem (2 or more) organ involvement, based on clinical judgment from record review, discharge diagnosis, laboratory or diagnostic tests. Organ system involvement includes but is not limited to cardiac, renal, respiratory, hematologic including coagulopathy, gastrointestinal including liver, dermatologic or neurological.  Yes  No

5. Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the 4 weeks prior to the onset of symptoms  Yes  No

## Exclusion Criteria

6. No plausible alternative diagnosis, such as bacterial sepsis, murine typhus, staphylococcal or streptococcal shock syndromes.  Yes  No

**ALERT: Please verify all INCLUSION criteria and no EXCLUSION criteria are met by participant, and a "1" is displayed here for the participant to participate in the study.**

Eligible \_\_\_\_\_

Date of enrollment \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not continue further data entry for this participant

Acknowledged

# Demographics

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

## Demographics

Date of birth \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

Is participant less than 1 year of age on admission?

Yes  No

Born prematurely (born before 37 weeks of gestation)?

Yes  No  Unknown

Number of weeks of gestation at birth \_\_\_\_\_

Corrected gestational age at time of illness (weeks) \_\_\_\_\_

Ethnicity

Hispanic or Latino  
 Not Hispanic or Latino  
 Refused or Unknown

Primary spoken language

English  
 Spanish  
 Both English and Spanish  
 Other  
 Decline to answer

If other language, please specify \_\_\_\_\_

## Race (mark all fields, selecting more than one option as necessary):

White

Yes  No

Black or African American

Yes  No

American Indian

Yes  No

Alaska Native or Aboriginal Canadian

Yes  No

Native Hawaiian

Yes  No

Other Pacific Islander

Yes  No

---

Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)

Yes  No

---

Other

Yes  No

---

Please list other race

\_\_\_\_\_

---

Refused or Don't know

Yes  No

---

**Primary Residence**

Country of residence

US  
 Canada  
 Other

---

Please list other country

\_\_\_\_\_

---

For US residents, please collect the 5-digit zip code

\_\_\_\_\_

---

For Canadian residents, please collect the first 3 digits of the participant's postal code

\_\_\_\_\_



---

State of residence

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Dist. Columbia
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Other

---

Province of residence

- Alberta
- British Columbia
- North West Terr
- Saskatchewan
- Labrador
- Manitoba
- Ontario
- Yukon
- New Brunswick
- Newfoundland
- Prince Edward Is
- Nova Scotia
- Nunavut
- Quebec
- Other

---

Other, specify

---

---

County or CMA (Census metropolitan area)

---

### Census Information

#### Instructions to coordinators to obtain census data:

**UNITED STATES: Go to the US census website. Enter the participant's address (street, city, state, zip) and click "Find" to get census data.**

**CANADA: Go to the Statistics Canada Census Profile website. In the search box under postal code, enter the person's postal code and click "submit." You will be directed to a table that lists the Provinces/Territories, Census subdivisions, etc. and lower down on the page you will find the CMA (Census Metropolitan Area) and the census tract.**

---

Is census information available?

- Yes  No

---

Date of Information

---

(mm-dd-yyyy or enter "-99" if unknown)

---

Census tract

---

---

Census block

---

**Insurance**

Please choose best answer

- Private
- Self-pay
- U.S. Government (e.g. Medicaid)
- Other governmental insurance outside the US
- Dual coverage
- Unknown

Please designate primary payor

---

**Other Research Studies**

Is the participant participating in other research studies?

- Yes    No

Choose all that apply (excluding Overcoming COVID19 which is listed on the Screening form)

- CHARMS
- IKDR
- PRISM
- Other

Please list study or studies

---

# Baseline Health Status

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

**Instructions: Please answer each question in numerical order unless specifically directed to skip to another question or section.**

Was the participant on admission otherwise healthy, on no prescription medications, and without underlying medical conditions (including obesity, defined as BMI over 95 percentile for age and sex) and not dependent on any medical devices such as tracheostomy prior to initial admission to hospital for current illness?  Yes  No

Was the participant on medications for an ongoing condition before MIS-C?  Yes  No

Please enter the number of medications that the participant was taking for pre-existing conditions at the time of hospitalization. Additionally, please complete the Medications Before or After Hosp form for each medication.

(The Medications Before and After Hosp form is located with the Repeating Forms.)

## Ventilation or Supplemental Oxygen

Does the participant have a tracheostomy or require oxygen or invasive or noninvasive mechanical ventilator support for underlying medical conditions?  Yes  No

Oxygen  Yes  No

Tracheostomy Tube  Yes  No

Mechanical Ventilator Support (if yes, describe below)  Yes  No

Please describe reason: \_\_\_\_\_

## Underlying Medical Conditions

Does the participant have one or more underlying medical conditions?  Yes  No

**Respiratory System Disorders, including:**

- Asthma
- Chronic lung disease (non-asthma)
- Chronic restrictive lung disease
- Tracheomalacia / Bronchomalacia
- Bronchopulmonary dysplasia
- Cystic fibrosis
- Obstructive sleep apnea
- Recurrent aspiration into lungs
- Pulmonary hypertension
- Other

Does the participant have an underlying RESPIRATORY SYSTEM disorder?  Yes  No

Asthma  Yes  No

Chronic lung disease (non-asthma)  Yes  No

Chronic restrictive lung disease  Yes  No

Tracheomalacia / Bronchomalacia  Yes  No

Bronchopulmonary dysplasia  Yes  No

Cystic fibrosis  Yes  No

Obstructive sleep apnea  Yes  No

Recurrent aspiration into lungs  Yes  No

Pulmonary hypertension  Yes  No

Other  Yes  No

Describe:

\_\_\_\_\_

**Cardiovascular System Disorders, including:**

- Congenital heart disease
- Acquired heart disease
- Cardiac repair (surgery or interventional catheterization)
- Systemic hypertension
- Cardiac lesion
- Other

---

Does the participant have a disorder of the  
CARDIOVASCULAR SYSTEM?  Yes  No

---

Congenital heart disease  Yes  No

---

If yes, choose categories of CHD that apply to the  
participant

- Single ventricle
  - Hypoplastic left heart syndrome
  - Tricuspid atresia
  - Double outlet right ventricle
  - D-transposition of the great arteries
  - I-transposition of the great arteries
  - Total anomalous pulmonary venous return
  - Pulmonary atresia
  - Tetralogy of Fallot
  - Tetralogy of Fallot with pulmonary atresia
  - Atrioventricular canal
  - Coarctation of the aorta
  - Interrupted aortic arch
  - Ventricular septal defect
  - Aortic valve abnormality
  - Mitral valve abnormality
  - Pulmonary valve abnormality
  - Tricuspid valve abnormality
  - Myocardial abnormality
  - Pericardial abnormality
  - Atrial septal defect
  - Patent ductus arteriosus
  - Fistulas
  - Aneurysms
  - Aortic and branching abnormalities
  - Systemic venous anomaly
  - Congenital anomalies of coronary artery origins
- 

Acquired heart disease (e.g., rheumatic heart disease,  
coronary artery dilatation from Kawasaki disease,  
myocarditis)  Yes  No

---

Describe:

---

Has the participant undergone cardiac repair (surgery  
or interventional catheterization) in the past?  Yes  No

---

Systemic hypertension  Yes  No

---

Does the participant have a cardiac lesion that might  
present high risk if exposed to SARS-CoV-2?  Yes  No

---

Choose all that apply

- Early post-operative cardiac participants on mechanical ventilator therapy more 3-4 days
- COVID-19-associated myocarditis
- S/P Cardiac transplant
- Dilated cardiomyopathy >mild (LV EF  $\geq$ 45%)
- Congestive heart failure for any reason based upon symptoms and signs.
- Single ventricle heart disease at any stage (circle whether last stage was Stage 1, Stage 2, or Fontan)
- Unrepaired cyanotic heart disease of at least moderate severity, e.g., saturations < 85 at rest, or Hgb >4 SD above age-adjusted mean.
- Pulmonary artery hypertension with at least one of the following:  $\geq$  systemic PA pressure, any RV dysfunction, associated lung disease, rheumatologic disorders, or chronic thromboembolic pulmonary hypertension,
- Multivessel pulmonary vein stenosis
- Congenital or acquired heart disease with comorbidities of lung disease/S/P tracheostomy/ventilator dependent
- Large left to right shunt lesions (e.g., estimated Qp:Qs >2, symptoms, or LVEDV or RVEDV >4)
- Severe heart valve dysfunction (stenosis, regurgitation, or mixed valve disease)
- Right ventricular hypertension ( $\geq$ 70% systemic) or dysfunction (RV EF < 45%).
- Heterotaxy participants (asplenia or polysplenia)
- History of Kawasaki disease
- Coronary heart disease, with or without history of myocardial infarction (e.g., Kawasaki disease, homozygous familial hyperlipidemia)

### Neurologic or Neuromuscular Disorders, including:

- Requires assistance clearing secretions
- Muscular dystrophy
- Static encephalopathy
- Spastic quadriplegia (e.g. cerebral palsy)
- Seizure disorder (excluding simple febrile seizures)
- Neuromuscular weakness
- Neurodevelopmental delay
- Other

Does the participant have a NEUROLOGIC AND/OR NEUROMUSCULAR DISORDER?

Yes  No

Does the participant need assistance with clearance of secretions (suctioning) due to swallowing dysfunction?

Yes  No

Muscular dystrophy

Yes  No

Static encephalopathy

Yes  No

Spastic quadriplegia (e.g. cerebral palsy)

Yes  No

---

Seizure disorder (not including simple febrile seizures)  Yes  No

---

Neuromuscular weakness  Yes  No

---

Moderate or severe neurodevelopmental delay  Yes  No

---

Other neurologic or muscular disorder  Yes  No

---

Please name condition \_\_\_\_\_

---

### Active or Prior Oncologic Disorders

---

Does the participant have an active or prior ONCOLOGIC DISORDER?  Yes  No

---

Leukemia, Lymphoma, or unspecified cancer of bloodstream  Yes  No

---

Solid non-CNS tumor of organ (e.g. renal, heart, liver, lung)  Yes  No

---

Central nervous system tumor  Yes  No

---

Neuroblastoma  Yes  No

---

Soft tissue neoplasm (e.g. rhabdomyosarcoma)  Yes  No

---

Any tumor in the lung including metastatic disease  Yes  No

---

Other neoplastic condition  Yes  No

---

Please name each condition: \_\_\_\_\_

---

Is the participant current on a chemotherapy or other active treatment regimen?  Yes  No

---

Has the participant had a bone marrow or stem cell transplant?  Yes  No

---

Has the participant received CAR-T therapy?  Yes  No



**Non-oncologic Immunosuppressive Disorders, including:**

- Solid organ transplant
- HIV positive or AIDS
- Primary immunodeficiency
- Bone marrow transplant for non-oncologic disease
- Other disorder requiring treatment that suppresses immune system

Does the participant have a non-oncologic IMMUNOSUPPRESSIVE DISORDER?  Yes  No

Solid organ transplant  Yes  No

If yes, list type: \_\_\_\_\_

HIV positive  Yes  No

AIDS  Yes  No

Primary immunodeficiency  Yes  No

Primary immunodeficiencies, check all that apply

- Phagocyte disorder (e.g. chronic granulomatous disease, leukocyte adhesion disorder)
- Immunoglobulin disorder (e.g. X-linked agammaglobulinemia, IgA deficiency)
- Severe combined immunodeficiency disorder
- Other primary immunodeficiency disorder

Other primary immunodeficiency disorder, describe: \_\_\_\_\_

Bone marrow transplant for non-oncologic disease  Yes  No

Other disorder requiring treatment that suppresses the immune system?  Yes  No

Please name disorder \_\_\_\_\_

**Rheumatologic/Autoimmune Disorders, including:**

- Systemic lupus erythematosus/Mixed connective tissue disease
- Rheumatoid arthritis/juvenile idiopathic arthritis/psoriatic arthritis
- Psoriasis
- Scleroderma
- Vasculitis
- History of Kawasaki disease or Atypical Kawasaki Disease (prior to this illness)
- Other

Does the participant have a RHEUMATOLOGIC/AUTOIMMUNE DISORDER?  Yes  No

Systemic lupus erythematosus/Mixed connective tissue disease  Yes  No

Rheumatoid arthritis/juvenile idiopathic arthritis/psoriatic arthritis  Yes  No

Psoriasis  Yes  No

Scleroderma  Yes  No

Vasculitis  Yes  No

History of Kawasaki Disease or Atypical Kawasaki Disease (prior to this illness)  Yes  No

Other underlying rheumatologic/autoimmune disorder?  Yes  No

Other \_\_\_\_\_

### Hematologic Disorder, including:

- Congenital bleeding disorder (e.g. hemophilia, von Willebrand)
- Sickle cell disease
- Other hemoglobinopathy (e.g. thalassemia)
- Bone marrow failure pre-transplant
- Chronic thrombocytopenia
- History of deep venous thrombosis or thrombotic disorder
- Other

Does the participant have a HEMATOLOGIC DISORDER?  Yes  No

Congenital Bleeding Disorder (e.g. hemophilia, von Willebrand)  Yes  No

Sickle cell disease  Yes  No

Other hemoglobinopathy (e.g. thalassemia)  Yes  No

Bone marrow failure (pre-transplant)  Yes  No

Chronic thrombocytopenia  Yes  No

History of deep venous thrombosis or thrombotic disorder  Yes  No

Other underlying hematologic disorder?  Yes  No

Other \_\_\_\_\_

**Renal or Urologic Dysfunction, including:**

- Chronic kidney disease
- Receiving hemodialysis at least weekly
- Receiving peritoneal dialysis
- Meatitis or sterile pyuria
- Other

Does the participant have underlying RENAL OR UROLOGIC DYSFUNCTION?  Yes  No

Chronic kidney disease  Yes  No

Receiving hemodialysis at least weekly?  Yes  No

Receiving peritoneal dialysis?  Yes  No

Meatitis or sterile pyuria noted in chart  Yes  No

Other underlying renal or urologic dysfunction?  Yes  No

Other \_\_\_\_\_

**GI and Hepatic Dysfunction, including:**

- Chronic liver disease
- Gastroesophageal reflux
- Inflammatory bowel disease
- Feeding through a tube
- Other

Does the participant have a GASTROINTESTINAL/HEPATIC DISORDER?  Yes  No

Chronic liver disease  Yes  No

Gastroesophageal reflux  Yes  No

Inflammatory bowel disease  Yes  No

Feeding through a tube  Yes  No

Other underlying gastrointestinal/hepatic disorder?  Yes  No

Other \_\_\_\_\_

**Endocrine Disorder, including:**

- **Diabetes mellitus**
- **Adrenal insufficiency**
- **Hypothyroidism**
- **Other**

Does the participant have an ENDOCRINE DISORDER?  Yes  No

Diabetes mellitus  Yes, type I  
 Yes, type II  
 No

Insulin dependent  Yes  No

Other glucose control medications  Yes  No

Adrenal insufficiency  Yes  No

Hypothyroidism  Yes  No

Other underlying endocrine disorder?  Yes  No

Other \_\_\_\_\_

**Metabolic or Confirmed or Suspected Genetic Disorders, including:**

- **Obesity**
- **Trisomy 21**
- **Mitochondrial disorder**
- **Fatty acid oxidation defect**
- **Other**

Does the participant have a METABOLIC OR CONFIRMED or SUSPECTED GENETIC DISORDER?  Yes  No

Obesity  Yes  No

Trisomy 21  Yes  No

Mitochondrial disorder  Yes  No

Fatty acid oxidation defect  Yes  No

Other underlying metabolic or genetic disorder  Yes  No

Other \_\_\_\_\_

**Other Underlying Ongoing Conditions**

Does the participant have OTHER UNDERLYING ONGOING  
CONDITIONS NOT COVERED ABOVE?

Yes  No

Please name each condition

\_\_\_\_\_

# Entry into Healthcare System

---

Participant ID

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

---

Participant source

- Emergency Department (this hospital)
- Operating Room
- Direct admission to the unit
- Transfer from other hospital

---

Participant source from outside facility

- Other Hospital ICU
- Other Hospital Ward
- Other Hospital Emergency Department
- Unable to determine

---

Date of arrival/admission at outside hospital

\_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

---

Date of admission at study hospital

\_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

# Clinical Presentation and Status On Admission

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

## Primary Reason for Hospitalization

Is the primary indication for hospitalization related to COVID-19?  Yes  No

If no, primary reason for hospitalization: \_\_\_\_\_

## Clinical Presentation to ED or within 4 hours of hospital admission (mark all that apply):

Lower respiratory infection  Yes  No

Suspected central nervous system infection  Yes  No

Shock requiring vasopressors  Yes  No

Respiratory failure requiring support  Yes  No

Cardiac arrest with CPR  Yes  No

Stroke or acute intracranial hemorrhage  Yes  No

Suspicion of Kawasaki-like Disease  Yes  No

Other  Yes  No

Please list: \_\_\_\_\_

Date of symptom onset known?  Yes  No

Date of first symptom onset: \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

**Symptoms in the last 7 days or upon this hospital admission related to this illness (mark all that apply):**

Fever > 38 C (100.4 F)  Yes  No  Not recorded

Date of fever onset:

(mm-dd-yyyy or enter "-99" if unknown)

Cough  Yes  No  Not recorded

Cough with sputum production  Yes  No  Not recorded

Cough with hemoptysis  Yes  No  Not recorded

Shortness of breath  Yes  No  Not recorded

Chills/Rigors  Yes  No  Not recorded

Wheezing  Yes  No  Not recorded

Sore throat  Yes  No  Not recorded

Rhinorrhea/Congestion  Yes  No  Not recorded

Chest pain/Chest burning/Chest tightness  Yes  No  Not recorded

Lower chest wall indrawing  Yes  No  Not recorded

New difficulty walking or crawling  Yes  No  Not recorded

If yes, specify:

\_\_\_\_\_

Abdominal pain  Yes  No  Not recorded

Nausea/Loss of appetite  Yes  No  Not recorded

Vomiting  Yes  No  Not recorded

Diarrhea  Yes  No  Not recorded

Headache  Yes  No  Not recorded

Muscle ache (Myalgias)  Yes  No  Not recorded

Joint pain (Arthralgia)  Yes  No  Not recorded

Fatigue/weakness  Yes  No  Not recorded

Altered awareness/confusion  Yes  No  Not recorded



Seizure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
Eye pain	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
Conjunctivitis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
Skin rash/Skin ulcers	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
Swollen lymph nodes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
Loss of sense of smell	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
Loss of sense of taste	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
"COVID toes" (changes or purple spots on toes)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
Erythema of palms or soles	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
Edema of hands or feet	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
Periungual (nails) desquamation	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
Peripheral gangrene	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
Swollen red cracked lips	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
Other	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
Other, describe	_____

### COVID-19 Exposure

Has the participant had contact with a person with a suspected or confirmed COVID-19 infection?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, who was the exposure (choose all that apply)	<input type="checkbox"/> Household family member <input type="checkbox"/> Non-household family member <input type="checkbox"/> Friend (includes school contact) <input type="checkbox"/> Other
Other person, specify	_____
What was the nature of the presumed exposure (choose all that apply)	<input type="checkbox"/> Person to whom patient was exposed had positive COVID PCR testing <input type="checkbox"/> Person to whom patient was exposed had COVID symptoms but was not tested <input type="checkbox"/> Person to whom patient was exposed works in the healthcare field or other field in which he or she had contact with COVID-19 patients <input type="checkbox"/> The community in which the patient lives had a critically high incidence of COVID-19 <input type="checkbox"/> Other

Other nature, specify \_\_\_\_\_

**Height and Weight (please check to make sure not documented in EMR or on an echocardiogram report before marking "-99" for not done)**

Height

\_\_\_\_\_  
(cm or in (specify unit below), or mark "-99" if unavailable or not done)

Height unit of measurement

cm  in

Weight (kg)

\_\_\_\_\_  
(kg or mark "-99" if unavailable or not done)

BMI (if documented in EMR or on an echocardiogram report):

\_\_\_\_\_  
("-99" if not documented in record)

**Mechanical Ventilation and Oxygen Support during the first 24 hours of hospital admission**

Mechanical ventilation or oxygen support in the first 24 hours of admission?

Yes  No

Choose highest level of support in the first 24 hours of admission

- Mechanical ventilator support through endotracheal tube or tracheostomy  
 Non-invasive mechanical ventilator support (BiPAP or CPAP)  
 High-flow nasal cannula  
 Non-rebreather mask  
 Simple mask  
 Nasal cannula  
 Face tent  
 Blow-by  
 Other O2 Support

**Cardiovascular Support during first 24 hours of hospital admission**

Vasoactive Infusions (including ECMO support)

Yes  No

Dopamine infusion

Yes  No

Dobutamine infusion

Yes  No

Epinephrine infusion

Yes  No

Norepinephrine infusion

Yes  No

Phenylephrine infusion

Yes  No

Milrinone infusion

Yes  No

Vasopressin infusion (for hypotension not diabetes insipidus)  Yes  No

Other inotropic infusion  Yes  No

Specify other inotropic infusion \_\_\_\_\_

ECMO Support  Yes  No

Type of ECMO Support  
 Venovenous  
 Veno-arterial  
 Both VV and VA

### Respiratory Complications identified within 24 hours (pre/post) of hospital admission

Were there respiratory complications identified within 24 hours (pre/post) of hospital admission?  Yes  No

Pulmonary infiltrates on chest x-ray  Yes  No

Were the infiltrates bilateral?  Yes  No  Unknown

Pulmonary edema due to left heart failure  Yes  No

Pneumothorax or other sign of barotrauma  Yes  No

Pleural effusion  Yes  No

Chest-tube or drainage required  Yes  No

Pulmonary hemorrhage  Yes  No

### Neurologic Complications identified within 24 hours (pre/post) of hospital admission

Were there neurologic complications identified within 24 hours (pre/post) of hospital admission?  Yes  No

Seizures  Yes  No

Coma or unresponsive  Yes  No

Delirium  Yes  No

Severe Headache  Yes  No

Suspected meningitis  Yes  No

Stroke or acute intracranial hemorrhage  Yes  No

Encephalitis  Yes  No

---

Guillain-Barre  Yes  No

---

ADEM (acute disseminated encephalomyelitis)  Yes  No

---

Decreased hearing or vision  Yes  No

---

Other Neuro  Yes  No

---

Specify: \_\_\_\_\_

---

**Other Specific Treatments**

---

Nitric oxide  Yes  No

---

Dialysis and/or hemofiltration  Yes  No

---

Other COVID, lung or infection trial  Yes  No

---

If yes, specify \_\_\_\_\_



Stool NT-PCR positive  Yes  No

Date of positive test 1

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Date of positive test 2

\_\_\_\_\_  
(mm-dd-yyyy or "-88" if not applicable (e.g., if there wasn't another positive test result))

Date of positive test 3

\_\_\_\_\_  
(mm-dd-yyyy or "-88" if not applicable (e.g., if there wasn't another positive test result))

Date of positive test 4

\_\_\_\_\_  
(mm-dd-yyyy or "-88" if not applicable (e.g., if there wasn't another positive test result))

Date of positive test 5

\_\_\_\_\_  
(mm-dd-yyyy or "-88" if not applicable (e.g., if there wasn't another positive test result))

### **SARS-CoV-2 Antibody Testing**

Anti SARS-CoV-2 antibody testing  Done  Not done

Total number of anti SARS-CoV-2 antibody tests done in the hospital

\_\_\_\_\_

Anti SARS-CoV-2 antibody testing positive  Yes  No

Date of positive test 1

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Date of positive test 2

\_\_\_\_\_  
(mm-dd-yyyy or "-88" if not applicable (e.g., if there wasn't another positive test result))

Date of positive test 3

\_\_\_\_\_  
(mm-dd-yyyy or "-88" if not applicable (e.g., if there wasn't another positive test result))

Date of positive test 4

\_\_\_\_\_  
(mm-dd-yyyy or "-88" if not applicable (e.g., if there wasn't another positive test result))

Date of positive test 5

\_\_\_\_\_  
(mm-dd-yyyy or "-88" if not applicable (e.g., if there wasn't another positive test result))

Name of test manufacturer

\_\_\_\_\_

Please write the test results as reported (e.g. positive/negative, actual value)

\_\_\_\_\_

### Other Viral and Atypical Bacterial Testing

**Please use the following section to describe any infections of viral or atypical bacterial origin that are suspected to be present on admission or acquired in the community. These could have been identified at another hospital prior to admission or identified soon after admission, and colonizations should not be considered.**

Does the participant have a clinical diagnosis or suspicion of community acquired viral or atypical bacteria infection other than SARS-CoV-2?

Yes  No

Was diagnosis of viral infection or other evidence of viral or atypical bacterial infection present within 72 hours of hospital admission?

Yes  No

Was a viral or atypical bacterial pathogen identified from diagnostic testing?

Viral testing limited to SARS-CoV-2 only  
 No other non-SARS-CoV-2 viral pathogen identified  
 Yes

Influenza positive

Yes  No

Influenza subtype(s) (choose all that apply)

2009 H1N1 Pandemic  
 Seasonal A (H1N1)  
 Seasonal A (H3N2)  
 A, not subtyped  
 Influenza B  
 A/B not differentiated

Date of collection

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

RSV positive

Yes  No

Date of collection

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Parainfluenza 1, 2, 3 or 4 positive

Yes  No

Date of collection

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)





# Bacterial and Fungal Cultures

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

## Bacterial Pathogens

**Instructions: Please use the following section to describe the results of microbiologic testing. Organisms could have been identified at another hospital prior to admission or identified soon after admission.**

Does the participant have a clinical diagnosis or suspicion of community acquired bacterial infection from any source (i.e., lung, blood, etc)?  Yes  No

Bacterial infection, check all that apply:

- Pneumonia
- Meningitis
- Bacteremia
- Otitis media
- Osteomyelitis
- Urinary Tract Infection
- Septic arthritis
- Other

Other bacterial infection(s), please list: \_\_\_\_\_

Was a diagnosis of bacterial pneumonia or other evidence of bacterial infection present within 72 hours of hospital admission?  Yes  No

Were cultures done on any of the following specimens during hospitalization?  Yes  No

Blood  
Lower respiratory tract  
Nasopharyngeal  
Sputum  
Pleural fluid  
Cerebrospinal fluid  
Wound  
Urine  
Stool

If yes, check all that apply:

- Blood
- Lower respiratory tract (ETT, trach, or bronch)
- Nasopharyngeal
- Sputum
- Pleural fluid
- Cerebrospinal Fluid
- Wound
- Urine
- Stool

If cultures done, were any positive

- Yes  No  
(If yes, complete table below for each positive culture)

How many were positive?

\_\_\_\_\_

### Bacterial/Fungal Pathogen #1.

**Instructions: Please mark only one specimen source and positive organism per section and repeat as necessary.**

Date of collection

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

Date of positive report

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

Specimen source

- Blood
- Lower respiratory tract (ETT, or trach, or bronch)
- Nasopharyngeal
- Sputum
- Pleural Fluid
- Cerebrospinal Fluid
- Wound
- Urine
- Stool

Organism Reported

- Streptococcus pneumoniae
- Group A Streptococcus
- Moraxella catarrhalis
- Staphylococcus aureus Methacillin-sensitive (MSSA)
- Staphylococcus aureus Methacillin-resistant (MRSA)
- Staphylococcus non-aureus
- Proteus species
- E. coli
- Klebsiella
- Haemophilus influenzae type b
- Haemophilus influenzae non-typeable
- Pseudomonas
- Other gram negative rods
- Other

List

\_\_\_\_\_

Abundance

- Rare
- Few
- Moderate
- Many
- Abundant
- Unknown

Interpretation

- Considered true infection (documented in chart or verbally by clinician)
- Unable to determine if colonization or true infection
- Assumed to be a colonization
- Categorized as a nosocomial infection by hospital infection control

### Bacterial/Fungal Pathogen #2

Date of collection

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

Date of positive report

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

Specimen source

- Blood
- Lower respiratory tract (endotracheal tube or tracheostomy or bronchoscopy)
- Nasopharyngeal
- Sputum
- Pleural Fluid
- Cerebrospinal Fluid
- Wound
- Urine
- Stool

Organism Reported

- Streptococcus pneumoniae
- Group A Streptococcus
- Moraxella catarrhalis
- Staphylococcus aureus Methacillin-sensitive
- Staphylococcus aureus Methacillin-resistant
- Staphylococcus non-aureus
- Proteus species
- E. coli
- Klebsiella
- Haemophilus influenzae type b
- Haemophilus influenzae non-typeable
- Pseudomonas
- Other Gram negative rods
- Other

List

\_\_\_\_\_

Abundance

- Rare
- Few
- Moderate
- Many
- Abundant
- Unknown

---

 Interpretation

- Considered true infection (documented in chart or verbally by clinician)
- Unable to determine if colonization or true infection
- Assumed to be a colonization
- Categorized as a nosocomial infection by hospital infection control

---

**Bacterial/Fungal Pathogen #3**


---

Date of collection

---

 (mm-dd-yyyy or enter "-99" if unknown)
 

---

Date of positive report

---

 (mm-dd-yyyy or enter "-99" if unknown)
 

---

Specimen source

- Blood
- Lower respiratory tract (endotracheal tube or tracheostomy or bronchoscopy)
- Nasopharyngeal
- Sputum
- Pleural Fluid
- Cerebrospinal Fluid
- Wound
- Urine
- Stool

Organism Reported

- Streptococcus pneumoniae
- Group A Streptococcus
- Moraxella catarrhalis
- Staphylococcus aureus Methacillin-sensitive
- Staphylococcus aureus Methacillin-resistant
- Staphylococcus non-aureus
- Proteus species
- E. coli
- Klebsiella
- Haemophilus influenzae type b
- Haemophilus influenzae non-typeable
- Pseudomonas
- Other Gram negative rods
- Other

---

 List
 

---

Abundance

- Rare
- Few
- Moderate
- Many
- Abundant
- Unknown

---

 Interpretation

- Considered true infection (documented in chart or verbally by clinician)
- Unable to determine if colonization or true infection
- Assumed to be a colonization
- Categorized as a nosocomial infection by hospital infection control

---

**Bacterial/Fungal Pathogen #4**


---

Date of collection

---

 (mm-dd-yyyy or enter "-99" if unknown)
 

---

Date of positive report

---

 (mm-dd-yyyy or enter "-99" if unknown)
 

---

Specimen source

- Blood
- Lower respiratory tract (endotracheal tube or tracheostomy or bronchoscopy)
- Nasopharyngeal
- Sputum
- Pleural Fluid
- Cerebrospinal Fluid
- Wound
- Urine
- Stool

Organism Reported

- Streptococcus pneumoniae
- Group A Streptococcus
- Moraxella catarrhalis
- Staphylococcus aureus Methacillin-sensitive
- Staphylococcus aureus Methacillin-resistant
- Staphylococcus non-aureus
- Proteus species
- E. coli
- Klebsiella
- Haemophilus influenzae type b
- Haemophilus influenzae non-typeable
- Pseudomonas
- Other Gram negative rods
- Other

---

 List
 

---

Abundance

- Rare
- Few
- Moderate
- Many
- Abundant
- Unknown

---

 Interpretation

- Considered true infection (documented in chart or verbally by clinician)
- Unable to determine if colonization or true infection
- Assumed to be a colonization
- Categorized as a nosocomial infection by hospital infection control

---

**Bacterial/Fungal Pathogen #5**


---

Date of collection

---

 (mm-dd-yyyy or enter "-99" if unknown)
 

---

Date of positive report

---

 (mm-dd-yyyy or enter "-99" if unknown)
 

---

Specimen source

- Blood
- Lower respiratory tract (endotracheal tube or tracheostomy or bronchoscopy)
- Nasopharyngeal
- Sputum
- Pleural Fluid
- Cerebrospinal Fluid
- Wound
- Urine
- Stool

Organism Reported

- Streptococcus pneumoniae
- Group A Streptococcus
- Moraxella catarrhalis
- Staphylococcus aureus Methacillin-sensitive
- Staphylococcus aureus Methacillin-resistant
- Staphylococcus non-aureus
- Proteus species
- E. coli
- Klebsiella
- Haemophilus influenzae type b
- Haemophilus influenzae non-typeable
- Pseudomonas
- Other Gram negative rods
- Other

---

 List
 

---

Abundance

- Rare
- Few
- Moderate
- Many
- Abundant
- Unknown

---

Interpretation

- Considered true infection (documented in chart or verbally by clinician)
- Unable to determine if colonization or true infection
- Assumed to be a colonization
- Categorized as a nosocomial infection by hospital infection control

# Doses of Steroids Aspirin LMWH During Hosp

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

**Please ensure that all biologics, immunomodulators and non-medical therapies directed at clearing cytokines that were used during the participant's hospitalization are listed in the Additional Medications form (for example, anakinra, IVIG, steroids, infliximab, tocilizumab, etc). In addition please answer specific questions if given steroids and/or IVIG.**

During the course of hospitalization, did the participant receive Immunomodulatory or biologic therapies

Yes  No

**Please provide data regarding dosing, start and end dates for all that apply**

## IV Steroids

Was the participant on IV steroids

Yes  No  
(If yes, please choose all that apply and provide data regarding dosing, start and end dates)

Methylprednisolone

Yes  No

Methylprednisolone start dose (mg per day)

\_\_\_\_\_  
(mg/day)

Methylprednisolone max dose (mg per day)

\_\_\_\_\_  
(mg/day)

Methylprednisolone date of last dose

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Prednisolone

Yes  No

Prednisolone start dose (mg/day)

\_\_\_\_\_  
(mg/day)

Prednisolone max dose (mg/day)

\_\_\_\_\_  
(mg/day)



---

Prednisolone date of last dose

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

---

Dexamethasone

Yes  No

---

Dexamethasone start dose (mg/day)

\_\_\_\_\_ (mg/day)

---

Dexamethasone max dose (mg/day)

\_\_\_\_\_ (mg/day)

---

Dexamethasone date of last dose

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

---

Hydrocortisone

Yes  No

---

Hydrocortisone start dose (mg/day)

\_\_\_\_\_ (mg/day)

---

Hydrocortisone max dose (mg/day)

\_\_\_\_\_ (mg/day)

---

Hydrocortisone date of last dose

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

---

Was the participant on any other IV steroids? If yes, please specify

\_\_\_\_\_

---

Other start dose (mg/day)

\_\_\_\_\_ (mg/day)

---

Other max dose (mg/day)

\_\_\_\_\_ (mg/day)

---

Other date of last dose

\_\_\_\_\_ (mm/dd/yyyy)

---

If the participant was on additional IV steroids, please list, and provide the start dose, max dose, and date of last dose for each

\_\_\_\_\_

**PO Steroids**

Was the participant on PO steroids

 Yes  No

(If yes, please choose all that apply and provide data regarding dosing, start and end dates)

Prednisolone

 Yes  No

Prednisolone start dose (mg/day)

\_\_\_\_\_  
(mg/day)

Prednisolone max dose (mg/day)

\_\_\_\_\_  
(mg/day)

Discharged home on Prednisolone?

 Yes  No

Prednisolone date of last dose

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Prednisolone discharge dose (mg/day)

\_\_\_\_\_  
(mg/day)

Dexamethasone

 Yes  No

Dexamethasone start dose (mg/day)

\_\_\_\_\_  
(mg/day)

Dexamethasone max dose (mg/day)

\_\_\_\_\_  
(mg/day)

Discharged home on Dexamethasone?

 Yes  No

Dexamethasone date of last dose

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Dexamethasone discharge dose (mg/day)

\_\_\_\_\_  
(mg/day)

Hydrocortisone

 Yes  No

Hydrocortisone start dose (mg/day)

\_\_\_\_\_  
(mg/day)

Hydrocortisone max dose (mg/day)

\_\_\_\_\_  
(mg/day)

---

Discharged home on Hydrocortisone?  Yes  No

---

Hydrocortisone date of last dose

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Hydrocortisone discharge dose (mg/day)

\_\_\_\_\_  
(mg/day)

---

Prednisone

Yes  No

---

Prednisone start dose (mg/day)

\_\_\_\_\_  
(mg/day)

---

Prednisone max dose (mg/day)

\_\_\_\_\_  
(mg/day)

---

Discharged home on Prednisone?

Yes  No

---

Prednisone date of last dose

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Prednisone discharge dose (mg/day)

\_\_\_\_\_  
(mg/day)

---

Methylprednisolone

Yes  No

---

Methylprednisolone start dose (mg/day)

\_\_\_\_\_  
(mg/day)

---

Methylprednisolone max dose (mg/day)

\_\_\_\_\_  
(mg/day)

---

Discharged home on Methylprednisolone?

Yes  No

---

Methylprednisolone date of last dose

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Methylprednisolone discharge dose (mg/day)

\_\_\_\_\_  
(mg/day)

---

Was the participant on any other PO steroids? If yes,  
please specify

\_\_\_\_\_

---

Other start dose (mg/day)

\_\_\_\_\_  
(mg/day)

---

---

Other max dose (mg/day)

---

(mg/day)

---

Discharged home on other medication?

Yes  No

---

Other date of last dose

---

(mm-dd-yyyy or enter "-99" if unknown)

---

Other medication discharge dose (mg/day)

---

(mg/day)

---

Was the participant on any other PO steroids? If yes, please list, and provide the start dose, max dose, whether or not the participant was discharged home on the medication, and date of last dose or discharge dose as applicable

---

**Please complete the following regarding date(s) of infusion(s) and dosing**

Was the participant given IVIG?

Yes  No

---

Date of first infusion

---

(mm-dd-yyyy or enter "-99" if unknown)

---

Dose

---

(gm)

---

Was the participant given another dose of IVIG?

Yes  No

---

Date of second infusion

---

(mm-dd-yyyy or enter "-99" if unknown)

---

Dose

---

(gm)

---

Was the participant given another dose of IVIG?

Yes  No

---

Date of third infusion

---

(mm-dd-yyyy or enter "-99" if unknown)

---

Dose

---

(gm)

---

Was the participant given another dose of IVIG?

Yes  No

---

Date of fourth infusion

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Dose

\_\_\_\_\_  
(gm)

Was the participant given another dose of IVIG?

Yes  No

Date of fifth infusion

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Dose

\_\_\_\_\_  
(gm)

### Aspirin

During the course of hospitalization, was the participant on aspirin?

Yes  No

### What type of aspirin dosing was the participant on (choose all that apply)? Please note start and stop dates

Anti-inflammatory dosing

Yes  No

Date of first dose

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Dose

\_\_\_\_\_  
(mg/day)

Discharged home on aspirin for anti-inflammatory dosing?

Yes  No

Date of last dose

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Discharge dose

\_\_\_\_\_  
(mg/day)

Antiplatelet dosing

Yes  No

Date of first dose

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Dose \_\_\_\_\_  
(mg/day)

Discharged home on aspirin for antiplatelet dosing?  Yes  No

Date of last dose \_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Discharge dose \_\_\_\_\_  
(mg/day)

Unknown dosing  Yes  No

**What type of low molecular weight heparin dosing was the participant on (choose all that apply), and please note start and stop dates**

During the course of hospitalization, was the participant on low molecular weight heparin?  Yes  No

Which low molecular weight heparin formulation was given?  
 Enoxaparin (Lovenox)  
 Dalteparin  
 Other, specify

Specify \_\_\_\_\_

Prophylactic dosing  Yes  No

Date of first dose \_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Dose \_\_\_\_\_  
(mg/day)

Discharged home on low molecular weight heparin (prophylactic dosing)?  Yes  No

Date of last dose \_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Discharge dose \_\_\_\_\_  
(mg/day)

Therapeutic dosing  Yes  No

Date of first dose \_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Dose

\_\_\_\_\_  
(mg/day)

---

Discharged home on low molecular weight heparin  
(therapeutic dosing)?

Yes  No

---

Date of last dose

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Discharge dose

\_\_\_\_\_  
(mg/day)

---

Unknown dosing

Yes  No

# Additional Medications During Hospitalization

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

**Instructions: Please complete table for all medications and all non-medical therapies directed at cytokine clearance (please reference Medication Code Sheet D) used during the hospitalization, including all immunomodulatory therapies and medications given as drips (such as vasoactive agents and sedation mediations). For each immunomodulatory medication (steroids, IVIG, interleukin inhibitors, JAK inhibitors, etc) please note the start date. Please note that more granular data on steroids (section 7.2), IVIG (section 7.2) aspirin (section 7.3), and low molecular weight heparin (section 7.4) are requested in subsequent sections (though please still list them in this table with the start dates).**

## Medication 1

Medication 1 Type

- Angiotensin Receptor Blockers
  - Antiarrhythmic
  - Antibiotics
  - Anticonvulsant
  - Antiemetic
  - Antihypertensives
  - Antithrombotics
  - Beta Blocker
  - Biologics
  - Bronchodilators
  - Calcium Channel Blockers
  - Coagulant
  - Converting Enzyme Inhibitor
  - Diuretics
  - Electrolytes
  - Gastrointestinal
  - Glycoside
  - Hormonal agents
  - Inotropic agents
  - Lipid-lowering agents
  - Neuromuscular Blocking Agent
  - Sedatives, hypnotics, anesthetics, analgesics
  - Thrombolytics
  - Attention deficit disorder therapies
  - Antihistamines
  - Immunomodulatory
  - Antiviral
  - Non-medical therapy directed at clearing cytokines
  - Other not classified
- (See MUSIC Meds Code List for more details)



---

Medication 1 Code (Angiotensin Receptor Blockers)

- 01.00 Not specified
- 01.01 Eprosartan, Trade name: Teveten
- 01.02 Losartan, Trade name: Cozaar
- 01.03 Valsartan, Trade name: Diovan
- 01.99 Other angiotensin receptor blockers  
(See MUSIC Meds Code List for more details)

---

Medication 1 Code (Antiarrhythmic)

- 02.00 Not specified
- 02.01 Adenosine, Trade name: Adenocard
- 02.02 Amiodarone, Trade name: Cordarone
- 02.03 Azimilide
- 02.04 Brethlium
- 02.05 Cibenzoline
- 02.06 Disopyramide, Trade name: Norpace
- 02.07 Encainide, Trade name: Enkaid
- 02.08 Flecainide, Trade name: Tambocor
- 02.09 Lidocaine, Trade name: Xylocaine
- 02.10 Mexiletine, Trade name: Mexitil
- 02.11 Moricizine, Trade name: Ethmozine
- 02.12 Phenytoin, Trade name: Dilantin
- 02.13 Procainamide, Trade names: Pronestyl, Procan
- 02.14 Propafenone, Trade name: Rythmol
- 02.15 Quinidine, Trade name: Quinaglute
- 02.16 Tocainide, Trade name: Tonocard
- 02.99 Other antiarrhythmic agents  
(See MUSIC Meds Code List for more details)

---

**Medication 1 Code (Antibiotics)**

- 03.00 Not specified
- 03.01 Acetyl Sulfoisoxazole, Trade name: Gantrisin
- 03.02 Amikacin, Trade name: Amikin
- 03.03 Amipicillin/Sulbactam, Trade name: Unasyn
- 03.04 Amoxicillin, Trade name: Amoxil
- 03.05 Amoxicillin-Clavulanic Acid, Trade name: Augmentin
- 03.06 Amphotericin, Trade name: Fungizone
- 03.07 Ampicillin, Trade name: Omnipen
- 03.08 Azithromycin, Trade name: Zithromax
- 03.09 Aztreonam, Trade name: Azactam
- 03.10 Carbenicillin, Trade name: Geocillin
- 03.11 Cefazolin, Trade names: Ancef, Kefzol
- 03.12 Cefepime, Trade name: Maxipime
- 03.13 Cefotaxime, Trade name: Claforan
- 03.14 Ceftazidime, Trade name: Fortaz
- 03.15 Ceftriaxone, Trade name: Rocephin
- 03.16 Cephalexin, Trade name: Keflex
- 03.17 Ciprofloxacin, Trade name: Cipro
- 03.18 Clarithromycin, Trade name: Biaxin
- 03.19 Clindamycin, Trade name: Cleocin
- 03.20 Erythromycin
- 03.21 Erythromycin and Sulfoxazole, Trade name: Pediazole
- 03.22 Fluconazole, Trade name: Diflucan
- 03.23 Gentamicin
- 03.24 Ilotycin
- 03.25 Imipenem, Trade name: Primaxin
- 03.26 Meropenem, Trade name: Merrem
- 03.27 Metronidazole, Trade name: Flagyl
- 03.28 Mycostatin, Trade name: Nystatin
- 03.29 Neomycin
- 03.30 Nystatin, Trade name: Mycostatin
- 03.31 Oxacillin
- 03.32 Penicillin
- 03.33 Piperacillin, Trade name: Pipracil
- 03.34 Piperacillin/Tazobactam, Trade name: Zosyn
- 03.35 Tobramycin, Trade name: Tobrex
- 03.36 Trimethoprim-Sulfamethoxazole, Trade names: Bactrim, Septra
- 03.37 Vancomycin
- 03.99 Other antibiotics  
(See MUSIC Meds Code List for more details)

---

**Medication 1 Code (Anticonvulsant)**

- 04.00 Not specified
- 04.01 Fosphenytoin, Trade name: Cerebrex
- 04.02 Phenobarbital, Trade name: Luminal
- 04.99 Other anticonvulsant  
(See MUSIC Meds Code List for more details)

---

**Medication 1 Code (Antiemetic)**

- 05.00 Not specified
- 05.01 Ondansetron HCl, Trade name: Zofran
- 05.99 Other antiemetic  
(See MUSIC Meds Code List for more details)

---

**Medication 1 Code (Antihypertensives)**

- 06.00 Not specified
- 06.01 Clonidine, Trade names: Catapres, Duraclon
- 06.02 Diazoxide, Trade names: Hyperstat, Proglycem
- 06.03 Doxazosin, Trade name: Cardura
- 06.04 Guanabenz, Trade name: Wytensin
- 06.05 Guanadril, Trade name: Hylorel
- 06.06 Guanethidine, Trade name: Ismelin
- 06.07 Guanfacine, Trade name: Tenex
- 06.08 Hydralazine, Trade name: Apresoline
- 06.09 Isosorbide dinitrate, Trade names: Dilatrate, Isordil, Sorbitrate
- 06.10 Isosorbide mononitrate, Trade names: Imdur, Ismo
- 06.11 Ketanserin
- 06.12 Mecamylamine, Trade name: Inversine
- 06.13 Methyldopa, Trade name: Aldomet
- 06.14 Minoxidil, Trade names: Loniten, Rogaine
- 06.15 Nitric Oxide
- 06.16 Nitroglycerin
- 06.17 Nitroprusside, Trade name: Nipride
- 06.18 Prazosin, Trade name: Minipress
- 06.19 Reserpine, Trade name: Serpasil
- 06.20 Terazosin, Trade name: Hytrin
- 06.21 Trimethaphan, Trade name: Arfonad
- 06.22 Sildenafil, Trade name: Viagra
- 06.99 Other antihypertensive  
(See MUSIC Meds Code List for more details)

---

**Medication 1 Code (Antithrombotics)**

- 07.00 Not specified
- 07.01 Abciximab, Trade name: Reopro
- 07.02 Aspirin
- 07.03 Bivalirudin
- 07.04 Clopidogrel, Trade name: Plavix
- 07.05 Dipyridamole, Trade names: Aggrenox, Persantine
- 07.06 Enoxaparin, Trade name: Lovenox
- 07.07 Eptifibatide, Trade name: Integrilin
- 07.08 Heparin
- 07.09 Low Molecular weight heparin, Trade name: Bemiparin
- 07.10 Ticlopidine HCl, Trade name: Ticlid
- 07.11 Tirofiban, Trade name: Aggrastat
- 07.12 Warfarin, Trade name: Coumadin
- 07.13 Apixaban, Trade name: Eliquis
- 07.14 Argatroban, Trade name: Acova
- 07.15 Ticlopidine
- 07.16 Prasugrel
- 07.17 Ticagrelor
- 07.99 Other antithrombotics  
(See MUSIC Meds Code List for more details)

---

**Medication 1 Code (Beta Blocker)**

- 08.00 Not specified
  - 08.01 Acebutolol, Trade name: Sectral
  - 08.02 Alprenolol
  - 08.03 Amlodipine, Trade name: Norvasc
  - 08.04 Atenolol, Trade name: Tenormin
  - 08.05 Betaxolol, Trade names: Betoptic, Kerlone
  - 08.06 Bisoprolol, Trade name: Zebeta
  - 08.07 Bobindolol
  - 08.08 Cartelol, Trade names: Cartrol, Ocupress
  - 08.09 Carvedilol, Trade name: Coreg
  - 08.10 Celiprolol
  - 08.11 Dievalol
  - 08.12 Esmolol, Trade name: Brevibloc
  - 08.13 Labetolol, Trade name: Normodyne
  - 08.14 Metoprolol, Trade names: Lopressor, Toprol
  - 08.15 Nadolol, Trade name: Corgard
  - 08.16 Nisoldipine, Trade name: Sular
  - 08.17 Oxprenolol, Trade name: Trasicor
  - 08.18 Penbutolol, Trade name: Levatol
  - 08.19 Pindolol, Trade name: Visken
  - 08.20 Propranolol, Trade name: Inderal
  - 08.21 Sotalol, Trade name: Betapace
  - 08.22 Timolol, Trade name: Blocadren
  - 08.99 Other beta-blocker
- (See MUSIC Meds Code List for more details)

---

**Medication 1 Code (Biologics)**

- 09.00 Not specified
  - 09.01 Coenzyme Q10
  - 09.02 Desmopressin, Trade name: DDAVP
  - 09.03 Gamma Globulin
  - 09.04 Iron Preparations, Trade name: Fer-in-sol
  - 09.05 Mannitol, Trade name: Cosmitrol
  - 09.06 Surfactant, Trade names: Survanta, Exosurf
  - 09.07 Vitamin K
  - 09.08 Multivitamin
  - 09.09 Convalescent plasma from COVID 19 patients
  - 09.10 Vitamin C
  - 09.11 Thiamine
  - 09.12 Fresh frozen plasma (FFP)
  - 09.99 Other biologics
- (See MUSIC Meds Code List for more details)

---

**Medication 1 Code (Bronchodilators)**

- 10.00 Not specified
  - 10.01 Albuterol, Trade names: Ventolin, Xopenex, Preventil
  - 10.02 Aminophylline
  - 10.03 Beclomethasone, Trade name: Beclovert
  - 10.04 Cromolyn, Trade name: Intal
  - 10.05 Fluticasone, Trade names: Flovent, Flonase
  - 10.06 Ipratropium, Trade name: Atrovent
  - 10.07 Isoetharine, Trade name: Bronkosol
  - 10.08 Metaproteranol, Trade name: Alupent
  - 10.09 Theophylline, Trade names: Slo-bid, Theodur
  - 10.99 Other bronchodilators
- (See MUSIC Meds Code List for more details)

---

**Medication 1 Code (Calcium Channel Blockers)**

- 11.00 Not specified
- 11.01 Bepridil HCl, Trade name: Vascor
- 11.02 Diltiazem, Trade name: Cardiazem
- 11.03 Felodipine, Trade name: Plendil
- 11.04 Isradipine, Trade name: Dynacirc
- 11.05 Nicardipine, Trade name: Cardene
- 11.06 Nifedipine, Trade name: Procardia
- 11.07 Nimodipine, Trade name: Nimotop
- 11.08 Verapamil, Trade names: Calan, Isotopin, Verelan, Chronovera, Covera-HS
- 11.99 Other calcium channel blockers  
(See MUSIC Meds Code List for more details)

---

**Medication 1 Code (Coagulant)**

- 12.00 Not specified
- 12.01 Aprotinin
- 12.02 Aminocaproic acid, Trade name: Amicar
- 12.03 Protamine
- 12.99 Other coagulant  
(See MUSIC Meds Code List for more details)

---

**Medication 1 Code (Converting Enzyme Inhibitor)**

- 13.00 Not specified
- 13.01 Benazepril, Trade name: Lotensin
- 13.02 Captopril, Trade name: Capoten
- 13.03 Cilarapril, Trade name: Primaxin
- 13.04 Enalapril, Trade name: Vasotec
- 13.05 Enalaprilat, Trade name: Vasotec
- 13.06 Fosinopril, Trade name: Monopril
- 13.07 Lisinopril, Trade names: Prinivil, Zestril
- 13.08 Pentopril
- 13.09 Perindopril, Trade name: Aceon
- 13.10 Quinapril, Trade name: Accupril
- 13.11 Ramipril, Trade name: Altace
- 13.12 Trandolapril, Trade name: Mavik
- 13.99 Other converting enzyme inhibitor  
(See MUSIC Meds Code List for more details)

---

**Medication 1 Code (Diuretics)**

- 14.00 Not specified
- 14.01 Acetazolamide, Trade name: Diamox
- 14.02 Amiloride, Trade name: Midamor
- 14.03 Nesiritide, Trade name: Natrecor
- 14.04 Bumetanide, Trade name: Bumex
- 14.05 Chlorothiazide, Trade name: Diuril
- 14.06 Chlorthalidone, Trade name: Hygroton
- 14.07 Ethacrynic Acid, Trade name: Edecrin
- 14.08 Furosemide, Trade name: Lasix
- 14.09 Hydrochlorothiazide, Trade name: Hydrodiuril
- 14.10 Indapamide, Trade name: Lozol
- 14.11 Metolazone, Trade name: Zaroxyn
- 14.12 Piretanide
- 14.13 Spironolactone, Trade name: Aldactone
- 14.14 Thiazides
- 14.15 Torasemide
- 14.16 Triamterene, Trade name: Dyrenium
- 14.99 Other diuretics  
(See MUSIC Meds Code List for more details)

---

**Medication 1 Code (Electrolytes)**

- 15.00 Not specified
- 15.01 Calcium Chloride
- 15.02 Calcium Glubionate, Trade name: Neo-Calglucon
- 15.03 Magnesium
- 15.04 Potassium
- 15.05 Sodium Bicarbonate
- 15.06 Tromethamine, Trade name: THAM
- 15.99 Other electrolytes  
(See MUSIC Meds Code List for more details)

---

**Medication 1 Code (Gastrointestinal)**

- 16.00 Not specified
- 16.01 Aluminum/Magnesium Hydroxide, Trade name: Maalox
- 16.02 Cimetidine, Trade name: Tagamet
- 16.03 Metoclopramide HCl, Trade name: Reglan
- 16.04 Mylanta
- 16.05 Ondansetron HCL, Trade name: Zofran
- 16.06 Ranitidine, Trade name: Zantac
- 16.07 Simethicone, Trade name: Mylicon
- 16.08 Sucralfate, Trade name: Carafate
- 16.09 Omeprazole, Trade name: Prilosec
- 16.10 Lansoprazole, Trade name: Prevacid
- 16.11 Famotidine, Trade name: Pepcid
- 16.99 Other gastrointestinal  
(See MUSIC Meds Code List for more details)

---

**Medication 1 Code (Glycoside)**

- 17.00 Not specified
- 17.01 Digitoxin, Trade name: Crystodigin
- 17.02 Digoxin, Trade name: Lanoxin
- 17.03 Ouabain
- 17.99 Other glycoside  
(See MUSIC Meds Code List for more details)

---

**Medication 1 Code (Hormonal agents)**

- 18.00 Not specified
- 18.01 Prostaglandin E, Trade name: Alprostadil
- 18.02 Atropine
- 18.03 Cortisone
- 18.04 Dexamethasone, Trade name: Decadron
- 18.05 Growth Hormone, Trade names: Humatrope, Protropin
- 18.06 Hydrocortisone, Trade name: Solu-cortef
- 18.07 Insulin
- 18.08 Levothyroxine, Trade name: Synthroid
- 18.09 Methylprednisolone/Prednisolone, Trade names: Solumedrol, Prelone
- 18.10 Prednisone, Trade name: Bronkosol
- 18.11 Testosterone
- 18.12 Estrogen, Trade name: Premarin
- 18.13 Progestin, Trade name: Provera
- 18.14 Infertility Treatments
- 18.99 Other hormonal agents (including all birth control)  
(See MUSIC Meds Code List for more details)

---

Medication 1 Code (Inotropic agents)

- 19.00 Not specified
- 19.01 Amrinone, Trade name: Inacor
- 19.02 Dobutamine, Trade name: Dobutrex
- 19.03 Dopamine, Trade name: Inotropin
- 19.04 Epinephrine, Trade names: Adrenalin, Vaponefrin
- 19.05 Isoproteranol, Trade name: Isuprel
- 19.06 Midodrine
- 19.07 Milrinone, Trade name: Primacor
- 19.08 Norepinephrine, Trade name: Levophed
- 19.09 Phenylephrine, Trade name: Neo-Synephrine
- 19.99 Other inotropes  
(See MUSIC Meds Code List for more details)

---

Medication 1 Code (Lipid-lowering agents)

- 20.00 Not specified
- 20.01 Cholestyramine, Trade names: Cholybar, Questran
- 20.02 Clofibrate, Trade name: Atromid-s
- 20.03 Colestipol, Trade name: Colestid
- 20.04 Fluvostatin
- 20.05 Gemfibrozil, Trade name: Lopid
- 20.06 Lovastatin, Trade name: Mevacor
- 20.07 Nicotinic acid
- 20.08 Pravastatin, Trade name: Pravachol
- 20.09 Probucol, Trade name: Lorelco
- 20.10 Simvastatin, Trade name: Zocor
- 20.11 Atorvastatin
- 20.12 Rosuvastatin
- 20.99 Other lipid-lowering agents  
(See MUSIC Meds Code List for more details)

---

Medication 1 Code (Neuromuscular Blocking Agent)

- 21.00 Not specified
- 21.01 Pancuronium, Trade name: Pavulon
- 21.02 Succinylcholine
- 21.99 Other neuromuscular blocking agent  
(See MUSIC Meds Code List for more details)

Medication 1 Code (Sedatives, hypnotics, anesthetics, analgesics)

- 22.00 Not specified
- 22.01 Acetaminophen, Trade name: Tylenol
- 22.02 Methohexital, Trade name: Brevitol
- 22.03 Chloral Hydrate, Trade name: Noctec
- 22.04 Codeine
- 22.05 Diazepam, Trade name: Valium
- 22.06 Diphenhydramine, Trade name: Benadryl
- 22.07 Fentanyl, Trade name: Sublimaze
- 22.08 Halothane
- 22.09 Ibuprofen, Trade names: Pediaprofen, Motrin
- 22.10 Isoflurane
- 22.11 Ketamine, Trade name: Ketalar
- 22.12 Ketorolac, Trade name: Toradol
- 22.13 Lorazepam, Trade name: Ativan
- 22.14 Methadone, Trade name: Dolophine
- 22.15 Midazolam, Trade name: Versed
- 22.16 Morphine
- 22.17 Nalaxone, Trade name: Narcan
- 22.18 Naproxen Sodium, Trade name: Naprosyn
- 22.19 Sufentanil
- 22.20 Thiopental, Trade name: Pentothal
- 22.21 General Anesthesia
- 22.22 Oxycodone, Trade name: OxyContin
- 22.99 Other sedatives, hypnotics, anesthetics, analgesics  
(See MUSIC Meds Code List for more details)

Medication 1 Code (Thrombolytics)

- 23.00 Not specified
- 23.01 Alteplase, Trade name: Activase
- 23.02 Anistreplase, Trade name: Eminase
- 23.03 Streptokinase, Trade names: Kabikinase, Streptase
- 23.04 Urokinase, Trade name: Abbokinase
- 23.99 Other thrombolytics  
(See MUSIC Meds Code List for more details)

Medication 1 Code (Attention deficit disorder therapies)

- 24.00 Not specified
- 24.01 Amphetamine + Dextroamphetamine, Trade name: Adderall
- 24.02 Atomoxetine, Trade name: Strattera
- 24.03 Dexmethylphenidate, Trade name: Focalin
- 24.04 Dextroamphetamine, Trade name: Dexedrine
- 24.05 Methylphenidate, Trade names: Ritalin, Concerta, Methylin, Metadate
- 24.99 Other attention deficit disorder therapy  
(See MUSIC Meds Code List for more details)

Medication 1 Code (Antihistamines)

- 25.00 Not specified (including Diphenhydramine (Benadryl))
- 25.01 Fexofenadine Hydrochloride, Trade name: Allegra
- 25.02 Azelastine Hydrochloride, Trade names: Astelin, Astepro
- 25.03 Loratadine, Trade name: Claritin
- 25.04 Montelukast Sodium, Trade name: Singulair
- 25.05 Cetirizine, Trade name: Zyrtec
- 25.99 Other antihistamines  
(See MUSIC Meds Code List for more details)



Medication 1 Code (Immunomodulatory)

- 26.01 Adalimumab (TNF inhibitor)  
 26.02 Anakinra (IL-1 blockade)  
 26.03 Etanercept (TNF inhibitor)  
 26.04 Infliximab (TNF inhibitor)  
 26.05 Tocilizumab (IL-6 blockade)  
 26.06 Hydroxychloroquine  
 26.07 Cyclosporine  
 26.08 Cyclophosphamide  
 26.09 Canakinumab  
 26.10 Siltuximab  
 26.11 Baricitinib (JAK inhibitor)  
 26.12 Tofacitinib (JAK inhibitor)  
 26.13 Upadacitinib (JAK inhibitor)  
 26.14 Emapalumab (IFN gamma antibody)  
 26.15 Chloroquine  
 26.99 Other Immunomodulatory  
 (See MUSIC Meds Code List for more details)

Medication 1 Code (Antiviral)

- 27.01 Remdesivir  
 27.02 Oseltamivir, Trade name: Tamiflu  
 27.03 Lopinavir/ritonavir, Trade name: Kaletra  
 27.04 Favipiravir, Trade name: Avigan  
 27.99 Other antiviral  
 (See MUSIC Meds Code List for more details)

Medication 1 Code (Non-medical therapy directed at clearing cytokines)

- 28.01 Plasma exchange  
 28.02 Cytosorb column  
 28.03 Hemofiltration for fluid removal  
 28.99 Other non-medical therapy directed at clearing cytokines  
 (See MUSIC Meds Code List for more details)

Name of Medication 1

\_\_\_\_\_  
 ((Specify name of drug if code is XX.99))

Date started

\_\_\_\_\_  
 (Please provide start date (mm-dd-yyyy))

Related to an adverse event?

Yes  No

Adverse event number

\_\_\_\_\_  
 (Enter the adverse event number from the adverse event form)

## Medication 2

## Medication 2 Type

- Angiotensin Receptor Blockers
  - Antiarrhythmic
  - Antibiotics
  - Anticonvulsant
  - Antiemetic
  - Antihypertensives
  - Antithrombotics
  - Beta Blocker
  - Biologics
  - Bronchodilators
  - Calcium Channel Blockers
  - Coagulant
  - Converting Enzyme Inhibitor
  - Diuretics
  - Electrolytes
  - Gastrointestinal
  - Glycoside
  - Hormonal agents
  - Inotropic agents
  - Lipid-lowering agents
  - Neuromuscular Blocking Agent
  - Sedatives, hypnotics, anesthetics, analgesics
  - Thrombolytics
  - Attention deficit disorder therapies
  - Antihistamines
  - Immunomodulatory
  - Antiviral
  - Non-medical therapy directed at clearing cytokines
  - Other not classified
- (See MUSIC Meds Code List for more details)

## Medication 2 Code (Angiotensin Receptor Blockers)

- 01.00 Not specified
  - 01.01 Eprosartan, Trade name: Teveten
  - 01.02 Losartan, Trade name: Cozaar
  - 01.03 Valsartan, Trade name: Diovan
  - 01.99 Other angiotensin receptor blockers
- (See MUSIC Meds Code List for more details)

## Medication 2 Code (Antiarrhythmic)

- 02.00 Not specified
  - 02.01 Adenosine, Trade name: Adenocard
  - 02.02 Amiodarone, Trade name: Cordarone
  - 02.03 Azimilide
  - 02.04 Brethlium
  - 02.05 Cibenzoline
  - 02.06 Disopyramide, Trade name: Norpace
  - 02.07 Encainide, Trade name: Enkaid
  - 02.08 Flecainide, Trade name: Tambocor
  - 02.09 Lidocaine, Trade name: Xylocaine
  - 02.10 Mexiletine, Trade name: Mexitil
  - 02.11 Moricizine, Trade name: Ethmozine
  - 02.12 Phenytoin, Trade name: Dilantin
  - 02.13 Procainamide, Trade names: Pronestyl, Procan
  - 02.14 Propafenone, Trade name: Rythmol
  - 02.15 Quinidine, Trade name: Quinaglute
  - 02.16 Tocainide, Trade name: Tonocard
  - 02.99 Other antiarrhythmic agents
- (See MUSIC Meds Code List for more details)

---

**Medication 2 Code (Antibiotics)**

- 03.00 Not specified
- 03.01 Acetyl Sulfoisoxazole, Trade name: Gantrisin
- 03.02 Amikacin, Trade name: Amikin
- 03.03 Amipicillin/Sulbactam, Trade name: Unasyn
- 03.04 Amoxicillin, Trade name: Amoxil
- 03.05 Amoxicillin-Clavulanic Acid, Trade name: Augmentin
- 03.06 Amphotericin, Trade name: Fungizone
- 03.07 Ampicillin, Trade name: Omnipen
- 03.08 Azithromycin, Trade name: Zithromax
- 03.09 Aztreonam, Trade name: Azactam
- 03.10 Carbenicillin, Trade name: Geocillin
- 03.11 Cefazolin, Trade names: Ancef, Kefzol
- 03.12 Cefepime, Trade name: Maxipime
- 03.13 Cefotaxime, Trade name: Claforan
- 03.14 Ceftazidime, Trade name: Fortaz
- 03.15 Ceftriaxone, Trade name: Rocephin
- 03.16 Cephalexin, Trade name: Keflex
- 03.17 Ciprofloxacin, Trade name: Cipro
- 03.18 Clarithromycin, Trade name: Biaxin
- 03.19 Clindamycin, Trade name: Cleocin
- 03.20 Erythromycin
- 03.21 Erythromycin and Sulfoxazole, Trade name: Pediazole
- 03.22 Fluconazole, Trade name: Diflucan
- 03.23 Gentamicin
- 03.24 Ilotycin
- 03.25 Imipenem, Trade name: Primaxin
- 03.26 Meropenem, Trade name: Merrem
- 03.27 Metronidazole, Trade name: Flagyl
- 03.28 Mycostatin, Trade name: Nystatin
- 03.29 Neomycin
- 03.30 Nystatin, Trade name: Mycostatin
- 03.31 Oxacillin
- 03.32 Penicillin
- 03.33 Piperacillin, Trade name: Pipracil
- 03.34 Piperacillin/Tazobactam, Trade name: Zosyn
- 03.35 Tobramycin, Trade name: Tobrex
- 03.36 Trimethoprim-Sulfamethoxazole, Trade names: Bactrim, Septra
- 03.37 Vancomycin
- 03.99 Other antibiotics  
(See MUSIC Meds Code List for more details)

---

**Medication 2 Code (Anticonvulsant)**

- 04.00 Not specified
- 04.01 Fosphenytoin, Trade name: Cerebrex
- 04.02 Phenobarbital, Trade name: Luminal
- 04.99 Other anticonvulsant  
(See MUSIC Meds Code List for more details)

---

**Medication 2 Code (Antiemetic)**

- 05.00 Not specified
- 05.01 Ondansetron HCl, Trade name: Zofran
- 05.99 Other antiemetic  
(See MUSIC Meds Code List for more details)

---

**Medication 2 Code (Antihypertensives)**

- 06.00 Not specified
- 06.01 Clonidine, Trade names: Catapres, Duraclon
- 06.02 Diazoxide, Trade names: Hyperstat, Proglycem
- 06.03 Doxazosin, Trade name: Cardura
- 06.04 Guanabenz, Trade name: Wytensin
- 06.05 Guanadril, Trade name: Hylorel
- 06.06 Guanethidine, Trade name: Ismelin
- 06.07 Guanfacine, Trade name: Tenex
- 06.08 Hydralazine, Trade name: Apresoline
- 06.09 Isosorbide dinitrate, Trade names: Dilatrate, Isordil, Sorbitrate
- 06.10 Isosorbide mononitrate, Trade names: Imdur, Ismo
- 06.11 Ketanserin
- 06.12 Mecamylamine, Trade name: Inversine
- 06.13 Methyldopa, Trade name: Aldomet
- 06.14 Minoxidil, Trade names: Loniten, Rogaine
- 06.15 Nitric Oxide
- 06.16 Nitroglycerin
- 06.17 Nitroprusside, Trade name: Nipride
- 06.18 Prazosin, Trade name: Minipress
- 06.19 Reserpine, Trade name: Serpasil
- 06.20 Terazosin, Trade name: Hytrin
- 06.21 Trimethaphan, Trade name: Arfonad
- 06.22 Sildenafil, Trade name: Viagra
- 06.99 Other antihypertensive  
(See MUSIC Meds Code List for more details)

---

**Medication 2 Code (Antithrombotics)**

- 07.00 Not specified
- 07.01 Abciximab, Trade name: Reopro
- 07.02 Aspirin
- 07.03 Bivalirudin
- 07.04 Clopidogrel, Trade name: Plavix
- 07.05 Dipyridamole, Trade names: Aggrenox, Persantine
- 07.06 Enoxaparin, Trade name: Lovenox
- 07.07 Eptifibatide, Trade name: Integrilin
- 07.08 Heparin
- 07.09 Low Molecular weight heparin, Trade name: Bemiparin
- 07.10 Ticlopidine HCl, Trade name: Ticlid
- 07.11 Tirofiban, Trade name: Aggrastat
- 07.12 Warfarin, Trade name: Coumadin
- 07.13 Apixaban, Trade name: Eliquis
- 07.14 Argatroban, Trade name: Acova
- 07.15 Ticlopidine
- 07.16 Prasugrel
- 07.17 Ticagrelor
- 07.99 Other antithrombotics  
(See MUSIC Meds Code List for more details)

---

**Medication 2 Code (Beta Blocker)**

- 08.00 Not specified
  - 08.01 Acebutolol, Trade name: Sectral
  - 08.02 Alprenolol
  - 08.03 Amlodipine, Trade name: Norvasc
  - 08.04 Atenolol, Trade name: Tenormin
  - 08.05 Betaxolol, Trade names: Betoptic, Kerlone
  - 08.06 Bisoprolol, Trade name: Zebeta
  - 08.07 Bobindolol
  - 08.08 Cartelol, Trade names: Cartrol, Ocupress
  - 08.09 Carvedilol, Trade name: Coreg
  - 08.10 Celiprolol
  - 08.11 Dievalol
  - 08.12 Esmolol, Trade name: Brevibloc
  - 08.13 Labetolol, Trade name: Normodyne
  - 08.14 Metoprolol, Trade names: Lopressor, Toprol
  - 08.15 Nadolol, Trade name: Corgard
  - 08.16 Nisoldipine, Trade name: Sular
  - 08.17 Oxprenolol, Trade name: Trasicor
  - 08.18 Penbutolol, Trade name: Levatol
  - 08.19 Pindolol, Trade name: Visken
  - 08.20 Propranolol, Trade name: Inderal
  - 08.21 Sotalol, Trade name: Betapace
  - 08.22 Timolol, Trade name: Blocadren
  - 08.99 Other beta-blocker
- (See MUSIC Meds Code List for more details)

---

**Medication 2 Code (Biologics)**

- 09.00 Not specified
  - 09.01 Coenzyme Q10
  - 09.02 Desmopressin, Trade name: DDAVP
  - 09.03 Gamma Globulin
  - 09.04 Iron Preparations, Trade name: Fer-in-sol
  - 09.05 Mannitol, Trade name: Cosmitrol
  - 09.06 Surfactant, Trade names: Survanta, Exosurf
  - 09.07 Vitamin K
  - 09.08 Multivitamin
  - 09.09 Convalescent plasma from COVID 19 patients
  - 09.10 Vitamin C
  - 09.11 Thiamine
  - 09.12 Fresh frozen plasma (FFP)
  - 09.99 Other biologics
- (See MUSIC Meds Code List for more details)

---

**Medication 2 Code (Bronchodilators)**

- 10.00 Not specified
  - 10.01 Albuterol, Trade names: Ventolin, Xopenex, Preventil
  - 10.02 Aminophylline
  - 10.03 Beclomethasone, Trade name: Beclovert
  - 10.04 Cromolyn, Trade name: Intal
  - 10.05 Fluticasone, Trade names: Flovent, Flonase
  - 10.06 Ipratropium, Trade name: Atrovent
  - 10.07 Isoetharine, Trade name: Bronkosol
  - 10.08 Metaproteranol, Trade name: Alupent
  - 10.09 Theophylline, Trade names: Slo-bid, Theodur
  - 10.99 Other bronchodilators
- (See MUSIC Meds Code List for more details)

---

**Medication 2 Code (Calcium Channel Blockers)**

- 11.00 Not specified
- 11.01 Bepridil HCl, Trade name: Vascor
- 11.02 Diltiazem, Trade name: Cardiazem
- 11.03 Felodipine, Trade name: Plendil
- 11.04 Isradipine, Trade name: Dynacirc
- 11.05 Nicardipine, Trade name: Cardene
- 11.06 Nifedipine, Trade name: Procardia
- 11.07 Nimodipine, Trade name: Nimotop
- 11.08 Verapamil, Trade names: Calan, Isotopin, Verelan, Chronovera, Covera-HS
- 11.99 Other calcium channel blockers  
(See MUSIC Meds Code List for more details)

---

**Medication 2 Code (Coagulant)**

- 12.00 Not specified
- 12.01 Aprotinin
- 12.02 Aminocaproic acid, Trade name: Amicar
- 12.03 Protamine
- 12.99 Other coagulant  
(See MUSIC Meds Code List for more details)

---

**Medication 2 Code (Converting Enzyme Inhibitor)**

- 13.00 Not specified
- 13.01 Benazepril, Trade name: Lotensin
- 13.02 Captopril, Trade name: Capoten
- 13.03 Cilarapril, Trade name: Primaxin
- 13.04 Enalapril, Trade name: Vasotec
- 13.05 Enalaprilat, Trade name: Vasotec
- 13.06 Fosinopril, Trade name: Monopril
- 13.07 Lisinopril, Trade names: Prinivil, Zestril
- 13.08 Pentopril
- 13.09 Perindopril, Trade name: Aceon
- 13.10 Quinapril, Trade name: Accupril
- 13.11 Ramipril, Trade name: Altace
- 13.12 Trandolapril, Trade name: Mavik
- 13.99 Other converting enzyme inhibitor  
(See MUSIC Meds Code List for more details)

---

**Medication 2 Code (Diuretics)**

- 14.00 Not specified
- 14.01 Acetazolamide, Trade name: Diamox
- 14.02 Amiloride, Trade name: Midamor
- 14.03 Nesiritide, Trade name: Natrecor
- 14.04 Bumetanide, Trade name: Bumex
- 14.05 Chlorothiazide, Trade name: Diuril
- 14.06 Chlorthalidone, Trade name: Hygroton
- 14.07 Ethacrynic Acid, Trade name: Edecrin
- 14.08 Furosemide, Trade name: Lasix
- 14.09 Hydrochlorothiazide, Trade name: Hydrodiuril
- 14.10 Indapamide, Trade name: Lozol
- 14.11 Metolazone, Trade name: Zaroxyn
- 14.12 Piretanide
- 14.13 Spironolactone, Trade name: Aldactone
- 14.14 Thiazides
- 14.15 Torasemide
- 14.16 Triamterene, Trade name: Dyrenium
- 14.99 Other diuretics  
(See MUSIC Meds Code List for more details)

---

**Medication 2 Code (Electrolytes)**

- 15.00 Not specified
- 15.01 Calcium Chloride
- 15.02 Calcium Glubionate, Trade name: Neo-Calglucon
- 15.03 Magnesium
- 15.04 Potassium
- 15.05 Sodium Bicarbonate
- 15.06 Tromethamine, Trade name: THAM
- 15.99 Other electrolytes  
(See MUSIC Meds Code List for more details)

---

**Medication 2 Code (Gastrointestinal)**

- 16.00 Not specified
- 16.01 Aluminum/Magnesium Hydroxide, Trade name: Maalox
- 16.02 Cimetidine, Trade name: Tagamet
- 16.03 Metoclopramide HCl, Trade name: Reglan
- 16.04 Mylanta
- 16.05 Ondansetron HCL, Trade name: Zofran
- 16.06 Ranitidine, Trade name: Zantac
- 16.07 Simethicone, Trade name: Mylicon
- 16.08 Sucralfate, Trade name: Carafate
- 16.09 Omeprazole, Trade name: Prilosec
- 16.10 Lansoprazole, Trade name: Prevacid
- 16.11 Famotidine, Trade name: Pepcid
- 16.99 Other gastrointestinal  
(See MUSIC Meds Code List for more details)

---

**Medication 2 Code (Glycoside)**

- 17.00 Not specified
- 17.01 Digitoxin, Trade name: Crystodigin
- 17.02 Digoxin, Trade name: Lanoxin
- 17.03 Ouabain
- 17.99 Other glycoside  
(See MUSIC Meds Code List for more details)

---

**Medication 2 Code (Hormonal agents)**

- 18.00 Not specified
- 18.01 Prostaglandin E, Trade name: Alprostadil
- 18.02 Atropine
- 18.03 Cortisone
- 18.04 Dexamethasone, Trade name: Decadron
- 18.05 Growth Hormone, Trade names: Humatrope, Protropin
- 18.06 Hydrocortisone, Trade name: Solu-cortef
- 18.07 Insulin
- 18.08 Levothyroxine, Trade name: Synthroid
- 18.09 Methylprednisolone/Prednisolone, Trade names: Solumedrol, Prelone
- 18.10 Prednisone, Trade name: Bronkosol
- 18.11 Testosterone
- 18.12 Estrogen, Trade name: Premarin
- 18.13 Progestin, Trade name: Provera
- 18.14 Infertility Treatments
- 18.99 Other hormonal agents (including all birth control)  
(See MUSIC Meds Code List for more details)

---

Medication 2 Code (Inotropic agents)

- 19.00 Not specified
- 19.01 Amrinone, Trade name: Inacor
- 19.02 Dobutamine, Trade name: Dobutrex
- 19.03 Dopamine, Trade name: Inotropin
- 19.04 Epinephrine, Trade names: Adrenalin, Vaponefrin
- 19.05 Isoproteranol, Trade name: Isuprel
- 19.06 Midodrine
- 19.07 Milrinone, Trade name: Primacor
- 19.08 Norepinephrine, Trade name: Levophed
- 19.09 Phenylephrine, Trade name: Neo-Synephrine
- 19.99 Other inotropes  
(See MUSIC Meds Code List for more details)

---

Medication 2 Code (Lipid-lowering agents)

- 20.00 Not specified
- 20.01 Cholestyramine, Trade names: Cholybar, Questran
- 20.02 Clofibrate, Trade name: Atromid-s
- 20.03 Colestipol, Trade name: Colestid
- 20.04 Fluvostatin
- 20.05 Gemfibrozil, Trade name: Lopid
- 20.06 Lovastatin, Trade name: Mevacor
- 20.07 Nicotinic acid
- 20.08 Pravastatin, Trade name: Pravachol
- 20.09 Probucol, Trade name: Lorelco
- 20.10 Simvastatin, Trade name: Zocor
- 20.11 Atorvastatin
- 20.12 Rosuvastatin
- 20.99 Other lipid-lowering agents  
(See MUSIC Meds Code List for more details)

---

Medication 2 Code (Neuromuscular Blocking Agent)

- 21.00 Not specified
- 21.01 Pancuronium, Trade name: Pavulon
- 21.02 Succinylcholine
- 21.99 Other neuromuscular blocking agent  
(See MUSIC Meds Code List for more details)



---

Medication 2 Code (Sedatives, hypnotics, anesthetics, analgesics)

- 22.00 Not specified
  - 22.01 Acetaminophen, Trade name: Tylenol
  - 22.02 Methohexital, Trade name: Brevitol
  - 22.03 Chloral Hydrate, Trade name: Noctec
  - 22.04 Codeine
  - 22.05 Diazepam, Trade name: Valium
  - 22.06 Diphenhydramine, Trade name: Benadryl
  - 22.07 Fentanyl, Trade name: Sublimaze
  - 22.08 Halothane
  - 22.09 Ibuprofen, Trade names: Pediaprofen, Motrin
  - 22.10 Isoflurane
  - 22.11 Ketamine, Trade name: Ketalar
  - 22.12 Ketorolac, Trade name: Toradol
  - 22.13 Lorazepam, Trade name: Ativan
  - 22.14 Methadone, Trade name: Dolophine
  - 22.15 Midazolam, Trade name: Versed
  - 22.16 Morphine
  - 22.17 Nalaxone, Trade name: Narcan
  - 22.18 Naproxen Sodium, Trade name: Naprosyn
  - 22.19 Sufentanil
  - 22.20 Thiopental, Trade name: Pentothal
  - 22.21 General Anesthesia
  - 22.22 Oxycodone, Trade name: OxyContin
  - 22.99 Other sedatives, hypnotics, anesthetics, analgesics
- (See MUSIC Meds Code List for more details)

---

Medication 2 Code (Thrombolytics)

- 23.00 Not specified
  - 23.01 Alteplase, Trade name: Activase
  - 23.02 Anistreplase, Trade name: Eminase
  - 23.03 Streptokinase, Trade names: Kabikinase, Streptase
  - 23.04 Urokinase, Trade name: Abbokinase
  - 23.99 Other thrombolytics
- (See MUSIC Meds Code List for more details)

---

Medication 2 Code (Attention deficit disorder therapies)

- 24.00 Not specified
  - 24.01 Amphetamine + Dextroamphetamine, Trade name: Adderall
  - 24.02 Atomoxetine, Trade name: Strattera
  - 24.03 Dexmethylphenidate, Trade name: Focalin
  - 24.04 Dextroamphetamine, Trade name: Dexedrinel
  - 24.05 Methylphenidate, Trade names: Ritalin, Concerta, Methylin, Metadate
  - 24.99 Other attention deficit disorder therapy
- (See MUSIC Meds Code List for more details)

---

Medication 2 Code (Antihistamines)

- 25.00 Not specified (including Diphenhydramine (Benadryl))
  - 25.01 Fexofenadine Hydrochloride, Trade name: Allegra
  - 25.02 Azelastine Hydrochloride, Trade names: Astelin, Astepro
  - 25.03 Loratadine, Trade name: Claritin
  - 25.04 Montelukast Sodium, Trade name: Singulair
  - 25.05 Cetirizine, Trade name: Zyrtec
  - 25.99 Other antihistamines
- (See MUSIC Meds Code List for more details)

Medication 2 Code (Immunomodulatory)

- 26.01 Adalimumab (TNF inhibitor)  
 26.02 Anakinra (IL-1 blockade)  
 26.03 Etanercept (TNF inhibitor)  
 26.04 Infliximab (TNF inhibitor)  
 26.05 Tocilizumab (IL-6 blockade)  
 26.06 Hydroxychloroquine  
 26.07 Cyclosporine  
 26.08 Cyclophosphamide  
 26.09 Canakinumab  
 26.10 Siltuximab  
 26.11 Baricitinib (JAK inhibitor)  
 26.12 Tofacitinib (JAK inhibitor)  
 26.13 Upadacitinib (JAK inhibitor)  
 26.14 Emapalumab (IFN gamma antibody)  
 26.15 Chloroquine  
 26.99 Other Immunomodulatory  
 (See MUSIC Meds Code List for more details)

Medication 2 Code (Antiviral)

- 27.01 Remdesivir  
 27.02 Oseltamivir, Trade name: Tamiflu  
 27.03 Lopinavir/ritonavir, Trade name: Kaletra  
 27.04 Favipiravir, Trade name: Avigan  
 27.99 Other antiviral  
 (See MUSIC Meds Code List for more details)

Medication 2 Code (Non-medical therapy directed at clearing cytokines)

- 28.01 Plasma exchange  
 28.02 Cytosorb column  
 28.03 Hemofiltration for fluid removal  
 28.99 Other non-medical therapy directed at clearing cytokines  
 (See MUSIC Meds Code List for more details)

Name of Medication 2

\_\_\_\_\_  
 ((Specify name of drug if code is XX.99))

Date started

\_\_\_\_\_  
 (Please provide start date (mm-dd-yyyy))

Related to an adverse event?

Yes  No

Adverse event number

\_\_\_\_\_  
 (Enter the adverse event number from the adverse event form)

### Medication 3

## Medication 3 Type

- Angiotensin Receptor Blockers
  - Antiarrhythmic
  - Antibiotics
  - Anticonvulsant
  - Antiemetic
  - Antihypertensives
  - Antithrombotics
  - Beta Blocker
  - Biologics
  - Bronchodilators
  - Calcium Channel Blockers
  - Coagulant
  - Converting Enzyme Inhibitor
  - Diuretics
  - Electrolytes
  - Gastrointestinal
  - Glycoside
  - Hormonal agents
  - Inotropic agents
  - Lipid-lowering agents
  - Neuromuscular Blocking Agent
  - Sedatives, hypnotics, anesthetics, analgesics
  - Thrombolytics
  - Attention deficit disorder therapies
  - Antihistamines
  - Immunomodulatory
  - Antiviral
  - Non-medical therapy directed at clearing cytokines
  - Other not classified
- (See MUSIC Meds Code List for more details)

## Medication 3 Code (Angiotensin Receptor Blockers)

- 01.00 Not specified
  - 01.01 Eprosartan, Trade name: Teveten
  - 01.02 Losartan, Trade name: Cozaar
  - 01.03 Valsartan, Trade name: Diovan
  - 01.99 Other angiotensin receptor blockers
- (See MUSIC Meds Code List for more details)

## Medication 3 Code (Antiarrhythmic)

- 02.00 Not specified
  - 02.01 Adenosine, Trade name: Adenocard
  - 02.02 Amiodarone, Trade name: Cordarone
  - 02.03 Azimilide
  - 02.04 Brethlium
  - 02.05 Cibenzoline
  - 02.06 Disopyramide, Trade name: Norpace
  - 02.07 Encainide, Trade name: Enkaid
  - 02.08 Flecainide, Trade name: Tambocor
  - 02.09 Lidocaine, Trade name: Xylocaine
  - 02.10 Mexiletine, Trade name: Mexitil
  - 02.11 Moricizine, Trade name: Ethmozine
  - 02.12 Phenytoin, Trade name: Dilantin
  - 02.13 Procainamide, Trade names: Pronestyl, Procan
  - 02.14 Propafenone, Trade name: Rythmol
  - 02.15 Quinidine, Trade name: Quinaglute
  - 02.16 Tocainide, Trade name: Tonocard
  - 02.99 Other antiarrhythmic agents
- (See MUSIC Meds Code List for more details)

---

**Medication 3 Code (Antibiotics)**

- 03.00 Not specified
- 03.01 Acetyl Sulfoisoxazole, Trade name: Gantrisin
- 03.02 Amikacin, Trade name: Amikin
- 03.03 Amipicillin/Sulbactam, Trade name: Unasyn
- 03.04 Amoxicillin, Trade name: Amoxil
- 03.05 Amoxicillin-Clavulanic Acid, Trade name: Augmentin
- 03.06 Amphotericin, Trade name: Fungizone
- 03.07 Ampicillin, Trade name: Omnipen
- 03.08 Azithromycin, Trade name: Zithromax
- 03.09 Aztreonam, Trade name: Azactam
- 03.10 Carbenicillin, Trade name: Geocillin
- 03.11 Cefazolin, Trade names: Ancef, Kefzol
- 03.12 Cefepime, Trade name: Maxipime
- 03.13 Cefotaxime, Trade name: Claforan
- 03.14 Ceftazidime, Trade name: Fortaz
- 03.15 Ceftriaxone, Trade name: Rocephin
- 03.16 Cephalexin, Trade name: Keflex
- 03.17 Ciprofloxacin, Trade name: Cipro
- 03.18 Clarithromycin, Trade name: Biaxin
- 03.19 Clindamycin, Trade name: Cleocin
- 03.20 Erythromycin
- 03.21 Erythromycin and Sulfoxazole, Trade name: Pediazole
- 03.22 Fluconazole, Trade name: Diflucan
- 03.23 Gentamicin
- 03.24 Ilotycin
- 03.25 Imipenem, Trade name: Primaxin
- 03.26 Meropenem, Trade name: Merrem
- 03.27 Metronidazole, Trade name: Flagyl
- 03.28 Mycostatin, Trade name: Nystatin
- 03.29 Neomycin
- 03.30 Nystatin, Trade name: Mycostatin
- 03.31 Oxacillin
- 03.32 Penicillin
- 03.33 Piperacillin, Trade name: Pipracil
- 03.34 Piperacillin/Tazobactam, Trade name: Zosyn
- 03.35 Tobramycin, Trade name: Tobrex
- 03.36 Trimethoprim-Sulfamethoxazole, Trade names: Bactrim, Septra
- 03.37 Vancomycin
- 03.99 Other antibiotics  
(See MUSIC Meds Code List for more details)

---

**Medication 3 Code (Anticonvulsant)**

- 04.00 Not specified
- 04.01 Fosphenytoin, Trade name: Cerebrex
- 04.02 Phenobarbital, Trade name: Luminal
- 04.99 Other anticonvulsant  
(See MUSIC Meds Code List for more details)

---

**Medication 3 Code (Antiemetic)**

- 05.00 Not specified
- 05.01 Ondansetron HCl, Trade name: Zofran
- 05.99 Other antiemetic  
(See MUSIC Meds Code List for more details)

---

**Medication 3 Code (Antihypertensives)**

- 06.00 Not specified
- 06.01 Clonidine, Trade names: Catapres, Duraclon
- 06.02 Diazoxide, Trade names: Hyperstat, Proglycem
- 06.03 Doxazosin, Trade name: Cardura
- 06.04 Guanabenz, Trade name: Wytensin
- 06.05 Guanadril, Trade name: Hylorel
- 06.06 Guanethidine, Trade name: Ismelin
- 06.07 Guanfacine, Trade name: Tenex
- 06.08 Hydralazine, Trade name: Apresoline
- 06.09 Isosorbide dinitrate, Trade names: Dilatrate, Isordil, Sorbitrate
- 06.10 Isosorbide mononitrate, Trade names: Imdur, Ismo
- 06.11 Ketanserin
- 06.12 Mecamylamine, Trade name: Inversine
- 06.13 Methyldopa, Trade name: Aldomet
- 06.14 Minoxidil, Trade names: Loniten, Rogaine
- 06.15 Nitric Oxide
- 06.16 Nitroglycerin
- 06.17 Nitroprusside, Trade name: Nipride
- 06.18 Prazosin, Trade name: Minipress
- 06.19 Reserpine, Trade name: Serpasil
- 06.20 Terazosin, Trade name: Hytrin
- 06.21 Trimethaphan, Trade name: Arfonad
- 06.22 Sildenafil, Trade name: Viagra
- 06.99 Other antihypertensive  
(See MUSIC Meds Code List for more details)

---

**Medication 3 Code (Antithrombotics)**

- 07.00 Not specified
- 07.01 Abciximab, Trade name: Reopro
- 07.02 Aspirin
- 07.03 Bivalirudin
- 07.04 Clopidogrel, Trade name: Plavix
- 07.05 Dipyridamole, Trade names: Aggrenox, Persantine
- 07.06 Enoxaparin, Trade name: Lovenox
- 07.07 Eptifibatide, Trade name: Integrilin
- 07.08 Heparin
- 07.09 Low Molecular weight heparin, Trade name: Bemiparin
- 07.10 Ticlopidine HCl, Trade name: Ticlid
- 07.11 Tirofiban, Trade name: Aggrastat
- 07.12 Warfarin, Trade name: Coumadin
- 07.13 Apixaban, Trade name: Eliquis
- 07.14 Argatroban, Trade name: Acova
- 07.15 Ticlopidine
- 07.16 Prasugrel
- 07.17 Ticagrelor
- 07.99 Other antithrombotics  
(See MUSIC Meds Code List for more details)

---

**Medication 3 Code (Beta Blocker)**

- 08.00 Not specified
  - 08.01 Acebutolol, Trade name: Sectral
  - 08.02 Alprenolol
  - 08.03 Amlodipine, Trade name: Norvasc
  - 08.04 Atenolol, Trade name: Tenormin
  - 08.05 Betaxolol, Trade names: Betoptic, Kerlone
  - 08.06 Bisoprolol, Trade name: Zebeta
  - 08.07 Bobindolol
  - 08.08 Cartelol, Trade names: Cartrol, Ocupress
  - 08.09 Carvedilol, Trade name: Coreg
  - 08.10 Celiprolol
  - 08.11 Dievalol
  - 08.12 Esmolol, Trade name: Brevibloc
  - 08.13 Labetolol, Trade name: Normodyne
  - 08.14 Metoprolol, Trade names: Lopressor, Toprol
  - 08.15 Nadolol, Trade name: Corgard
  - 08.16 Nisoldipine, Trade name: Sular
  - 08.17 Oxprenolol, Trade name: Trasicor
  - 08.18 Penbutolol, Trade name: Levatol
  - 08.19 Pindolol, Trade name: Visken
  - 08.20 Propranolol, Trade name: Inderal
  - 08.21 Sotalol, Trade name: Betapace
  - 08.22 Timolol, Trade name: Blocadren
  - 08.99 Other beta-blocker
- (See MUSIC Meds Code List for more details)

---

**Medication 3 Code (Biologics)**

- 09.00 Not specified
  - 09.01 Coenzyme Q10
  - 09.02 Desmopressin, Trade name: DDAVP
  - 09.03 Gamma Globulin
  - 09.04 Iron Preparations, Trade name: Fer-in-sol
  - 09.05 Mannitol, Trade name: Cosmitrol
  - 09.06 Surfactant, Trade names: Survanta, Exosurf
  - 09.07 Vitamin K
  - 09.08 Multivitamin
  - 09.09 Convalescent plasma from COVID 19 patients
  - 09.10 Vitamin C
  - 09.11 Thiamine
  - 09.12 Fresh frozen plasma (FFP)
  - 09.99 Other biologics
- (See MUSIC Meds Code List for more details)

---

**Medication 3 Code (Bronchodilators)**

- 10.00 Not specified
  - 10.01 Albuterol, Trade names: Ventolin, Xopenex, Preventil
  - 10.02 Aminophylline
  - 10.03 Beclomethasone, Trade name: Beclovert
  - 10.04 Cromolyn, Trade name: Intal
  - 10.05 Fluticasone, Trade names: Flovent, Flonase
  - 10.06 Ipratropium, Trade name: Atrovent
  - 10.07 Isoetharine, Trade name: Bronkosol
  - 10.08 Metaproteranol, Trade name: Alupent
  - 10.09 Theophylline, Trade names: Slo-bid, Theodur
  - 10.99 Other bronchodilators
- (See MUSIC Meds Code List for more details)

---

**Medication 3 Code (Calcium Channel Blockers)**

- 11.00 Not specified
- 11.01 Bepridil HCl, Trade name: Vascor
- 11.02 Diltiazem, Trade name: Cardiazem
- 11.03 Felodipine, Trade name: Plendil
- 11.04 Isradipine, Trade name: Dynacirc
- 11.05 Nicardipine, Trade name: Cardene
- 11.06 Nifedipine, Trade name: Procardia
- 11.07 Nimodipine, Trade name: Nimotop
- 11.08 Verapamil, Trade names: Calan, Isotopin, Verelan, Chronovera, Covera-HS
- 11.99 Other calcium channel blockers  
(See MUSIC Meds Code List for more details)

---

**Medication 3 Code (Coagulant)**

- 12.00 Not specified
- 12.01 Aprotinin
- 12.02 Aminocaproic acid, Trade name: Amicar
- 12.03 Protamine
- 12.99 Other coagulant  
(See MUSIC Meds Code List for more details)

---

**Medication 3 Code (Converting Enzyme Inhibitor)**

- 13.00 Not specified
- 13.01 Benazepril, Trade name: Lotensin
- 13.02 Captopril, Trade name: Capoten
- 13.03 Cilarapril, Trade name: Primaxin
- 13.04 Enalapril, Trade name: Vasotec
- 13.05 Enalaprilat, Trade name: Vasotec
- 13.06 Fosinopril, Trade name: Monopril
- 13.07 Lisinopril, Trade names: Prinivil, Zestril
- 13.08 Pentopril
- 13.09 Perindopril, Trade name: Aceon
- 13.10 Quinapril, Trade name: Accupril
- 13.11 Ramipril, Trade name: Altace
- 13.12 Trandolapril, Trade name: Mavik
- 13.99 Other converting enzyme inhibitor  
(See MUSIC Meds Code List for more details)

---

**Medication 3 Code (Diuretics)**

- 14.00 Not specified
- 14.01 Acetazolamide, Trade name: Diamox
- 14.02 Amiloride, Trade name: Midamor
- 14.03 Nesiritide, Trade name: Natrecor
- 14.04 Bumetanide, Trade name: Bumex
- 14.05 Chlorothiazide, Trade name: Diuril
- 14.06 Chlorthalidone, Trade name: Hygroton
- 14.07 Ethacrynic Acid, Trade name: Edecrin
- 14.08 Furosemide, Trade name: Lasix
- 14.09 Hydrochlorothiazide, Trade name: Hydrodiuril
- 14.10 Indapamide, Trade name: Lozol
- 14.11 Metolazone, Trade name: Zaroxynl
- 14.12 Piretanide
- 14.13 Spironolactone, Trade name: Aldactone
- 14.14 Thiazides
- 14.15 Torasemide
- 14.16 Triamterene, Trade name: Dyrenium
- 14.99 Other diuretics  
(See MUSIC Meds Code List for more details)

---

**Medication 3 Code (Electrolytes)**

- 15.00 Not specified
- 15.01 Calcium Chloride
- 15.02 Calcium Glubionate, Trade name: Neo-Calglucon
- 15.03 Magnesium
- 15.04 Potassium
- 15.05 Sodium Bicarbonate
- 15.06 Tromethamine, Trade name: THAM
- 15.99 Other electrolytes  
(See MUSIC Meds Code List for more details)

---

**Medication 3 Code (Gastrointestinal)**

- 16.00 Not specified
- 16.01 Aluminum/Magnesium Hydroxide, Trade name: Maalox
- 16.02 Cimetidine, Trade name: Tagamet
- 16.03 Metoclopramide HCl, Trade name: Reglan
- 16.04 Mylanta
- 16.05 Ondansetron HCL, Trade name: Zofran
- 16.06 Ranitidine, Trade name: Zantac
- 16.07 Simethicone, Trade name: Mylicon
- 16.08 Sucralfate, Trade name: Carafate
- 16.09 Omeprazole, Trade name: Prilosec
- 16.10 Lansoprazole, Trade name: Prevacid
- 16.11 Famotidine, Trade name: Pepcid
- 16.99 Other gastrointestinal  
(See MUSIC Meds Code List for more details)

---

**Medication 3 Code (Glycoside)**

- 17.00 Not specified
- 17.01 Digitoxin, Trade name: Crystodigin
- 17.02 Digoxin, Trade name: Lanoxin
- 17.03 Ouabain
- 17.99 Other glycoside  
(See MUSIC Meds Code List for more details)

---

**Medication 3 Code (Hormonal agents)**

- 18.00 Not specified
- 18.01 Prostaglandin E, Trade name: Alprostadil
- 18.02 Atropine
- 18.03 Cortisone
- 18.04 Dexamethasone, Trade name: Decadron
- 18.05 Growth Hormone, Trade names: Humatrope, Protropin
- 18.06 Hydrocortisone, Trade name: Solu-cortef
- 18.07 Insulin
- 18.08 Levothyroxine, Trade name: Synthroid
- 18.09 Methylprednisolone/Prednisolone, Trade names: Solumedrol, Prelone
- 18.10 Prednisone, Trade name: Bronkosol
- 18.11 Testosterone
- 18.12 Estrogen, Trade name: Premarin
- 18.13 Progestin, Trade name: Provera
- 18.14 Infertility Treatments
- 18.99 Other hormonal agents (including all birth control)  
(See MUSIC Meds Code List for more details)



---

Medication 3 Code (Inotropic agents)

- 19.00 Not specified
- 19.01 Amrinone, Trade name: Inacor
- 19.02 Dobutamine, Trade name: Dobutrex
- 19.03 Dopamine, Trade name: Inotropin
- 19.04 Epinephrine, Trade names: Adrenalin, Vaponefrin
- 19.05 Isoproteranol, Trade name: Isuprel
- 19.06 Midodrine
- 19.07 Milrinone, Trade name: Primacor
- 19.08 Norepinephrine, Trade name: Levophed
- 19.09 Phenylephrine, Trade name: Neo-Synephrine
- 19.99 Other inotropes  
(See MUSIC Meds Code List for more details)

---

Medication 3 Code (Lipid-lowering agents)

- 20.00 Not specified
- 20.01 Cholestyramine, Trade names: Cholybar, Questran
- 20.02 Clofibrate, Trade name: Atromid-s
- 20.03 Colestipol, Trade name: Colestid
- 20.04 Fluvostatin
- 20.05 Gemfibrozil, Trade name: Lopid
- 20.06 Lovastatin, Trade name: Mevacor
- 20.07 Nicotinic acid
- 20.08 Pravastatin, Trade name: Pravachol
- 20.09 Probucol, Trade name: Lorelco
- 20.10 Simvastatin, Trade name: Zocor
- 20.11 Atorvastatin
- 20.12 Rosuvastatin
- 20.99 Other lipid-lowering agents  
(See MUSIC Meds Code List for more details)

---

Medication 3 Code (Neuromuscular Blocking Agent)

- 21.00 Not specified
- 21.01 Pancuronium, Trade name: Pavulon
- 21.02 Succinylcholine
- 21.99 Other neuromuscular blocking agent  
(See MUSIC Meds Code List for more details)

---

Medication 3 Code (Sedatives, hypnotics, anesthetics, analgesics)

- 22.00 Not specified
- 22.01 Acetaminophen, Trade name: Tylenol
- 22.02 Methohexital, Trade name: Brevitol
- 22.03 Chloral Hydrate, Trade name: Noctec
- 22.04 Codeine
- 22.05 Diazepam, Trade name: Valium
- 22.06 Diphenhydramine, Trade name: Benadryl
- 22.07 Fentanyl, Trade name: Sublimaze
- 22.08 Halothane
- 22.09 Ibuprofen, Trade names: Pediaprofen, Motrin
- 22.10 Isoflurane
- 22.11 Ketamine, Trade name: Ketalar
- 22.12 Ketorolac, Trade name: Toradol
- 22.13 Lorazepam, Trade name: Ativan
- 22.14 Methadone, Trade name: Dolophine
- 22.15 Midazolam, Trade name: Versed
- 22.16 Morphine
- 22.17 Nalaxone, Trade name: Narcan
- 22.18 Naproxen Sodium, Trade name: Naprosyn
- 22.19 Sufentanil
- 22.20 Thiopental, Trade name: Pentothal
- 22.21 General Anesthesia
- 22.22 Oxycodone, Trade name: OxyContin
- 22.99 Other sedatives, hypnotics, anesthetics, analgesics  
(See MUSIC Meds Code List for more details)

---

Medication 3 Code (Thrombolytics)

- 23.00 Not specified
- 23.01 Alteplase, Trade name: Activase
- 23.02 Anistreplase, Trade name: Eminase
- 23.03 Streptokinase, Trade names: Kabikinase, Streptase
- 23.04 Urokinase, Trade name: Abbokinase
- 23.99 Other thrombolytics  
(See MUSIC Meds Code List for more details)

---

Medication 3 Code (Attention deficit disorder therapies)

- 24.00 Not specified
- 24.01 Amphetamine + Dextroamphetamine, Trade name: Adderall
- 24.02 Atomoxetine, Trade name: Strattera
- 24.03 Dexmethylphenidate, Trade name: Focalin
- 24.04 Dextroamphetamine, Trade name: Dexedrine
- 24.05 Methylphenidate, Trade names: Ritalin, Concerta, Methylin, Metadate
- 24.99 Other attention deficit disorder therapy  
(See MUSIC Meds Code List for more details)

---

Medication 3 Code (Antihistamines)

- 25.00 Not specified (including Diphenhydramine (Benadryl))
- 25.01 Fexofenadine Hydrochloride, Trade name: Allegra
- 25.02 Azelastine Hydrochloride, Trade names: Astelin, Astepro
- 25.03 Loratadine, Trade name: Claritin
- 25.04 Montelukast Sodium, Trade name: Singulair
- 25.05 Cetirizine, Trade name: Zyrtec
- 25.99 Other antihistamines  
(See MUSIC Meds Code List for more details)

Medication 3 Code (Immunomodulatory)

- 26.01 Adalimumab (TNF inhibitor)  
 26.02 Anakinra (IL-1 blockade)  
 26.03 Etanercept (TNF inhibitor)  
 26.04 Infliximab (TNF inhibitor)  
 26.05 Tocilizumab (IL-6 blockade)  
 26.06 Hydroxychloroquine  
 26.07 Cyclosporine  
 26.08 Cyclophosphamide  
 26.09 Canakinumab  
 26.10 Siltuximab  
 26.11 Baricitinib (JAK inhibitor)  
 26.12 Tofacitinib (JAK inhibitor)  
 26.13 Upadacitinib (JAK inhibitor)  
 26.14 Emapalumab (IFN gamma antibody)  
 26.15 Chloroquine  
 26.99 Other Immunomodulatory  
 (See MUSIC Meds Code List for more details)

Medication 3 Code (Antiviral)

- 27.01 Remdesivir  
 27.02 Oseltamivir, Trade name: Tamiflu  
 27.03 Lopinavir/ritonavir, Trade name: Kaletra  
 27.04 Favipiravir, Trade name: Avigan  
 27.99 Other antiviral  
 (See MUSIC Meds Code List for more details)

Medication 3 Code (Non-medical therapy directed at clearing cytokines)

- 28.01 Plasma exchange  
 28.02 Cytosorb column  
 28.03 Hemofiltration for fluid removal  
 28.99 Other non-medical therapy directed at clearing cytokines  
 (See MUSIC Meds Code List for more details)

Name of Medication 3

\_\_\_\_\_  
 ((Specify name of drug if code is XX.99))

Date started

\_\_\_\_\_  
 (Please provide start date (mm-dd-yyyy))

Related to an adverse event?

Yes  No

Adverse event number

\_\_\_\_\_  
 (Enter the adverse event number from the adverse event form)

#### Medication 4

## Medication 4 Type

- Angiotensin Receptor Blockers
  - Antiarrhythmic
  - Antibiotics
  - Anticonvulsant
  - Antiemetic
  - Antihypertensives
  - Antithrombotics
  - Beta Blocker
  - Biologics
  - Bronchodilators
  - Calcium Channel Blockers
  - Coagulant
  - Converting Enzyme Inhibitor
  - Diuretics
  - Electrolytes
  - Gastrointestinal
  - Glycoside
  - Hormonal agents
  - Inotropic agents
  - Lipid-lowering agents
  - Neuromuscular Blocking Agent
  - Sedatives, hypnotics, anesthetics, analgesics
  - Thrombolytics
  - Attention deficit disorder therapies
  - Antihistamines
  - Immunomodulatory
  - Antiviral
  - Non-medical therapy directed at clearing cytokines
  - Other not classified
- (See MUSIC Meds Code List for more details)

## Medication 4 Code (Angiotensin Receptor Blockers)

- 01.00 Not specified
  - 01.01 Eprosartan, Trade name: Teveten
  - 01.02 Losartan, Trade name: Cozaar
  - 01.03 Valsartan, Trade name: Diovan
  - 01.99 Other angiotensin receptor blockers
- (See MUSIC Meds Code List for more details)

## Medication 4 Code (Antiarrhythmic)

- 02.00 Not specified
  - 02.01 Adenosine, Trade name: Adenocard
  - 02.02 Amiodarone, Trade name: Cordarone
  - 02.03 Azimilide
  - 02.04 Brethlium
  - 02.05 Cibenzoline
  - 02.06 Disopyramide, Trade name: Norpace
  - 02.07 Encainide, Trade name: Enkaid
  - 02.08 Flecainide, Trade name: Tambocor
  - 02.09 Lidocaine, Trade name: Xylocaine
  - 02.10 Mexiletine, Trade name: Mexitil
  - 02.11 Moricizine, Trade name: Ethmozine
  - 02.12 Phenytoin, Trade name: Dilantin
  - 02.13 Procainamide, Trade names: Pronestyl, Procan
  - 02.14 Propafenone, Trade name: Rythmol
  - 02.15 Quinidine, Trade name: Quinaglute
  - 02.16 Tocainide, Trade name: Tonocard
  - 02.99 Other antiarrhythmic agents
- (See MUSIC Meds Code List for more details)

---

**Medication 4 Code (Antibiotics)**

- 03.00 Not specified
- 03.01 Acetyl Sulfoisoxazole, Trade name: Gantrisin
- 03.02 Amikacin, Trade name: Amikin
- 03.03 Amipicillin/Sulbactam, Trade name: Unasyn
- 03.04 Amoxicillin, Trade name: Amoxil
- 03.05 Amoxicillin-Clavulanic Acid, Trade name: Augmentin
- 03.06 Amphotericin, Trade name: Fungizone
- 03.07 Ampicillin, Trade name: Omnipen
- 03.08 Azithromycin, Trade name: Zithromax
- 03.09 Aztreonam, Trade name: Azactam
- 03.10 Carbenicillin, Trade name: Geocillin
- 03.11 Cefazolin, Trade names: Ancef, Kefzol
- 03.12 Cefepime, Trade name: Maxipime
- 03.13 Cefotaxime, Trade name: Claforan
- 03.14 Ceftazidime, Trade name: Fortaz
- 03.15 Ceftriaxone, Trade name: Rocephin
- 03.16 Cephalexin, Trade name: Keflex
- 03.17 Ciprofloxacin, Trade name: Cipro
- 03.18 Clarithromycin, Trade name: Biaxin
- 03.19 Clindamycin, Trade name: Cleocin
- 03.20 Erythromycin
- 03.21 Erythromycin and Sulfoxazole, Trade name: Pediazole
- 03.22 Fluconazole, Trade name: Diflucan
- 03.23 Gentamicin
- 03.24 Ilotycin
- 03.25 Imipenem, Trade name: Primaxin
- 03.26 Meropenem, Trade name: Merrem
- 03.27 Metronidazole, Trade name: Flagyl
- 03.28 Mycostatin, Trade name: Nystatin
- 03.29 Neomycin
- 03.30 Nystatin, Trade name: Mycostatin
- 03.31 Oxacillin
- 03.32 Penicillin
- 03.33 Piperacillin, Trade name: Pipracil
- 03.34 Piperacillin/Tazobactam, Trade name: Zosyn
- 03.35 Tobramycin, Trade name: Tobrex
- 03.36 Trimethoprim-Sulfamethoxazole, Trade names: Bactrim, Septra
- 03.37 Vancomycin
- 03.99 Other antibiotics  
(See MUSIC Meds Code List for more details)

---

**Medication 4 Code (Anticonvulsant)**

- 04.00 Not specified
- 04.01 Fosphenytoin, Trade name: Cerebrex
- 04.02 Phenobarbital, Trade name: Luminal
- 04.99 Other anticonvulsant  
(See MUSIC Meds Code List for more details)

---

**Medication 4 Code (Antiemetic)**

- 05.00 Not specified
- 05.01 Ondansetron HCl, Trade name: Zofran
- 05.99 Other antiemetic  
(See MUSIC Meds Code List for more details)

---

**Medication 4 Code (Antihypertensives)**

- 06.00 Not specified
- 06.01 Clonidine, Trade names: Catapres, Duraclon
- 06.02 Diazoxide, Trade names: Hyperstat, Proglycem
- 06.03 Doxazosin, Trade name: Cardura
- 06.04 Guanabenz, Trade name: Wytensin
- 06.05 Guanadril, Trade name: Hylorel
- 06.06 Guanethidine, Trade name: Ismelin
- 06.07 Guanfacine, Trade name: Tenex
- 06.08 Hydralazine, Trade name: Apresoline
- 06.09 Isosorbide dinitrate, Trade names: Dilatrate, Isordil, Sorbitrate
- 06.10 Isosorbide mononitrate, Trade names: Imdur, Ismo
- 06.11 Ketanserin
- 06.12 Mecamylamine, Trade name: Inversine
- 06.13 Methyldopa, Trade name: Aldomet
- 06.14 Minoxidil, Trade names: Loniten, Rogaine
- 06.15 Nitric Oxide
- 06.16 Nitroglycerin
- 06.17 Nitroprusside, Trade name: Nipride
- 06.18 Prazosin, Trade name: Minipress
- 06.19 Reserpine, Trade name: Serpasil
- 06.20 Terazosin, Trade name: Hytrin
- 06.21 Trimethaphan, Trade name: Arfonad
- 06.22 Sildenafil, Trade name: Viagra
- 06.99 Other antihypertensive  
(See MUSIC Meds Code List for more details)

---

**Medication 4 Code (Antithrombotics)**

- 07.00 Not specified
- 07.01 Abciximab, Trade name: Reopro
- 07.02 Aspirin
- 07.03 Bivalirudin
- 07.04 Clopidogrel, Trade name: Plavix
- 07.05 Dipyridamole, Trade names: Aggrenox, Persantine
- 07.06 Enoxaparin, Trade name: Lovenox
- 07.07 Eptifibatide, Trade name: Integrilin
- 07.08 Heparin
- 07.09 Low Molecular weight heparin, Trade name: Bemiparin
- 07.10 Ticlopidine HCl, Trade name: Ticlid
- 07.11 Tirofiban, Trade name: Aggrastat
- 07.12 Warfarin, Trade name: Coumadin
- 07.13 Apixaban, Trade name: Eliquis
- 07.14 Argatroban, Trade name: Acova
- 07.15 Ticlopidine
- 07.16 Prasugrel
- 07.17 Ticagrelor
- 07.99 Other antithrombotics  
(See MUSIC Meds Code List for more details)

---

**Medication 4 Code (Beta Blocker)**

- 08.00 Not specified
  - 08.01 Acebutolol, Trade name: Sectral
  - 08.02 Alprenolol
  - 08.03 Amlodipine, Trade name: Norvasc
  - 08.04 Atenolol, Trade name: Tenormin
  - 08.05 Betaxolol, Trade names: Betoptic, Kerlone
  - 08.06 Bisoprolol, Trade name: Zebeta
  - 08.07 Bobindolol
  - 08.08 Cartelol, Trade names: Cartrol, Ocupress
  - 08.09 Carvedilol, Trade name: Coreg
  - 08.10 Celiprolol
  - 08.11 Dievalol
  - 08.12 Esmolol, Trade name: Brevibloc
  - 08.13 Labetolol, Trade name: Normodyne
  - 08.14 Metoprolol, Trade names: Lopressor, Toprol
  - 08.15 Nadolol, Trade name: Corgard
  - 08.16 Nisoldipine, Trade name: Sular
  - 08.17 Oxprenolol, Trade name: Trasicor
  - 08.18 Penbutolol, Trade name: Levatol
  - 08.19 Pindolol, Trade name: Visken
  - 08.20 Propranolol, Trade name: Inderal
  - 08.21 Sotalol, Trade name: Betapace
  - 08.22 Timolol, Trade name: Blocadren
  - 08.99 Other beta-blocker
- (See MUSIC Meds Code List for more details)

---

**Medication 4 Code (Biologics)**

- 09.00 Not specified
  - 09.01 Coenzyme Q10
  - 09.02 Desmopressin, Trade name: DDAVP
  - 09.03 Gamma Globulin
  - 09.04 Iron Preparations, Trade name: Fer-in-sol
  - 09.05 Mannitol, Trade name: Cosmitrol
  - 09.06 Surfactant, Trade names: Survanta, Exosurf
  - 09.07 Vitamin K
  - 09.08 Multivitamin
  - 09.09 Convalescent plasma from COVID 19 patients
  - 09.10 Vitamin C
  - 09.11 Thiamine
  - 09.12 Fresh frozen plasma (FFP)
  - 09.99 Other biologics
- (See MUSIC Meds Code List for more details)

---

**Medication 4 Code (Bronchodilators)**

- 10.00 Not specified
  - 10.01 Albuterol, Trade names: Ventolin, Xopenex, Preventil
  - 10.02 Aminophylline
  - 10.03 Beclomethasone, Trade name: Beclovert
  - 10.04 Cromolyn, Trade name: Intal
  - 10.05 Fluticasone, Trade names: Flovent, Flonase
  - 10.06 Ipratropium, Trade name: Atrovent
  - 10.07 Isoetharine, Trade name: Bronkosol
  - 10.08 Metaproteranol, Trade name: Alupent
  - 10.09 Theophylline, Trade names: Slo-bid, Theodur
  - 10.99 Other bronchodilators
- (See MUSIC Meds Code List for more details)

---

**Medication 4 Code (Calcium Channel Blockers)**

- 11.00 Not specified
- 11.01 Bepridil HCl, Trade name: Vascor
- 11.02 Diltiazem, Trade name: Cardiazem
- 11.03 Felodipine, Trade name: Plendil
- 11.04 Isradipine, Trade name: Dynacirc
- 11.05 Nicardipine, Trade name: Cardene
- 11.06 Nifedipine, Trade name: Procardia
- 11.07 Nimodipine, Trade name: Nimotop
- 11.08 Verapamil, Trade names: Calan, Isotopin, Verelan, Chronovera, Covera-HS
- 11.99 Other calcium channel blockers  
(See MUSIC Meds Code List for more details)

---

**Medication 4 Code (Coagulant)**

- 12.00 Not specified
- 12.01 Aprotinin
- 12.02 Aminocaproic acid, Trade name: Amicar
- 12.03 Protamine
- 12.99 Other coagulant  
(See MUSIC Meds Code List for more details)

---

**Medication 4 Code (Converting Enzyme Inhibitor)**

- 13.00 Not specified
- 13.01 Benazepril, Trade name: Lotensin
- 13.02 Captopril, Trade name: Capoten
- 13.03 Cilarapril, Trade name: Primaxin
- 13.04 Enalapril, Trade name: Vasotec
- 13.05 Enalaprilat, Trade name: Vasotec
- 13.06 Fosinopril, Trade name: Monopril
- 13.07 Lisinopril, Trade names: Prinivil, Zestril
- 13.08 Pentopril
- 13.09 Perindopril, Trade name: Aceon
- 13.10 Quinapril, Trade name: Accupril
- 13.11 Ramipril, Trade name: Altace
- 13.12 Trandolapril, Trade name: Mavik
- 13.99 Other converting enzyme inhibitor  
(See MUSIC Meds Code List for more details)

---

**Medication 4 Code (Diuretics)**

- 14.00 Not specified
- 14.01 Acetazolamide, Trade name: Diamox
- 14.02 Amiloride, Trade name: Midamor
- 14.03 Nesiritide, Trade name: Natrecor
- 14.04 Bumetanide, Trade name: Bumex
- 14.05 Chlorothiazide, Trade name: Diuril
- 14.06 Chlorthalidone, Trade name: Hygroton
- 14.07 Ethacrynic Acid, Trade name: Edecrin
- 14.08 Furosemide, Trade name: Lasix
- 14.09 Hydrochlorothiazide, Trade name: Hydrodiuril
- 14.10 Indapamide, Trade name: Lozol
- 14.11 Metolazone, Trade name: Zaroxyn
- 14.12 Piretanide
- 14.13 Spironolactone, Trade name: Aldactone
- 14.14 Thiazides
- 14.15 Torasemide
- 14.16 Triamterene, Trade name: Dyrenium
- 14.99 Other diuretics  
(See MUSIC Meds Code List for more details)



---

**Medication 4 Code (Electrolytes)**

- 15.00 Not specified
- 15.01 Calcium Chloride
- 15.02 Calcium Glubionate, Trade name: Neo-Calglucon
- 15.03 Magnesium
- 15.04 Potassium
- 15.05 Sodium Bicarbonate
- 15.06 Tromethamine, Trade name: THAM
- 15.99 Other electrolytes  
(See MUSIC Meds Code List for more details)

---

**Medication 4 Code (Gastrointestinal)**

- 16.00 Not specified
- 16.01 Aluminum/Magnesium Hydroxide, Trade name: Maalox
- 16.02 Cimetidine, Trade name: Tagamet
- 16.03 Metoclopramide HCl, Trade name: Reglan
- 16.04 Mylanta
- 16.05 Ondansetron HCL, Trade name: Zofran
- 16.06 Ranitidine, Trade name: Zantac
- 16.07 Simethicone, Trade name: Mylicon
- 16.08 Sucralfate, Trade name: Carafate
- 16.09 Omeprazole, Trade name: Prilosec
- 16.10 Lansoprazole, Trade name: Prevacid
- 16.11 Famotidine, Trade name: Pepcid
- 16.99 Other gastrointestinal  
(See MUSIC Meds Code List for more details)

---

**Medication 4 Code (Glycoside)**

- 17.00 Not specified
- 17.01 Digitoxin, Trade name: Crystodigin
- 17.02 Digoxin, Trade name: Lanoxin
- 17.03 Ouabain
- 17.99 Other glycoside  
(See MUSIC Meds Code List for more details)

---

**Medication 4 Code (Hormonal agents)**

- 18.00 Not specified
- 18.01 Prostaglandin E, Trade name: Alprostadil
- 18.02 Atropine
- 18.03 Cortisone
- 18.04 Dexamethasone, Trade name: Decadron
- 18.05 Growth Hormone, Trade names: Humatrope, Protropin
- 18.06 Hydrocortisone, Trade name: Solu-cortef
- 18.07 Insulin
- 18.08 Levothyroxine, Trade name: Synthroid
- 18.09 Methylprednisolone/Prednisolone, Trade names: Solumedrol, Prelone
- 18.10 Prednisone, Trade name: Bronkosol
- 18.11 Testosterone
- 18.12 Estrogen, Trade name: Premarin
- 18.13 Progestin, Trade name: Provera
- 18.14 Infertility Treatments
- 18.99 Other hormonal agents (including all birth control)  
(See MUSIC Meds Code List for more details)

---

Medication 4 Code (Inotropic agents)

- 19.00 Not specified
- 19.01 Amrinone, Trade name: Inacor
- 19.02 Dobutamine, Trade name: Dobutrex
- 19.03 Dopamine, Trade name: Inotropin
- 19.04 Epinephrine, Trade names: Adrenalin, Vaponefrin
- 19.05 Isoproteranol, Trade name: Isuprel
- 19.06 Midodrine
- 19.07 Milrinone, Trade name: Primacor
- 19.08 Norepinephrine, Trade name: Levophed
- 19.09 Phenylephrine, Trade name: Neo-Synephrine
- 19.99 Other inotropes  
(See MUSIC Meds Code List for more details)

---

Medication 4 Code (Lipid-lowering agents)

- 20.00 Not specified
- 20.01 Cholestyramine, Trade names: Cholybar, Questran
- 20.02 Clofibrate, Trade name: Atromid-s
- 20.03 Colestipol, Trade name: Colestid
- 20.04 Fluvostatin
- 20.05 Gemfibrozil, Trade name: Lopid
- 20.06 Lovastatin, Trade name: Mevacor
- 20.07 Nicotinic acid
- 20.08 Pravastatin, Trade name: Pravachol
- 20.09 Probucol, Trade name: Lorelco
- 20.10 Simvastatin, Trade name: Zocor
- 20.11 Atorvastatin
- 20.12 Rosuvastatin
- 20.99 Other lipid-lowering agents  
(See MUSIC Meds Code List for more details)

---

Medication 4 Code (Neuromuscular Blocking Agent)

- 21.00 Not specified
- 21.01 Pancuronium, Trade name: Pavulon
- 21.02 Succinylcholine
- 21.99 Other neuromuscular blocking agent  
(See MUSIC Meds Code List for more details)

---

Medication 4 Code (Sedatives, hypnotics, anesthetics, analgesics)

- 22.00 Not specified
  - 22.01 Acetaminophen, Trade name: Tylenol
  - 22.02 Methohexital, Trade name: Brevitol
  - 22.03 Chloral Hydrate, Trade name: Noctec
  - 22.04 Codeine
  - 22.05 Diazepam, Trade name: Valium
  - 22.06 Diphenhydramine, Trade name: Benadryl
  - 22.07 Fentanyl, Trade name: Sublimaze
  - 22.08 Halothane
  - 22.09 Ibuprofen, Trade names: Pediaprofen, Motrin
  - 22.10 Isoflurane
  - 22.11 Ketamine, Trade name: Ketalar
  - 22.12 Ketorolac, Trade name: Toradol
  - 22.13 Lorazepam, Trade name: Ativan
  - 22.14 Methadone, Trade name: Dolophine
  - 22.15 Midazolam, Trade name: Versed
  - 22.16 Morphine
  - 22.17 Nalaxone, Trade name: Narcan
  - 22.18 Naproxen Sodium, Trade name: Naprosyn
  - 22.19 Sufentanil
  - 22.20 Thiopental, Trade name: Pentothal
  - 22.21 General Anesthesia
  - 22.22 Oxycodone, Trade name: OxyContin
  - 22.99 Other sedatives, hypnotics, anesthetics, analgesics
- (See MUSIC Meds Code List for more details)

---

Medication 4 Code (Thrombolytics)

- 23.00 Not specified
  - 23.01 Alteplase, Trade name: Activase
  - 23.02 Anistreplase, Trade name: Eminase
  - 23.03 Streptokinase, Trade names: Kabikinase, Streptase
  - 23.04 Urokinase, Trade name: Abbokinase
  - 23.99 Other thrombolytics
- (See MUSIC Meds Code List for more details)

---

Medication 4 Code (Attention deficit disorder therapies)

- 24.00 Not specified
  - 24.01 Amphetamine + Dextroamphetamine, Trade name: Adderall
  - 24.02 Atomoxetine, Trade name: Strattera
  - 24.03 Dexmethylphenidate, Trade name: Focalin
  - 24.04 Dextroamphetamine, Trade name: Dexedrinel
  - 24.05 Methylphenidate, Trade names: Ritalin, Concerta, Methylin, Metadate
  - 24.99 Other attention deficit disorder therapy
- (See MUSIC Meds Code List for more details)

---

Medication 4 Code (Antihistamines)

- 25.00 Not specified (including Diphenhydramine (Benadryl))
  - 25.01 Fexofenadine Hydrochloride, Trade name: Allegra
  - 25.02 Azelastine Hydrochloride, Trade names: Astelin, Astepro
  - 25.03 Loratadine, Trade name: Claritin
  - 25.04 Montelukast Sodium, Trade name: Singulair
  - 25.05 Cetirizine, Trade name: Zyrtec
  - 25.99 Other antihistamines
- (See MUSIC Meds Code List for more details)

Medication 4 Code (Immunomodulatory)

- 26.01 Adalimumab (TNF inhibitor)  
 26.02 Anakinra (IL-1 blockade)  
 26.03 Etanercept (TNF inhibitor)  
 26.04 Infliximab (TNF inhibitor)  
 26.05 Tocilizumab (IL-6 blockade)  
 26.06 Hydroxychloroquine  
 26.07 Cyclosporine  
 26.08 Cyclophosphamide  
 26.09 Canakinumab  
 26.10 Siltuximab  
 26.11 Baricitinib (JAK inhibitor)  
 26.12 Tofacitinib (JAK inhibitor)  
 26.13 Upadacitinib (JAK inhibitor)  
 26.14 Emapalumab (IFN gamma antibody)  
 26.15 Chloroquine  
 26.99 Other Immunomodulatory  
 (See MUSIC Meds Code List for more details)

Medication 4 Code (Antiviral)

- 27.01 Remdesivir  
 27.02 Oseltamivir, Trade name: Tamiflu  
 27.03 Lopinavir/ritonavir, Trade name: Kaletra  
 27.04 Favipiravir, Trade name: Avigan  
 27.99 Other antiviral  
 (See MUSIC Meds Code List for more details)

Medication 4 Code (Non-medical therapy directed at clearing cytokines)

- 28.01 Plasma exchange  
 28.02 Cytosorb column  
 28.03 Hemofiltration for fluid removal  
 28.99 Other non-medical therapy directed at clearing cytokines  
 (See MUSIC Meds Code List for more details)

Name of Medication 4

\_\_\_\_\_  
 ((Specify name of drug if code is XX.99))

Date started

\_\_\_\_\_  
 (Please provide start date (mm-dd-yyyy))

Related to an adverse event?

Yes  No

Adverse event number

\_\_\_\_\_  
 (Enter the adverse event number from the adverse event form)

## Medication 5

## Medication 5 Type

- Angiotensin Receptor Blockers
  - Antiarrhythmic
  - Antibiotics
  - Anticonvulsant
  - Antiemetic
  - Antihypertensives
  - Antithrombotics
  - Beta Blocker
  - Biologics
  - Bronchodilators
  - Calcium Channel Blockers
  - Coagulant
  - Converting Enzyme Inhibitor
  - Diuretics
  - Electrolytes
  - Gastrointestinal
  - Glycoside
  - Hormonal agents
  - Inotropic agents
  - Lipid-lowering agents
  - Neuromuscular Blocking Agent
  - Sedatives, hypnotics, anesthetics, analgesics
  - Thrombolytics
  - Attention deficit disorder therapies
  - Antihistamines
  - Immunomodulatory
  - Antiviral
  - Non-medical therapy directed at clearing cytokines
  - Other not classified
- (See MUSIC Meds Code List for more details)

## Medication 5 Code (Angiotensin Receptor Blockers)

- 01.00 Not specified
  - 01.01 Eprosartan, Trade name: Teveten
  - 01.02 Losartan, Trade name: Cozaar
  - 01.03 Valsartan, Trade name: Diovan
  - 01.99 Other angiotensin receptor blockers
- (See MUSIC Meds Code List for more details)

## Medication 5 Code (Antiarrhythmic)

- 02.00 Not specified
  - 02.01 Adenosine, Trade name: Adenocard
  - 02.02 Amiodarone, Trade name: Cordarone
  - 02.03 Azimilide
  - 02.04 Brethlium
  - 02.05 Cibenzoline
  - 02.06 Disopyramide, Trade name: Norpace
  - 02.07 Encainide, Trade name: Enkaid
  - 02.08 Flecainide, Trade name: Tambocor
  - 02.09 Lidocaine, Trade name: Xylocaine
  - 02.10 Mexiletine, Trade name: Mexitil
  - 02.11 Moricizine, Trade name: Ethmozine
  - 02.12 Phenytoin, Trade name: Dilantin
  - 02.13 Procainamide, Trade names: Pronestyl, Procan
  - 02.14 Propafenone, Trade name: Rythmol
  - 02.15 Quinidine, Trade name: Quinaglute
  - 02.16 Tocainide, Trade name: Tonocard
  - 02.99 Other antiarrhythmic agents
- (See MUSIC Meds Code List for more details)

---

**Medication 5 Code (Antibiotics)**

- 03.00 Not specified
- 03.01 Acetyl Sulfoisoxazole, Trade name: Gantrisin
- 03.02 Amikacin, Trade name: Amikin
- 03.03 Amipicillin/Sulbactam, Trade name: Unasyn
- 03.04 Amoxicillin, Trade name: Amoxil
- 03.05 Amoxicillin-Clavulanic Acid, Trade name: Augmentin
- 03.06 Amphotericin, Trade name: Fungizone
- 03.07 Ampicillin, Trade name: Omnipen
- 03.08 Azithromycin, Trade name: Zithromax
- 03.09 Aztreonam, Trade name: Azactam
- 03.10 Carbenicillin, Trade name: Geocillin
- 03.11 Cefazolin, Trade names: Ancef, Kefzol
- 03.12 Cefepime, Trade name: Maxipime
- 03.13 Cefotaxime, Trade name: Claforan
- 03.14 Ceftazidime, Trade name: Fortaz
- 03.15 Ceftriaxone, Trade name: Rocephin
- 03.16 Cephalexin, Trade name: Keflex
- 03.17 Ciprofloxacin, Trade name: Cipro
- 03.18 Clarithromycin, Trade name: Biaxin
- 03.19 Clindamycin, Trade name: Cleocin
- 03.20 Erythromycin
- 03.21 Erythromycin and Sulfoisoxazole, Trade name: Pediazole
- 03.22 Fluconazole, Trade name: Diflucan
- 03.23 Gentamicin
- 03.24 Ilotycin
- 03.25 Imipenem, Trade name: Primaxin
- 03.26 Meropenem, Trade name: Merrem
- 03.27 Metronidazole, Trade name: Flagyl
- 03.28 Mycostatin, Trade name: Nystatin
- 03.29 Neomycin
- 03.30 Nystatin, Trade name: Mycostatin
- 03.31 Oxacillin
- 03.32 Penicillin
- 03.33 Piperacillin, Trade name: Pipracil
- 03.34 Piperacillin/Tazobactam, Trade name: Zosyn
- 03.35 Tobramycin, Trade name: Tobrex
- 03.36 Trimethoprim-Sulfamethoxazole, Trade names: Bactrim, Septra
- 03.37 Vancomycin
- 03.99 Other antibiotics  
(See MUSIC Meds Code List for more details)

---

**Medication 5 Code (Anticonvulsant)**

- 04.00 Not specified
- 04.01 Fosphenytoin, Trade name: Cerebrex
- 04.02 Phenobarbital, Trade name: Luminal
- 04.99 Other anticonvulsant  
(See MUSIC Meds Code List for more details)

---

**Medication 5 Code (Antiemetic)**

- 05.00 Not specified
- 05.01 Ondansetron HCl, Trade name: Zofran
- 05.99 Other antiemetic  
(See MUSIC Meds Code List for more details)

---

**Medication 5 Code (Antihypertensives)**

- 06.00 Not specified
- 06.01 Clonidine, Trade names: Catapres, Duraclon
- 06.02 Diazoxide, Trade names: Hyperstat, Proglycem
- 06.03 Doxazosin, Trade name: Cardura
- 06.04 Guanabenz, Trade name: Wytensin
- 06.05 Guanadril, Trade name: Hylorel
- 06.06 Guanethidine, Trade name: Ismelin
- 06.07 Guanfacine, Trade name: Tenex
- 06.08 Hydralazine, Trade name: Apresoline
- 06.09 Isosorbide dinitrate, Trade names: Dilatrate, Isordil, Sorbitrate
- 06.10 Isosorbide mononitrate, Trade names: Imdur, Ismo
- 06.11 Ketanserin
- 06.12 Mecamylamine, Trade name: Inversine
- 06.13 Methyldopa, Trade name: Aldomet
- 06.14 Minoxidil, Trade names: Loniten, Rogaine
- 06.15 Nitric Oxide
- 06.16 Nitroglycerin
- 06.17 Nitroprusside, Trade name: Nipride
- 06.18 Prazosin, Trade name: Minipress
- 06.19 Reserpine, Trade name: Serpasil
- 06.20 Terazosin, Trade name: Hytrin
- 06.21 Trimethaphan, Trade name: Arfonad
- 06.22 Sildenafil, Trade name: Viagra
- 06.99 Other antihypertensive  
(See MUSIC Meds Code List for more details)

---

**Medication 5 Code (Antithrombotics)**

- 07.00 Not specified
- 07.01 Abciximab, Trade name: Reopro
- 07.02 Aspirin
- 07.03 Bivalirudin
- 07.04 Clopidogrel, Trade name: Plavix
- 07.05 Dipyridamole, Trade names: Aggrenox, Persantine
- 07.06 Enoxaparin, Trade name: Lovenox
- 07.07 Eptifibatide, Trade name: Integrilin
- 07.08 Heparin
- 07.09 Low Molecular weight heparin, Trade name: Bemiparin
- 07.10 Ticlopidine HCl, Trade name: Ticlid
- 07.11 Tirofiban, Trade name: Aggrastat
- 07.12 Warfarin, Trade name: Coumadin
- 07.13 Apixaban, Trade name: Eliquis
- 07.14 Argatroban, Trade name: Acova
- 07.15 Ticlopidine
- 07.16 Prasugrel
- 07.17 Ticagrelor
- 07.99 Other antithrombotics  
(See MUSIC Meds Code List for more details)

---

**Medication 5 Code (Beta Blocker)**

- 08.00 Not specified
  - 08.01 Acebutolol, Trade name: Sectral
  - 08.02 Alprenolol
  - 08.03 Amlodipine, Trade name: Norvasc
  - 08.04 Atenolol, Trade name: Tenormin
  - 08.05 Betaxolol, Trade names: Betoptic, Kerlone
  - 08.06 Bisoprolol, Trade name: Zebeta
  - 08.07 Bobindolol
  - 08.08 Cartelol, Trade names: Cartrol, Ocupress
  - 08.09 Carvedilol, Trade name: Coreg
  - 08.10 Celiprolol
  - 08.11 Dievalol
  - 08.12 Esmolol, Trade name: Brevibloc
  - 08.13 Labetolol, Trade name: Normodyne
  - 08.14 Metoprolol, Trade names: Lopressor, Toprol
  - 08.15 Nadolol, Trade name: Corgard
  - 08.16 Nisoldipine, Trade name: Sular
  - 08.17 Oxprenolol, Trade name: Trasicor
  - 08.18 Penbutolol, Trade name: Levatol
  - 08.19 Pindolol, Trade name: Visken
  - 08.20 Propranolol, Trade name: Inderal
  - 08.21 Sotalol, Trade name: Betapace
  - 08.22 Timolol, Trade name: Blocadren
  - 08.99 Other beta-blocker
- (See MUSIC Meds Code List for more details)

---

**Medication 5 Code (Biologics)**

- 09.00 Not specified
  - 09.01 Coenzyme Q10
  - 09.02 Desmopressin, Trade name: DDAVP
  - 09.03 Gamma Globulin
  - 09.04 Iron Preparations, Trade name: Fer-in-sol
  - 09.05 Mannitol, Trade name: Cosmitrol
  - 09.06 Surfactant, Trade names: Survanta, Exosurf
  - 09.07 Vitamin K
  - 09.08 Multivitamin
  - 09.09 Convalescent plasma from COVID 19 patients
  - 09.10 Vitamin C
  - 09.11 Thiamine
  - 09.12 Fresh frozen plasma (FFP)
  - 09.99 Other biologics
- (See MUSIC Meds Code List for more details)

---

**Medication 5 Code (Bronchodilators)**

- 10.00 Not specified
  - 10.01 Albuterol, Trade names: Ventolin, Xopenex, Preventil
  - 10.02 Aminophylline
  - 10.03 Beclomethasone, Trade name: Beclovert
  - 10.04 Cromolyn, Trade name: Intal
  - 10.05 Fluticasone, Trade names: Flovent, Flonase
  - 10.06 Ipratropium, Trade name: Atrovent
  - 10.07 Isoetharine, Trade name: Bronkosol
  - 10.08 Metaproteranol, Trade name: Alupent
  - 10.09 Theophylline, Trade names: Slo-bid, Theodur
  - 10.99 Other bronchodilators
- (See MUSIC Meds Code List for more details)



---

**Medication 5 Code (Calcium Channel Blockers)**

- 11.00 Not specified
- 11.01 Bepridil HCl, Trade name: Vascor
- 11.02 Diltiazem, Trade name: Cardiazem
- 11.03 Felodipine, Trade name: Plendil
- 11.04 Isradipine, Trade name: Dynacirc
- 11.05 Nicardipine, Trade name: Cardene
- 11.06 Nifedipine, Trade name: Procardia
- 11.07 Nimodipine, Trade name: Nimotop
- 11.08 Verapamil, Trade names: Calan, Isotopin, Verelan, Chronovera, Covera-HS
- 11.99 Other calcium channel blockers  
(See MUSIC Meds Code List for more details)

---

**Medication 5 Code (Coagulant)**

- 12.00 Not specified
- 12.01 Aprotinin
- 12.02 Aminocaproic acid, Trade name: Amicar
- 12.03 Protamine
- 12.99 Other coagulant  
(See MUSIC Meds Code List for more details)

---

**Medication 5 Code (Converting Enzyme Inhibitor)**

- 13.00 Not specified
- 13.01 Benazepril, Trade name: Lotensin
- 13.02 Captopril, Trade name: Capoten
- 13.03 Cilarapril, Trade name: Primaxin
- 13.04 Enalapril, Trade name: Vasotec
- 13.05 Enalaprilat, Trade name: Vasotec
- 13.06 Fosinopril, Trade name: Monopril
- 13.07 Lisinopril, Trade names: Prinivil, Zestril
- 13.08 Pentopril
- 13.09 Perindopril, Trade name: Aceon
- 13.10 Quinapril, Trade name: Accupril
- 13.11 Ramipril, Trade name: Altace
- 13.12 Trandolapril, Trade name: Mavik
- 13.99 Other converting enzyme inhibitor  
(See MUSIC Meds Code List for more details)

---

**Medication 5 Code (Diuretics)**

- 14.00 Not specified
- 14.01 Acetazolamide, Trade name: Diamox
- 14.02 Amiloride, Trade name: Midamor
- 14.03 Nesiritide, Trade name: Natrecor
- 14.04 Bumetanide, Trade name: Bumex
- 14.05 Chlorothiazide, Trade name: Diuril
- 14.06 Chlorthalidone, Trade name: Hygroton
- 14.07 Ethacrynic Acid, Trade name: Edecrin
- 14.08 Furosemide, Trade name: Lasix
- 14.09 Hydrochlorothiazide, Trade name: Hydrodiuril
- 14.10 Indapamide, Trade name: Lozol
- 14.11 Metolazone, Trade name: Zaroxyn
- 14.12 Piretanide
- 14.13 Spironolactone, Trade name: Aldactone
- 14.14 Thiazides
- 14.15 Torasemide
- 14.16 Triamterene, Trade name: Dyrenium
- 14.99 Other diuretics  
(See MUSIC Meds Code List for more details)

---

Medication 5 Code (Electrolytes)

- 15.00 Not specified
  - 15.01 Calcium Chloride
  - 15.02 Calcium Glubionate, Trade name: Neo-Calglucon
  - 15.03 Magnesium
  - 15.04 Potassium
  - 15.05 Sodium Bicarbonate
  - 15.06 Tromethamine, Trade name: THAM
  - 15.99 Other electrolytes
- (See MUSIC Meds Code List for more details)

---

Medication 5 Code (Gastrointestinal)

- 16.00 Not specified
  - 16.01 Aluminum/Magnesium Hydroxide, Trade name: Maalox
  - 16.02 Cimetidine, Trade name: Tagamet
  - 16.03 Metoclopramide HCl, Trade name: Reglan
  - 16.04 Mylanta
  - 16.05 Ondansetron HCL, Trade name: Zofran
  - 16.06 Ranitidine, Trade name: Zantac
  - 16.07 Simethicone, Trade name: Mylicon
  - 16.08 Sucralfate, Trade name: Carafate
  - 16.09 Omeprazole, Trade name: Prilosec
  - 16.10 Lansoprazole, Trade name: Prevacid
  - 16.11 Famotidine, Trade name: Pepcid
  - 16.99 Other gastrointestinal
- (See MUSIC Meds Code List for more details)

---

Medication 5 Code (Glycoside)

- 17.00 Not specified
  - 17.01 Digitoxin, Trade name: Crystodigin
  - 17.02 Digoxin, Trade name: Lanoxin
  - 17.03 Ouabain
  - 17.99 Other glycoside
- (See MUSIC Meds Code List for more details)

---

Medication 5 Code (Hormonal agents)

- 18.00 Not specified
  - 18.01 Prostaglandin E, Trade name: Alprostadil
  - 18.02 Atropine
  - 18.03 Cortisone
  - 18.04 Dexamethasone, Trade name: Decadron
  - 18.05 Growth Hormone, Trade names: Humatrope, Protropin
  - 18.06 Hydrocortisone, Trade name: Solu-cortef
  - 18.07 Insulin
  - 18.08 Levothyroxine, Trade name: Synthroid
  - 18.09 Methylprednisolone/Prednisolone, Trade names: Solumedrol, Prelone
  - 18.10 Prednisone, Trade name: Bronkosol
  - 18.11 Testosterone
  - 18.12 Estrogen, Trade name: Premarin
  - 18.13 Progestin, Trade name: Provera
  - 18.14 Infertility Treatments
  - 18.99 Other hormonal agents (including all birth control)
- (See MUSIC Meds Code List for more details)

---

Medication 5 Code (Inotropic agents)

- 19.00 Not specified
- 19.01 Amrinone, Trade name: Inacor
- 19.02 Dobutamine, Trade name: Dobutrex
- 19.03 Dopamine, Trade name: Inotropin
- 19.04 Epinephrine, Trade names: Adrenalin, Vaponefrin
- 19.05 Isoproteranol, Trade name: Isuprel
- 19.06 Midodrine
- 19.07 Milrinone, Trade name: Primacor
- 19.08 Norepinephrine, Trade name: Levophed
- 19.09 Phenylephrine, Trade name: Neo-Synephrine
- 19.99 Other inotropes  
(See MUSIC Meds Code List for more details)

---

Medication 5 Code (Lipid-lowering agents)

- 20.00 Not specified
- 20.01 Cholestyramine, Trade names: Cholybar, Questran
- 20.02 Clofibrate, Trade name: Atromid-s
- 20.03 Colestipol, Trade name: Colestid
- 20.04 Fluvostatin
- 20.05 Gemfibrozil, Trade name: Lopid
- 20.06 Lovastatin, Trade name: Mevacor
- 20.07 Nicotinic acid
- 20.08 Pravastatin, Trade name: Pravachol
- 20.09 Probucol, Trade name: Lorelco
- 20.10 Simvastatin, Trade name: Zocor
- 20.11 Atorvastatin
- 20.12 Rosuvastatin
- 20.99 Other lipid-lowering agents  
(See MUSIC Meds Code List for more details)

---

Medication 5 Code (Neuromuscular Blocking Agent)

- 21.00 Not specified
- 21.01 Pancuronium, Trade name: Pavulon
- 21.02 Succinylcholine
- 21.99 Other neuromuscular blocking agent  
(See MUSIC Meds Code List for more details)

Medication 5 Code (Sedatives, hypnotics, anesthetics, analgesics)

- 22.00 Not specified
- 22.01 Acetaminophen, Trade name: Tylenol
- 22.02 Methohexital, Trade name: Brevitol
- 22.03 Chloral Hydrate, Trade name: Noctec
- 22.04 Codeine
- 22.05 Diazepam, Trade name: Valium
- 22.06 Diphenhydramine, Trade name: Benadryl
- 22.07 Fentanyl, Trade name: Sublimaze
- 22.08 Halothane
- 22.09 Ibuprofen, Trade names: Pediaprofen, Motrin
- 22.10 Isoflurane
- 22.11 Ketamine, Trade name: Ketalar
- 22.12 Ketorolac, Trade name: Toradol
- 22.13 Lorazepam, Trade name: Ativan
- 22.14 Methadone, Trade name: Dolophine
- 22.15 Midazolam, Trade name: Versed
- 22.16 Morphine
- 22.17 Nalaxone, Trade name: Narcan
- 22.18 Naproxen Sodium, Trade name: Naprosyn
- 22.19 Sufentanil
- 22.20 Thiopental, Trade name: Pentothal
- 22.21 General Anesthesia
- 22.22 Oxycodone, Trade name: OxyContin
- 22.99 Other sedatives, hypnotics, anesthetics, analgesics  
(See MUSIC Meds Code List for more details)

Medication 5 Code (Thrombolytics)

- 23.00 Not specified
- 23.01 Alteplase, Trade name: Activase
- 23.02 Anistreplase, Trade name: Eminase
- 23.03 Streptokinase, Trade names: Kabikinase, Streptase
- 23.04 Urokinase, Trade name: Abbokinase
- 23.99 Other thrombolytics  
(See MUSIC Meds Code List for more details)

Medication 5 Code (Attention deficit disorder therapies)

- 24.00 Not specified
- 24.01 Amphetamine + Dextroamphetamine, Trade name: Adderall
- 24.02 Atomoxetine, Trade name: Strattera
- 24.03 Dexmethylphenidate, Trade name: Focalin
- 24.04 Dextroamphetamine, Trade name: Dexedrinel
- 24.05 Methylphenidate, Trade names: Ritalin, Concerta, Methylin, Metadate
- 24.99 Other attention deficit disorder therapy  
(See MUSIC Meds Code List for more details)

Medication 5 Code (Antihistamines)

- 25.00 Not specified (including Diphenhydramine (Benadryl))
- 25.01 Fexofenadine Hydrochloride, Trade name: Allegra
- 25.02 Azelastine Hydrochloride, Trade names: Astelin, Astepro
- 25.03 Loratadine, Trade name: Claritin
- 25.04 Montelukast Sodium, Trade name: Singulair
- 25.05 Cetirizine, Trade name: Zyrtec
- 25.99 Other antihistamines  
(See MUSIC Meds Code List for more details)

Medication 5 Code (Immunomodulatory)

- 26.01 Adalimumab (TNF inhibitor)  
 26.02 Anakinra (IL-1 blockade)  
 26.03 Etanercept (TNF inhibitor)  
 26.04 Infliximab (TNF inhibitor)  
 26.05 Tocilizumab (IL-6 blockade)  
 26.06 Hydroxychloroquine  
 26.07 Cyclosporine  
 26.08 Cyclophosphamide  
 26.09 Canakinumab  
 26.10 Siltuximab  
 26.11 Baricitinib (JAK inhibitor)  
 26.12 Tofacitinib (JAK inhibitor)  
 26.13 Upadacitinib (JAK inhibitor)  
 26.14 Emapalumab (IFN gamma antibody)  
 26.15 Chloroquine  
 26.99 Other Immunomodulatory  
 (See MUSIC Meds Code List for more details)

Medication 5 Code (Antiviral)

- 27.01 Remdesivir  
 27.02 Oseltamivir, Trade name: Tamiflu  
 27.03 Lopinavir/ritonavir, Trade name: Kaletra  
 27.04 Favipiravir, Trade name: Avigan  
 27.99 Other antiviral  
 (See MUSIC Meds Code List for more details)

Medication 5 Code (Non-medical therapy directed at clearing cytokines)

- 28.01 Plasma exchange  
 28.02 Cytosorb column  
 28.03 Hemofiltration for fluid removal  
 28.99 Other non-medical therapy directed at clearing cytokines  
 (See MUSIC Meds Code List for more details)

Name of Medication 5

\_\_\_\_\_  
 ((Specify name of drug if code is XX.99))

Date started

\_\_\_\_\_  
 (Please provide start date (mm-dd-yyyy))

Related to an adverse event?

Yes  No

Adverse event number

\_\_\_\_\_  
 (Enter the adverse event number from the adverse event form)

## Medication 6

## Medication 6 Type

- Angiotensin Receptor Blockers
  - Antiarrhythmic
  - Antibiotics
  - Anticonvulsant
  - Antiemetic
  - Antihypertensives
  - Antithrombotics
  - Beta Blocker
  - Biologics
  - Bronchodilators
  - Calcium Channel Blockers
  - Coagulant
  - Converting Enzyme Inhibitor
  - Diuretics
  - Electrolytes
  - Gastrointestinal
  - Glycoside
  - Hormonal agents
  - Inotropic agents
  - Lipid-lowering agents
  - Neuromuscular Blocking Agent
  - Sedatives, hypnotics, anesthetics, analgesics
  - Thrombolytics
  - Attention deficit disorder therapies
  - Antihistamines
  - Immunomodulatory
  - Antiviral
  - Non-medical therapy directed at clearing cytokines
  - Other not classified
- (See MUSIC Meds Code List for more details)

## Medication 6 Code (Angiotensin Receptor Blockers)

- 01.00 Not specified
  - 01.01 Eprosartan, Trade name: Teveten
  - 01.02 Losartan, Trade name: Cozaar
  - 01.03 Valsartan, Trade name: Diovan
  - 01.99 Other angiotensin receptor blockers
- (See MUSIC Meds Code List for more details)

## Medication 6 Code (Antiarrhythmic)

- 02.00 Not specified
  - 02.01 Adenosine, Trade name: Adenocard
  - 02.02 Amiodarone, Trade name: Cordarone
  - 02.03 Azimilide
  - 02.04 Brethlium
  - 02.05 Cibenzoline
  - 02.06 Disopyramide, Trade name: Norpace
  - 02.07 Encainide, Trade name: Enkaid
  - 02.08 Flecainide, Trade name: Tambocor
  - 02.09 Lidocaine, Trade name: Xylocaine
  - 02.10 Mexiletine, Trade name: Mexitil
  - 02.11 Moricizine, Trade name: Ethmozine
  - 02.12 Phenytoin, Trade name: Dilantin
  - 02.13 Procainamide, Trade names: Pronestyl, Procan
  - 02.14 Propafenone, Trade name: Rythmol
  - 02.15 Quinidine, Trade name: Quinaglute
  - 02.16 Tocainide, Trade name: Tonocard
  - 02.99 Other antiarrhythmic agents
- (See MUSIC Meds Code List for more details)

---

**Medication 6 Code (Antibiotics)**

- 03.00 Not specified
- 03.01 Acetyl Sulfoisoxazole, Trade name: Gantrisin
- 03.02 Amikacin, Trade name: Amikin
- 03.03 Amipicillin/Sulbactam, Trade name: Unasyn
- 03.04 Amoxicillin, Trade name: Amoxil
- 03.05 Amoxicillin-Clavulanic Acid, Trade name: Augmentin
- 03.06 Amphotericin, Trade name: Fungizone
- 03.07 Ampicillin, Trade name: Omnipen
- 03.08 Azithromycin, Trade name: Zithromax
- 03.09 Aztreonam, Trade name: Azactam
- 03.10 Carbenicillin, Trade name: Geocillin
- 03.11 Cefazolin, Trade names: Ancef, Kefzol
- 03.12 Cefepime, Trade name: Maxipime
- 03.13 Cefotaxime, Trade name: Claforan
- 03.14 Ceftazidime, Trade name: Fortaz
- 03.15 Ceftriaxone, Trade name: Rocephin
- 03.16 Cephalexin, Trade name: Keflex
- 03.17 Ciprofloxacin, Trade name: Cipro
- 03.18 Clarithromycin, Trade name: Biaxin
- 03.19 Clindamycin, Trade name: Cleocin
- 03.20 Erythromycin
- 03.21 Erythromycin and Sulfoisoxazole, Trade name: Pediazole
- 03.22 Fluconazole, Trade name: Diflucan
- 03.23 Gentamicin
- 03.24 Ilotycin
- 03.25 Imipenem, Trade name: Primaxin
- 03.26 Meropenem, Trade name: Merrem
- 03.27 Metronidazole, Trade name: Flagyl
- 03.28 Mycostatin, Trade name: Nystatin
- 03.29 Neomycin
- 03.30 Nystatin, Trade name: Mycostatin
- 03.31 Oxacillin
- 03.32 Penicillin
- 03.33 Piperacillin, Trade name: Pipracil
- 03.34 Piperacillin/Tazobactam, Trade name: Zosyn
- 03.35 Tobramycin, Trade name: Tobrex
- 03.36 Trimethoprim-Sulfamethoxazole, Trade names: Bactrim, Septra
- 03.37 Vancomycin
- 03.99 Other antibiotics  
(See MUSIC Meds Code List for more details)

---

**Medication 6 Code (Anticonvulsant)**

- 04.00 Not specified
- 04.01 Fosphenytoin, Trade name: Cerebrex
- 04.02 Phenobarbital, Trade name: Luminal
- 04.99 Other anticonvulsant  
(See MUSIC Meds Code List for more details)

---

**Medication 6 Code (Antiemetic)**

- 05.00 Not specified
- 05.01 Ondansetron HCl, Trade name: Zofran
- 05.99 Other antiemetic  
(See MUSIC Meds Code List for more details)

---

**Medication 6 Code (Antihypertensives)**

- 06.00 Not specified
- 06.01 Clonidine, Trade names: Catapres, Duraclon
- 06.02 Diazoxide, Trade names: Hyperstat, Proglycem
- 06.03 Doxazosin, Trade name: Cardura
- 06.04 Guanabenz, Trade name: Wytensin
- 06.05 Guanadril, Trade name: Hylorel
- 06.06 Guanethidine, Trade name: Ismelin
- 06.07 Guanfacine, Trade name: Tenex
- 06.08 Hydralazine, Trade name: Apresoline
- 06.09 Isosorbide dinitrate, Trade names: Dilatrate, Isordil, Sorbitrate
- 06.10 Isosorbide mononitrate, Trade names: Imdur, Ismo
- 06.11 Ketanserin
- 06.12 Mecamylamine, Trade name: Inversine
- 06.13 Methyldopa, Trade name: Aldomet
- 06.14 Minoxidil, Trade names: Loniten, Rogaine
- 06.15 Nitric Oxide
- 06.16 Nitroglycerin
- 06.17 Nitroprusside, Trade name: Nipride
- 06.18 Prazosin, Trade name: Minipress
- 06.19 Reserpine, Trade name: Serpasil
- 06.20 Terazosin, Trade name: Hytrin
- 06.21 Trimethaphan, Trade name: Arfonad
- 06.22 Sildenafil, Trade name: Viagra
- 06.99 Other antihypertensive  
(See MUSIC Meds Code List for more details)

---

**Medication 6 Code (Antithrombotics)**

- 07.00 Not specified
- 07.01 Abciximab, Trade name: Reopro
- 07.02 Aspirin
- 07.03 Bivalirudin
- 07.04 Clopidogrel, Trade name: Plavix
- 07.05 Dipyridamole, Trade names: Aggrenox, Persantine
- 07.06 Enoxaparin, Trade name: Lovenox
- 07.07 Eptifibatide, Trade name: Integrilin
- 07.08 Heparin
- 07.09 Low Molecular weight heparin, Trade name: Bemiparin
- 07.10 Ticlopidine HCl, Trade name: Ticlid
- 07.11 Tirofiban, Trade name: Aggrastat
- 07.12 Warfarin, Trade name: Coumadin
- 07.13 Apixaban, Trade name: Eliquis
- 07.14 Argatroban, Trade name: Acova
- 07.15 Ticlopidine
- 07.16 Prasugrel
- 07.17 Ticagrelor
- 07.99 Other antithrombotics  
(See MUSIC Meds Code List for more details)



---

**Medication 6 Code (Beta Blocker)**

- 08.00 Not specified
  - 08.01 Acebutolol, Trade name: Sectral
  - 08.02 Alprenolol
  - 08.03 Amlodipine, Trade name: Norvasc
  - 08.04 Atenolol, Trade name: Tenormin
  - 08.05 Betaxolol, Trade names: Betoptic, Kerlone
  - 08.06 Bisoprolol, Trade name: Zebeta
  - 08.07 Bobindolol
  - 08.08 Cartelol, Trade names: Cartrol, Ocupress
  - 08.09 Carvedilol, Trade name: Coreg
  - 08.10 Celiprolol
  - 08.11 Dievalol
  - 08.12 Esmolol, Trade name: Brevibloc
  - 08.13 Labetolol, Trade name: Normodyne
  - 08.14 Metoprolol, Trade names: Lopressor, Toprol
  - 08.15 Nadolol, Trade name: Corgard
  - 08.16 Nisoldipine, Trade name: Sular
  - 08.17 Oxprenolol, Trade name: Trasicor
  - 08.18 Penbutolol, Trade name: Levatol
  - 08.19 Pindolol, Trade name: Visken
  - 08.20 Propranolol, Trade name: Inderal
  - 08.21 Sotalol, Trade name: Betapace
  - 08.22 Timolol, Trade name: Blocadren
  - 08.99 Other beta-blocker
- (See MUSIC Meds Code List for more details)

---

**Medication 6 Code (Biologics)**

- 09.00 Not specified
  - 09.01 Coenzyme Q10
  - 09.02 Desmopressin, Trade name: DDAVP
  - 09.03 Gamma Globulin
  - 09.04 Iron Preparations, Trade name: Fer-in-sol
  - 09.05 Mannitol, Trade name: Cosmitrol
  - 09.06 Surfactant, Trade names: Survanta, Exosurf
  - 09.07 Vitamin K
  - 09.08 Multivitamin
  - 09.09 Convalescent plasma from COVID 19 patients
  - 09.10 Vitamin C
  - 09.11 Thiamine
  - 09.12 Fresh frozen plasma (FFP)
  - 09.99 Other biologics
- (See MUSIC Meds Code List for more details)

---

**Medication 6 Code (Bronchodilators)**

- 10.00 Not specified
  - 10.01 Albuterol, Trade names: Ventolin, Xopenex, Preventil
  - 10.02 Aminophylline
  - 10.03 Beclomethasone, Trade name: Beclovert
  - 10.04 Cromolyn, Trade name: Intal
  - 10.05 Fluticasone, Trade names: Flovent, Flonase
  - 10.06 Ipratropium, Trade name: Atrovent
  - 10.07 Isoetharine, Trade name: Bronkosol
  - 10.08 Metaproteranol, Trade name: Alupent
  - 10.09 Theophylline, Trade names: Slo-bid, Theodur
  - 10.99 Other bronchodilators
- (See MUSIC Meds Code List for more details)

---

**Medication 6 Code (Calcium Channel Blockers)**

- 11.00 Not specified
- 11.01 Bepridil HCl, Trade name: Vascor
- 11.02 Diltiazam, Trade name: Cardiazem
- 11.03 Felodipine, Trade name: Plendil
- 11.04 Isradipine, Trade name: Dynacirc
- 11.05 Nicardipine, Trade name: Cardene
- 11.06 Nifedipine, Trade name: Procardia
- 11.07 Nimodipine, Trade name: Nimotop
- 11.08 Verapamil, Trade names: Calan, Isotopin, Verelan, Chronovera, Covera-HS
- 11.99 Other calcium channel blockers  
(See MUSIC Meds Code List for more details)

---

**Medication 6 Code (Coagulant)**

- 12.00 Not specified
- 12.01 Aprotinin
- 12.02 Aminocaproic acid, Trade name: Amicar
- 12.03 Protamine
- 12.99 Other coagulant  
(See MUSIC Meds Code List for more details)

---

**Medication 6 Code (Converting Enzyme Inhibitor)**

- 13.00 Not specified
- 13.01 Benazepril, Trade name: Lotensin
- 13.02 Captopril, Trade name: Capoten
- 13.03 Cilarapril, Trade name: Primaxin
- 13.04 Enalapril, Trade name: Vasotec
- 13.05 Enalaprilat, Trade name: Vasotec
- 13.06 Fosinopril, Trade name: Monopril
- 13.07 Lisinopril, Trade names: Prinivil, Zestril
- 13.08 Pentopril
- 13.09 Perindopril, Trade name: Aceon
- 13.10 Quinapril, Trade name: Accupril
- 13.11 Ramipril, Trade name: Altace
- 13.12 Trandolapril, Trade name: Mavik
- 13.99 Other converting enzyme inhibitor  
(See MUSIC Meds Code List for more details)

---

**Medication 6 Code (Diuretics)**

- 14.00 Not specified
- 14.01 Acetazolamide, Trade name: Diamox
- 14.02 Amiloride, Trade name: Midamor
- 14.03 Nesiritide, Trade name: Natrecor
- 14.04 Bumetanide, Trade name: Bumex
- 14.05 Chlorothiazide, Trade name: Diuril
- 14.06 Chlorthalidone, Trade name: Hygroton
- 14.07 Ethacrynic Acid, Trade name: Edecrin
- 14.08 Furosemide, Trade name: Lasix
- 14.09 Hydrochlorothiazide, Trade name: Hydrodiuril
- 14.10 Indapamide, Trade name: Lozol
- 14.11 Metolazone, Trade name: Zaroxyn
- 14.12 Piretanide
- 14.13 Spironolactone, Trade name: Aldactone
- 14.14 Thiazides
- 14.15 Torasemide
- 14.16 Triamterene, Trade name: Dyrenium
- 14.99 Other diuretics  
(See MUSIC Meds Code List for more details)

---

**Medication 6 Code (Electrolytes)**

- 15.00 Not specified
- 15.01 Calcium Chloride
- 15.02 Calcium Glubionate, Trade name: Neo-Calglucon
- 15.03 Magnesium
- 15.04 Potassium
- 15.05 Sodium Bicarbonate
- 15.06 Tromethamine, Trade name: THAM
- 15.99 Other electrolytes  
(See MUSIC Meds Code List for more details)

---

**Medication 6 Code (Gastrointestinal)**

- 16.00 Not specified
- 16.01 Aluminum/Magnesium Hydroxide, Trade name: Maalox
- 16.02 Cimetidine, Trade name: Tagamet
- 16.03 Metoclopramide HCl, Trade name: Reglan
- 16.04 Mylanta
- 16.05 Ondansetron HCL, Trade name: Zofran
- 16.06 Ranitidine, Trade name: Zantac
- 16.07 Simethicone, Trade name: Mylicon
- 16.08 Sucralfate, Trade name: Carafate
- 16.09 Omeprazole, Trade name: Prilosec
- 16.10 Lansoprazole, Trade name: Prevacid
- 16.11 Famotidine, Trade name: Pepcid
- 16.99 Other gastrointestinal  
(See MUSIC Meds Code List for more details)

---

**Medication 6 Code (Glycoside)**

- 17.00 Not specified
- 17.01 Digitoxin, Trade name: Crystodigin
- 17.02 Digoxin, Trade name: Lanoxin
- 17.03 Ouabain
- 17.99 Other glycoside  
(See MUSIC Meds Code List for more details)

---

**Medication 6 Code (Hormonal agents)**

- 18.00 Not specified
- 18.01 Prostaglandin E, Trade name: Alprostadil
- 18.02 Atropine
- 18.03 Cortisone
- 18.04 Dexamethasone, Trade name: Decadron
- 18.05 Growth Hormone, Trade names: Humatrope, Protropin
- 18.06 Hydrocortisone, Trade name: Solu-cortef
- 18.07 Insulin
- 18.08 Levothyroxine, Trade name: Synthroid
- 18.09 Methylprednisolone/Prednisolone, Trade names: Solumedrol, Prelone
- 18.10 Prednisone, Trade name: Bronkosol
- 18.11 Testosterone
- 18.12 Estrogen, Trade name: Premarin
- 18.13 Progestin, Trade name: Provera
- 18.14 Infertility Treatments
- 18.99 Other hormonal agents (including all birth control)  
(See MUSIC Meds Code List for more details)

---

Medication 6 Code (Inotropic agents)

- 19.00 Not specified
- 19.01 Amrinone, Trade name: Inacor
- 19.02 Dobutamine, Trade name: Dobutrex
- 19.03 Dopamine, Trade name: Inotropin
- 19.04 Epinephrine, Trade names: Adrenalin, Vaponefrin
- 19.05 Isoproteranol, Trade name: Isuprel
- 19.06 Midodrine
- 19.07 Milrinone, Trade name: Primacor
- 19.08 Norepinephrine, Trade name: Levophed
- 19.09 Phenylephrine, Trade name: Neo-Synephrine
- 19.99 Other inotropes  
(See MUSIC Meds Code List for more details)

---

Medication 6 Code (Lipid-lowering agents)

- 20.00 Not specified
- 20.01 Cholestyramine, Trade names: Cholybar, Questran
- 20.02 Clofibrate, Trade name: Atromid-s
- 20.03 Colestipol, Trade name: Colestid
- 20.04 Fluvostatin
- 20.05 Gemfibrozil, Trade name: Lopid
- 20.06 Lovastatin, Trade name: Mevacor
- 20.07 Nicotinic acid
- 20.08 Pravastatin, Trade name: Pravachol
- 20.09 Probucol, Trade name: Lorelco
- 20.10 Simvastatin, Trade name: Zocor
- 20.11 Atorvastatin
- 20.12 Rosuvastatin
- 20.99 Other lipid-lowering agents  
(See MUSIC Meds Code List for more details)

---

Medication 6 Code (Neuromuscular Blocking Agent)

- 21.00 Not specified
- 21.01 Pancuronium, Trade name: Pavulon
- 21.02 Succinylcholine
- 21.99 Other neuromuscular blocking agent  
(See MUSIC Meds Code List for more details)

---

Medication 6 Code (Sedatives, hypnotics, anesthetics, analgesics)

- 22.00 Not specified
  - 22.01 Acetaminophen, Trade name: Tylenol
  - 22.02 Methohexital, Trade name: Brevitol
  - 22.03 Chloral Hydrate, Trade name: Noctec
  - 22.04 Codeine
  - 22.05 Diazepam, Trade name: Valium
  - 22.06 Diphenhydramine, Trade name: Benadryl
  - 22.07 Fentanyl, Trade name: Sublimaze
  - 22.08 Halothane
  - 22.09 Ibuprofen, Trade names: Pediaprofen, Motrin
  - 22.10 Isoflurane
  - 22.11 Ketamine, Trade name: Ketalar
  - 22.12 Ketorolac, Trade name: Toradol
  - 22.13 Lorazepam, Trade name: Ativan
  - 22.14 Methadone, Trade name: Dolophine
  - 22.15 Midazolam, Trade name: Versed
  - 22.16 Morphine
  - 22.17 Nalaxone, Trade name: Narcan
  - 22.18 Naproxen Sodium, Trade name: Naprosyn
  - 22.19 Sufentanil
  - 22.20 Thiopental, Trade name: Pentothal
  - 22.21 General Anesthesia
  - 22.22 Oxycodone, Trade name: OxyContin
  - 22.99 Other sedatives, hypnotics, anesthetics, analgesics  
(See MUSIC Meds Code List for more details)
- 

Medication 6 Code (Thrombolytics)

- 23.00 Not specified
  - 23.01 Alteplase, Trade name: Activase
  - 23.02 Anistreplase, Trade name: Eminase
  - 23.03 Streptokinase, Trade names: Kabikinase, Streptase
  - 23.04 Urokinase, Trade name: Abbokinase
  - 23.99 Other thrombolytics  
(See MUSIC Meds Code List for more details)
- 

Medication 6 Code (Attention deficit disorder therapies)

- 24.00 Not specified
  - 24.01 Amphetamine + Dextroamphetamine, Trade name: Adderall
  - 24.02 Atomoxetine, Trade name: Strattera
  - 24.03 Dexmethylphenidate, Trade name: Focalin
  - 24.04 Dextroamphetamine, Trade name: Dexedrine
  - 24.05 Methylphenidate, Trade names: Ritalin, Concerta, Methylin, Metadate
  - 24.99 Other attention deficit disorder therapy  
(See MUSIC Meds Code List for more details)
- 

Medication 6 Code (Antihistamines)

- 25.00 Not specified (including Diphenhydramine (Benadryl))
- 25.01 Fexofenadine Hydrochloride, Trade name: Allegra
- 25.02 Azelastine Hydrochloride, Trade names: Astelin, Astepro
- 25.03 Loratadine, Trade name: Claritin
- 25.04 Montelukast Sodium, Trade name: Singulair
- 25.05 Cetirizine, Trade name: Zyrtec
- 25.99 Other antihistamines  
(See MUSIC Meds Code List for more details)

Medication 6 Code (Immunomodulatory)

- 26.01 Adalimumab (TNF inhibitor)  
 26.02 Anakinra (IL-1 blockade)  
 26.03 Etanercept (TNF inhibitor)  
 26.04 Infliximab (TNF inhibitor)  
 26.05 Tocilizumab (IL-6 blockade)  
 26.06 Hydroxychloroquine  
 26.07 Cyclosporine  
 26.08 Cyclophosphamide  
 26.09 Canakinumab  
 26.10 Siltuximab  
 26.11 Baricitinib (JAK inhibitor)  
 26.12 Tofacitinib (JAK inhibitor)  
 26.13 Upadacitinib (JAK inhibitor)  
 26.14 Emapalumab (IFN gamma antibody)  
 26.15 Chloroquine  
 26.99 Other Immunomodulatory  
 (See MUSIC Meds Code List for more details)

Medication 6 Code (Antiviral)

- 27.01 Remdesivir  
 27.02 Oseltamivir, Trade name: Tamiflu  
 27.03 Lopinavir/ritonavir, Trade name: Kaletra  
 27.04 Favipiravir, Trade name: Avigan  
 27.99 Other antiviral  
 (See MUSIC Meds Code List for more details)

Medication 6 Code (Non-medical therapy directed at clearing cytokines)

- 28.01 Plasma exchange  
 28.02 Cytosorb column  
 28.03 Hemofiltration for fluid removal  
 28.99 Other non-medical therapy directed at clearing cytokines  
 (See MUSIC Meds Code List for more details)

Name of Medication 6

\_\_\_\_\_  
 ((Specify name of drug if code is XX.99))

Date started

\_\_\_\_\_  
 (Please provide start date (mm-dd-yyyy))

Related to an adverse event?

Yes  No

Adverse event number

\_\_\_\_\_  
 (Enter the adverse event number from the adverse event form)

## Medication 7

## Medication 7 Type

- Angiotensin Receptor Blockers
  - Antiarrhythmic
  - Antibiotics
  - Anticonvulsant
  - Antiemetic
  - Antihypertensives
  - Antithrombotics
  - Beta Blocker
  - Biologics
  - Bronchodilators
  - Calcium Channel Blockers
  - Coagulant
  - Converting Enzyme Inhibitor
  - Diuretics
  - Electrolytes
  - Gastrointestinal
  - Glycoside
  - Hormonal agents
  - Inotropic agents
  - Lipid-lowering agents
  - Neuromuscular Blocking Agent
  - Sedatives, hypnotics, anesthetics, analgesics
  - Thrombolytics
  - Attention deficit disorder therapies
  - Antihistamines
  - Immunomodulatory
  - Antiviral
  - Non-medical therapy directed at clearing cytokines
  - Other not classified
- (See MUSIC Meds Code List for more details)

## Medication 7 Code (Angiotensin Receptor Blockers)

- 01.00 Not specified
  - 01.01 Eprosartan, Trade name: Teveten
  - 01.02 Losartan, Trade name: Cozaar
  - 01.03 Valsartan, Trade name: Diovan
  - 01.99 Other angiotensin receptor blockers
- (See MUSIC Meds Code List for more details)

## Medication 7 Code (Antiarrhythmic)

- 02.00 Not specified
  - 02.01 Adenosine, Trade name: Adenocard
  - 02.02 Amiodarone, Trade name: Cordarone
  - 02.03 Azimilide
  - 02.04 Brethlium
  - 02.05 Cibenzoline
  - 02.06 Disopyramide, Trade name: Norpace
  - 02.07 Encainide, Trade name: Enkaid
  - 02.08 Flecainide, Trade name: Tambocor
  - 02.09 Lidocaine, Trade name: Xylocaine
  - 02.10 Mexiletine, Trade name: Mexitil
  - 02.11 Moricizine, Trade name: Ethmozine
  - 02.12 Phenytoin, Trade name: Dilantin
  - 02.13 Procainamide, Trade names: Pronestyl, Procan
  - 02.14 Propafenone, Trade name: Rythmol
  - 02.15 Quinidine, Trade name: Quinaglute
  - 02.16 Tocainide, Trade name: Tonocard
  - 02.99 Other antiarrhythmic agents
- (See MUSIC Meds Code List for more details)

---

**Medication 7 Code (Antibiotics)**

- 03.00 Not specified
- 03.01 Acetyl Sulfoisoxazole, Trade name: Gantrisin
- 03.02 Amikacin, Trade name: Amikin
- 03.03 Ampicillin/Sulbactam, Trade name: Unasyn
- 03.04 Amoxicillin, Trade name: Amoxil
- 03.05 Amoxicillin-Clavulanic Acid, Trade name: Augmentin
- 03.06 Amphotericin, Trade name: Fungizone
- 03.07 Ampicillin, Trade name: Omnipen
- 03.08 Azithromycin, Trade name: Zithromax
- 03.09 Aztreonam, Trade name: Azactam
- 03.10 Carbenicillin, Trade name: Geocillin
- 03.11 Cefazolin, Trade names: Ancef, Kefzol
- 03.12 Cefepime, Trade name: Maxipime
- 03.13 Cefotaxime, Trade name: Claforan
- 03.14 Ceftazidime, Trade name: Fortaz
- 03.15 Ceftriaxone, Trade name: Rocephin
- 03.16 Cephalexin, Trade name: Keflex
- 03.17 Ciprofloxacin, Trade name: Cipro
- 03.18 Clarithromycin, Trade name: Biaxin
- 03.19 Clindamycin, Trade name: Cleocin
- 03.20 Erythromycin
- 03.21 Erythromycin and Sulfoxazole, Trade name: Pediazole
- 03.22 Fluconazole, Trade name: Diflucan
- 03.23 Gentamicin
- 03.24 Ilotycin
- 03.25 Imipenem, Trade name: Primaxin
- 03.26 Meropenem, Trade name: Merrem
- 03.27 Metronidazole, Trade name: Flagyl
- 03.28 Mycostatin, Trade name: Nystatin
- 03.29 Neomycin
- 03.30 Nystatin, Trade name: Mycostatin
- 03.31 Oxacillin
- 03.32 Penicillin
- 03.33 Piperacillin, Trade name: Pipracil
- 03.34 Piperacillin/Tazobactam, Trade name: Zosyn
- 03.35 Tobramycin, Trade name: Tobrex
- 03.36 Trimethoprim-Sulfamethoxazole, Trade names: Bactrim, Septra
- 03.37 Vancomycin
- 03.99 Other antibiotics  
(See MUSIC Meds Code List for more details)

---

**Medication 7 Code (Anticonvulsant)**

- 04.00 Not specified
- 04.01 Fosphenytoin, Trade name: Cerebrex
- 04.02 Phenobarbital, Trade name: Luminal
- 04.99 Other anticonvulsant  
(See MUSIC Meds Code List for more details)

---

**Medication 7 Code (Antiemetic)**

- 05.00 Not specified
- 05.01 Ondansetron HCl, Trade name: Zofran
- 05.99 Other antiemetic  
(See MUSIC Meds Code List for more details)



---

**Medication 7 Code (Antihypertensives)**

- 06.00 Not specified
- 06.01 Clonidine, Trade names: Catapres, Duraclon
- 06.02 Diazoxide, Trade names: Hyperstat, Proglycem
- 06.03 Doxazosin, Trade name: Cardura
- 06.04 Guanabenz, Trade name: Wytensin
- 06.05 Guanadril, Trade name: Hylorel
- 06.06 Guanethidine, Trade name: Ismelin
- 06.07 Guanfacine, Trade name: Tenex
- 06.08 Hydralazine, Trade name: Apresoline
- 06.09 Isosorbide dinitrate, Trade names: Dilatrate, Isordil, Sorbitrate
- 06.10 Isosorbide mononitrate, Trade names: Imdur, Ismo
- 06.11 Ketanserin
- 06.12 Mecamylamine, Trade name: Inversine
- 06.13 Methyldopa, Trade name: Aldomet
- 06.14 Minoxidil, Trade names: Loniten, Rogaine
- 06.15 Nitric Oxide
- 06.16 Nitroglycerin
- 06.17 Nitroprusside, Trade name: Nipride
- 06.18 Prazosin, Trade name: Minipress
- 06.19 Reserpine, Trade name: Serpasil
- 06.20 Terazosin, Trade name: Hytrin
- 06.21 Trimethaphan, Trade name: Arfonad
- 06.22 Sildenafil, Trade name: Viagra
- 06.99 Other antihypertensive  
(See MUSIC Meds Code List for more details)

---

**Medication 7 Code (Antithrombotics)**

- 07.00 Not specified
- 07.01 Abciximab, Trade name: Reopro
- 07.02 Aspirin
- 07.03 Bivalirudin
- 07.04 Clopidogrel, Trade name: Plavix
- 07.05 Dipyridamole, Trade names: Aggrenox, Persantine
- 07.06 Enoxaparin, Trade name: Lovenox
- 07.07 Eptifibatide, Trade name: Integrilin
- 07.08 Heparin
- 07.09 Low Molecular weight heparin, Trade name: Bemiparin
- 07.10 Ticlopidine HCl, Trade name: Ticlid
- 07.11 Tirofiban, Trade name: Aggrastat
- 07.12 Warfarin, Trade name: Coumadin
- 07.13 Apixaban, Trade name: Eliquis
- 07.14 Argatroban, Trade name: Acova
- 07.15 Ticlopidine
- 07.16 Prasugrel
- 07.17 Ticagrelor
- 07.99 Other antithrombotics  
(See MUSIC Meds Code List for more details)

## Medication 7 Code (Beta Blocker)

- 08.00 Not specified
  - 08.01 Acebutolol, Trade name: Sectral
  - 08.02 Alprenolol
  - 08.03 Amlodipine, Trade name: Norvasc
  - 08.04 Atenolol, Trade name: Tenormin
  - 08.05 Betaxolol, Trade names: Betoptic, Kerlone
  - 08.06 Bisoprolol, Trade name: Zebeta
  - 08.07 Bobindolol
  - 08.08 Cartelol, Trade names: Cartrol, Ocupress
  - 08.09 Carvedilol, Trade name: Coreg
  - 08.10 Celiprolol
  - 08.11 Dievalol
  - 08.12 Esmolol, Trade name: Brevibloc
  - 08.13 Labetolol, Trade name: Normodyne
  - 08.14 Metoprolol, Trade names: Lopressor, Toprol
  - 08.15 Nadolol, Trade name: Corgard
  - 08.16 Nisoldipine, Trade name: Sular
  - 08.17 Oxprenolol, Trade name: Trasicor
  - 08.18 Penbutolol, Trade name: Levatol
  - 08.19 Pindolol, Trade name: Visken
  - 08.20 Propranolol, Trade name: Inderal
  - 08.21 Sotalol, Trade name: Betapace
  - 08.22 Timolol, Trade name: Blocadren
  - 08.99 Other beta-blocker
- (See MUSIC Meds Code List for more details)

## Medication 7 Code (Biologics)

- 09.00 Not specified
  - 09.01 Coenzyme Q10
  - 09.02 Desmopressin, Trade name: DDAVP
  - 09.03 Gamma Globulin
  - 09.04 Iron Preparations, Trade name: Fer-in-sol
  - 09.05 Mannitol, Trade name: Cosmitrol
  - 09.06 Surfactant, Trade names: Survanta, Exosurf
  - 09.07 Vitamin K
  - 09.08 Multivitamin
  - 09.09 Convalescent plasma from COVID 19 patients
  - 09.10 Vitamin C
  - 09.11 Thiamine
  - 09.12 Fresh frozen plasma (FFP)
  - 09.99 Other biologics
- (See MUSIC Meds Code List for more details)

## Medication 7 Code (Bronchodilators)

- 10.00 Not specified
  - 10.01 Albuterol, Trade names: Ventolin, Xopenex, Preventil
  - 10.02 Aminophylline
  - 10.03 Beclomethasone, Trade name: Beclovert
  - 10.04 Cromolyn, Trade name: Intal
  - 10.05 Fluticasone, Trade names: Flovent, Flonase
  - 10.06 Ipratropium, Trade name: Atrovent
  - 10.07 Isoetharine, Trade name: Bronkosol
  - 10.08 Metaproteranol, Trade name: Alupent
  - 10.09 Theophylline, Trade names: Slo-bid, Theodur
  - 10.99 Other bronchodilators
- (See MUSIC Meds Code List for more details)

---

**Medication 7 Code (Calcium Channel Blockers)**

- 11.00 Not specified
- 11.01 Bepridil HCl, Trade name: Vascor
- 11.02 Diltiazem, Trade name: Cardiazem
- 11.03 Felodipine, Trade name: Plendil
- 11.04 Isradipine, Trade name: Dynacirc
- 11.05 Nicardipine, Trade name: Cardene
- 11.06 Nifedipine, Trade name: Procardia
- 11.07 Nimodipine, Trade name: Nimotop
- 11.08 Verapamil, Trade names: Calan, Isotopin, Verelan, Chronovera, Covera-HS
- 11.99 Other calcium channel blockers  
(See MUSIC Meds Code List for more details)

---

**Medication 7 Code (Coagulant)**

- 12.00 Not specified
- 12.01 Aprotinin
- 12.02 Aminocaproic acid, Trade name: Amicar
- 12.03 Protamine
- 12.99 Other coagulant  
(See MUSIC Meds Code List for more details)

---

**Medication 7 Code (Converting Enzyme Inhibitor)**

- 13.00 Not specified
- 13.01 Benazepril, Trade name: Lotensin
- 13.02 Captopril, Trade name: Capoten
- 13.03 Cilarapril, Trade name: Primaxin
- 13.04 Enalapril, Trade name: Vasotec
- 13.05 Enalaprilat, Trade name: Vasotec
- 13.06 Fosinopril, Trade name: Monopril
- 13.07 Lisinopril, Trade names: Prinivil, Zestril
- 13.08 Pentopril
- 13.09 Perindopril, Trade name: Aceon
- 13.10 Quinapril, Trade name: Accupril
- 13.11 Ramipril, Trade name: Altace
- 13.12 Trandolapril, Trade name: Mavik
- 13.99 Other converting enzyme inhibitor  
(See MUSIC Meds Code List for more details)

---

**Medication 7 Code (Diuretics)**

- 14.00 Not specified
- 14.01 Acetazolamide, Trade name: Diamox
- 14.02 Amiloride, Trade name: Midamor
- 14.03 Nesiritide, Trade name: Natrecor
- 14.04 Bumetanide, Trade name: Bumex
- 14.05 Chlorothiazide, Trade name: Diuril
- 14.06 Chlorthalidone, Trade name: Hygroton
- 14.07 Ethacrynic Acid, Trade name: Edecrin
- 14.08 Furosemide, Trade name: Lasix
- 14.09 Hydrochlorothiazide, Trade name: Hydrodiuril
- 14.10 Indapamide, Trade name: Lozol
- 14.11 Metolazone, Trade name: Zaroxyn
- 14.12 Piretanide
- 14.13 Spironolactone, Trade name: Aldactone
- 14.14 Thiazides
- 14.15 Torasemide
- 14.16 Triamterene, Trade name: Dyrenium
- 14.99 Other diuretics  
(See MUSIC Meds Code List for more details)

---

**Medication 7 Code (Electrolytes)**

- 15.00 Not specified
- 15.01 Calcium Chloride
- 15.02 Calcium Glubionate, Trade name: Neo-Calglucon
- 15.03 Magnesium
- 15.04 Potassium
- 15.05 Sodium Bicarbonate
- 15.06 Tromethamine, Trade name: THAM
- 15.99 Other electrolytes  
(See MUSIC Meds Code List for more details)

---

**Medication 7 Code (Gastrointestinal)**

- 16.00 Not specified
- 16.01 Aluminum/Magnesium Hydroxide, Trade name: Maalox
- 16.02 Cimetidine, Trade name: Tagamet
- 16.03 Metoclopramide HCl, Trade name: Reglan
- 16.04 Mylanta
- 16.05 Ondansetron HCL, Trade name: Zofran
- 16.06 Ranitidine, Trade name: Zantac
- 16.07 Simethicone, Trade name: Mylicon
- 16.08 Sucralfate, Trade name: Carafate
- 16.09 Omeprazole, Trade name: Prilosec
- 16.10 Lansoprazole, Trade name: Prevacid
- 16.11 Famotidine, Trade name: Pepcid
- 16.99 Other gastrointestinal  
(See MUSIC Meds Code List for more details)

---

**Medication 7 Code (Glycoside)**

- 17.00 Not specified
- 17.01 Digitoxin, Trade name: Crystodigin
- 17.02 Digoxin, Trade name: Lanoxin
- 17.03 Ouabain
- 17.99 Other glycoside  
(See MUSIC Meds Code List for more details)

---

**Medication 7 Code (Hormonal agents)**

- 18.00 Not specified
- 18.01 Prostaglandin E, Trade name: Alprostadil
- 18.02 Atropine
- 18.03 Cortisone
- 18.04 Dexamethasone, Trade name: Decadron
- 18.05 Growth Hormone, Trade names: Humatrope, Protropin
- 18.06 Hydrocortisone, Trade name: Solu-cortef
- 18.07 Insulin
- 18.08 Levothyroxine, Trade name: Synthroid
- 18.09 Methylprednisolone/Prednisolone, Trade names: Solumedrol, Prelone
- 18.10 Prednisone, Trade name: Bronkosol
- 18.11 Testosterone
- 18.12 Estrogen, Trade name: Premarin
- 18.13 Progestin, Trade name: Provera
- 18.14 Infertility Treatments
- 18.99 Other hormonal agents (including all birth control)  
(See MUSIC Meds Code List for more details)

---

Medication 7 Code (Inotropic agents)

- 19.00 Not specified
- 19.01 Amrinone, Trade name: Inacor
- 19.02 Dobutamine, Trade name: Dobutrex
- 19.03 Dopamine, Trade name: Inotropin
- 19.04 Epinephrine, Trade names: Adrenalin, Vaponefrin
- 19.05 Isoproteranol, Trade name: Isuprel
- 19.06 Midodrine
- 19.07 Milrinone, Trade name: Primacor
- 19.08 Norepinephrine, Trade name: Levophed
- 19.09 Phenylephrine, Trade name: Neo-Synephrine
- 19.99 Other inotropes  
(See MUSIC Meds Code List for more details)

---

Medication 7 Code (Lipid-lowering agents)

- 20.00 Not specified
- 20.01 Cholestyramine, Trade names: Cholybar, Questran
- 20.02 Clofibrate, Trade name: Atromid-s
- 20.03 Colestipol, Trade name: Colestid
- 20.04 Fluvostatin
- 20.05 Gemfibrozil, Trade name: Lopid
- 20.06 Lovastatin, Trade name: Mevacor
- 20.07 Nicotinic acid
- 20.08 Pravastatin, Trade name: Pravachol
- 20.09 Probucol, Trade name: Lorelco
- 20.10 Simvastatin, Trade name: Zocor
- 20.11 Atorvastatin
- 20.12 Rosuvastatin
- 20.99 Other lipid-lowering agents  
(See MUSIC Meds Code List for more details)

---

Medication 7 Code (Neuromuscular Blocking Agent)

- 21.00 Not specified
- 21.01 Pancuronium, Trade name: Pavulon
- 21.02 Succinylcholine
- 21.99 Other neuromuscular blocking agent  
(See MUSIC Meds Code List for more details)

---

Medication 7 Code (Sedatives, hypnotics, anesthetics, analgesics)

- 22.00 Not specified
  - 22.01 Acetaminophen, Trade name: Tylenol
  - 22.02 Methohexital, Trade name: Brevitol
  - 22.03 Chloral Hydrate, Trade name: Noctec
  - 22.04 Codeine
  - 22.05 Diazepam, Trade name: Valium
  - 22.06 Diphenhydramine, Trade name: Benadryl
  - 22.07 Fentanyl, Trade name: Sublimaze
  - 22.08 Halothane
  - 22.09 Ibuprofen, Trade names: Pediaprofen, Motrin
  - 22.10 Isoflurane
  - 22.11 Ketamine, Trade name: Ketalar
  - 22.12 Ketorolac, Trade name: Toradol
  - 22.13 Lorazepam, Trade name: Ativan
  - 22.14 Methadone, Trade name: Dolophine
  - 22.15 Midazolam, Trade name: Versed
  - 22.16 Morphine
  - 22.17 Nalaxone, Trade name: Narcan
  - 22.18 Naproxen Sodium, Trade name: Naprosyn
  - 22.19 Sufentanil
  - 22.20 Thiopental, Trade name: Pentothal
  - 22.21 General Anesthesia
  - 22.22 Oxycodone, Trade name: OxyContin
  - 22.99 Other sedatives, hypnotics, anesthetics, analgesics
- (See MUSIC Meds Code List for more details)
- 

Medication 7 Code (Thrombolytics)

- 23.00 Not specified
  - 23.01 Alteplase, Trade name: Activase
  - 23.02 Anistreplase, Trade name: Eminase
  - 23.03 Streptokinase, Trade names: Kabikinase, Streptase
  - 23.04 Urokinase, Trade name: Abbokinase
  - 23.99 Other thrombolytics
- (See MUSIC Meds Code List for more details)
- 

Medication 7 Code (Attention deficit disorder therapies)

- 24.00 Not specified
  - 24.01 Amphetamine + Dextroamphetamine, Trade name: Adderall
  - 24.02 Atomoxetine, Trade name: Strattera
  - 24.03 Dexmethylphenidate, Trade name: Focalin
  - 24.04 Dextroamphetamine, Trade name: Dexedrine
  - 24.05 Methylphenidate, Trade names: Ritalin, Concerta, Methylin, Metadate
  - 24.99 Other attention deficit disorder therapy
- (See MUSIC Meds Code List for more details)
- 

Medication 7 Code (Antihistamines)

- 25.00 Not specified (including Diphenhydramine (Benadryl))
  - 25.01 Fexofenadine Hydrochloride, Trade name: Allegra
  - 25.02 Azelastine Hydrochloride, Trade names: Astelin, Astepro
  - 25.03 Loratadine, Trade name: Claritin
  - 25.04 Montelukast Sodium, Trade name: Singulair
  - 25.05 Cetirizine, Trade name: Zyrtec
  - 25.99 Other antihistamines
- (See MUSIC Meds Code List for more details)

Medication 7 Code (Immunomodulatory)

- 26.01 Adalimumab (TNF inhibitor)  
 26.02 Anakinra (IL-1 blockade)  
 26.03 Etanercept (TNF inhibitor)  
 26.04 Infliximab (TNF inhibitor)  
 26.05 Tocilizumab (IL-6 blockade)  
 26.06 Hydroxychloroquine  
 26.07 Cyclosporine  
 26.08 Cyclophosphamide  
 26.09 Canakinumab  
 26.10 Siltuximab  
 26.11 Baricitinib (JAK inhibitor)  
 26.12 Tofacitinib (JAK inhibitor)  
 26.13 Upadacitinib (JAK inhibitor)  
 26.14 Emapalumab (IFN gamma antibody)  
 26.15 Chloroquine  
 26.99 Other Immunomodulatory  
 (See MUSIC Meds Code List for more details)

Medication 7 Code (Antiviral)

- 27.01 Remdesivir  
 27.02 Oseltamivir, Trade name: Tamiflu  
 27.03 Lopinavir/ritonavir, Trade name: Kaletra  
 27.04 Favipiravir, Trade name: Avigan  
 27.99 Other antiviral  
 (See MUSIC Meds Code List for more details)

Medication 7 Code (Non-medical therapy directed at clearing cytokines)

- 28.01 Plasma exchange  
 28.02 Cytosorb column  
 28.03 Hemofiltration for fluid removal  
 28.99 Other non-medical therapy directed at clearing cytokines  
 (See MUSIC Meds Code List for more details)

Name of Medication 7

\_\_\_\_\_  
 ((Specify name of drug if code is XX.99))

Date started

\_\_\_\_\_  
 (Please provide start date (mm-dd-yyyy))

Related to an adverse event?

Yes  No

Adverse event number

\_\_\_\_\_  
 (Enter the adverse event number from the adverse event form)

## Medication 8

## Medication 8 Type

- Angiotensin Receptor Blockers
  - Antiarrhythmic
  - Antibiotics
  - Anticonvulsant
  - Antiemetic
  - Antihypertensives
  - Antithrombotics
  - Beta Blocker
  - Biologics
  - Bronchodilators
  - Calcium Channel Blockers
  - Coagulant
  - Converting Enzyme Inhibitor
  - Diuretics
  - Electrolytes
  - Gastrointestinal
  - Glycoside
  - Hormonal agents
  - Inotropic agents
  - Lipid-lowering agents
  - Neuromuscular Blocking Agent
  - Sedatives, hypnotics, anesthetics, analgesics
  - Thrombolytics
  - Attention deficit disorder therapies
  - Antihistamines
  - Immunomodulatory
  - Antiviral
  - Non-medical therapy directed at clearing cytokines
  - Other not classified
- (See MUSIC Meds Code List for more details)

## Medication 8 Code (Angiotensin Receptor Blockers)

- 01.00 Not specified
  - 01.01 Eprosartan, Trade name: Teveten
  - 01.02 Losartan, Trade name: Cozaar
  - 01.03 Valsartan, Trade name: Diovan
  - 01.99 Other angiotensin receptor blockers
- (See MUSIC Meds Code List for more details)

## Medication 8 Code (Antiarrhythmic)

- 02.00 Not specified
  - 02.01 Adenosine, Trade name: Adenocard
  - 02.02 Amiodarone, Trade name: Cordarone
  - 02.03 Azimilide
  - 02.04 Brethlium
  - 02.05 Cibenzoline
  - 02.06 Disopyramide, Trade name: Norpace
  - 02.07 Encainide, Trade name: Enkaid
  - 02.08 Flecainide, Trade name: Tambocor
  - 02.09 Lidocaine, Trade name: Xylocaine
  - 02.10 Mexiletine, Trade name: Mexitil
  - 02.11 Moricizine, Trade name: Ethmozine
  - 02.12 Phenytoin, Trade name: Dilantin
  - 02.13 Procainamide, Trade names: Pronestyl, Procan
  - 02.14 Propafenone, Trade name: Rythmol
  - 02.15 Quinidine, Trade name: Quinaglute
  - 02.16 Tocainide, Trade name: Tonocard
  - 02.99 Other antiarrhythmic agents
- (See MUSIC Meds Code List for more details)



---

**Medication 8 Code (Antibiotics)**

- 03.00 Not specified
- 03.01 Acetyl Sulfoisoxazole, Trade name: Gantrisin
- 03.02 Amikacin, Trade name: Amikin
- 03.03 Amipicillin/Sulbactam, Trade name: Unasyn
- 03.04 Amoxicillin, Trade name: Amoxil
- 03.05 Amoxicillin-Clavulanic Acid, Trade name: Augmentin
- 03.06 Amphotericin, Trade name: Fungizone
- 03.07 Ampicillin, Trade name: Omnipen
- 03.08 Azithromycin, Trade name: Zithromax
- 03.09 Aztreonam, Trade name: Azactam
- 03.10 Carbenicillin, Trade name: Geocillin
- 03.11 Cefazolin, Trade names: Ancef, Kefzol
- 03.12 Cefepime, Trade name: Maxipime
- 03.13 Cefotaxime, Trade name: Claforan
- 03.14 Ceftazidime, Trade name: Fortaz
- 03.15 Ceftriaxone, Trade name: Rocephin
- 03.16 Cephalexin, Trade name: Keflex
- 03.17 Ciprofloxacin, Trade name: Cipro
- 03.18 Clarithromycin, Trade name: Biaxin
- 03.19 Clindamycin, Trade name: Cleocin
- 03.20 Erythromycin
- 03.21 Erythromycin and Sulfoxazole, Trade name: Pediazole
- 03.22 Fluconazole, Trade name: Diflucan
- 03.23 Gentamicin
- 03.24 Ilotycin
- 03.25 Imipenem, Trade name: Primaxin
- 03.26 Meropenem, Trade name: Merrem
- 03.27 Metronidazole, Trade name: Flagyl
- 03.28 Mycostatin, Trade name: Nystatin
- 03.29 Neomycin
- 03.30 Nystatin, Trade name: Mycostatin
- 03.31 Oxacillin
- 03.32 Penicillin
- 03.33 Piperacillin, Trade name: Pipracil
- 03.34 Piperacillin/Tazobactam, Trade name: Zosyn
- 03.35 Tobramycin, Trade name: Tobrex
- 03.36 Trimethoprim-Sulfamethoxazole, Trade names: Bactrim, Septra
- 03.37 Vancomycin
- 03.99 Other antibiotics  
(See MUSIC Meds Code List for more details)

---

**Medication 8 Code (Anticonvulsant)**

- 04.00 Not specified
- 04.01 Fosphenytoin, Trade name: Cerebrex
- 04.02 Phenobarbital, Trade name: Luminal
- 04.99 Other anticonvulsant  
(See MUSIC Meds Code List for more details)

---

**Medication 8 Code (Antiemetic)**

- 05.00 Not specified
- 05.01 Ondansetron HCl, Trade name: Zofran
- 05.99 Other antiemetic  
(See MUSIC Meds Code List for more details)

---

**Medication 8 Code (Antihypertensives)**

- 06.00 Not specified
- 06.01 Clonidine, Trade names: Catapres, Duraclon
- 06.02 Diazoxide, Trade names: Hyperstat, Proglycem
- 06.03 Doxazosin, Trade name: Cardura
- 06.04 Guanabenz, Trade name: Wytensin
- 06.05 Guanadril, Trade name: Hylorel
- 06.06 Guanethidine, Trade name: Ismelin
- 06.07 Guanfacine, Trade name: Tenex
- 06.08 Hydralazine, Trade name: Apresoline
- 06.09 Isosorbide dinitrate, Trade names: Dilatrate, Isordil, Sorbitrate
- 06.10 Isosorbide mononitrate, Trade names: Imdur, Ismo
- 06.11 Ketanserin
- 06.12 Mecamylamine, Trade name: Inversine
- 06.13 Methyldopa, Trade name: Aldomet
- 06.14 Minoxidil, Trade names: Loniten, Rogaine
- 06.15 Nitric Oxide
- 06.16 Nitroglycerin
- 06.17 Nitroprusside, Trade name: Nipride
- 06.18 Prazosin, Trade name: Minipress
- 06.19 Reserpine, Trade name: Serpasil
- 06.20 Terazosin, Trade name: Hytrin
- 06.21 Trimethaphan, Trade name: Arfonad
- 06.22 Sildenafil, Trade name: Viagra
- 06.99 Other antihypertensive  
(See MUSIC Meds Code List for more details)

---

**Medication 8 Code (Antithrombotics)**

- 07.00 Not specified
- 07.01 Abciximab, Trade name: Reopro
- 07.02 Aspirin
- 07.03 Bivalirudin
- 07.04 Clopidogrel, Trade name: Plavix
- 07.05 Dipyridamole, Trade names: Aggrenox, Persantine
- 07.06 Enoxaparin, Trade name: Lovenox
- 07.07 Eptifibatide, Trade name: Integrilin
- 07.08 Heparin
- 07.09 Low Molecular weight heparin, Trade name: Bemiparin
- 07.10 Ticlopidine HCl, Trade name: Ticlid
- 07.11 Tirofiban, Trade name: Aggrastat
- 07.12 Warfarin, Trade name: Coumadin
- 07.13 Apixaban, Trade name: Eliquis
- 07.14 Argatroban, Trade name: Acova
- 07.15 Ticlopidine
- 07.16 Prasugrel
- 07.17 Ticagrelor
- 07.99 Other antithrombotics  
(See MUSIC Meds Code List for more details)

## Medication 8 Code (Beta Blocker)

- 08.00 Not specified
  - 08.01 Acebutolol, Trade name: Sectral
  - 08.02 Alprenolol
  - 08.03 Amlodipine, Trade name: Norvasc
  - 08.04 Atenolol, Trade name: Tenormin
  - 08.05 Betaxolol, Trade names: Betoptic, Kerlone
  - 08.06 Bisoprolol, Trade name: Zebeta
  - 08.07 Bobindolol
  - 08.08 Cartelol, Trade names: Cartrol, Ocupress
  - 08.09 Carvedilol, Trade name: Coreg
  - 08.10 Celiprolol
  - 08.11 Dievalol
  - 08.12 Esmolol, Trade name: Brevibloc
  - 08.13 Labetolol, Trade name: Normodyne
  - 08.14 Metoprolol, Trade names: Lopressor, Toprol
  - 08.15 Nadolol, Trade name: Corgard
  - 08.16 Nisoldipine, Trade name: Sular
  - 08.17 Oxprenolol, Trade name: Trasicor
  - 08.18 Penbutolol, Trade name: Levatol
  - 08.19 Pindolol, Trade name: Visken
  - 08.20 Propranolol, Trade name: Inderal
  - 08.21 Sotalol, Trade name: Betapace
  - 08.22 Timolol, Trade name: Blocadren
  - 08.99 Other beta-blocker
- (See MUSIC Meds Code List for more details)

## Medication 8 Code (Biologics)

- 09.00 Not specified
  - 09.01 Coenzyme Q10
  - 09.02 Desmopressin, Trade name: DDAVP
  - 09.03 Gamma Globulin
  - 09.04 Iron Preparations, Trade name: Fer-in-sol
  - 09.05 Mannitol, Trade name: Cosmitrol
  - 09.06 Surfactant, Trade names: Survanta, Exosurf
  - 09.07 Vitamin K
  - 09.08 Multivitamin
  - 09.09 Convalescent plasma from COVID 19 patients
  - 09.10 Vitamin C
  - 09.11 Thiamine
  - 09.12 Fresh frozen plasma (FFP)
  - 09.99 Other biologics
- (See MUSIC Meds Code List for more details)

## Medication 8 Code (Bronchodilators)

- 10.00 Not specified
  - 10.01 Albuterol, Trade names: Ventolin, Xopenex, Preventil
  - 10.02 Aminophylline
  - 10.03 Beclomethasone, Trade name: Beclovert
  - 10.04 Cromolyn, Trade name: Intal
  - 10.05 Fluticasone, Trade names: Flovent, Flonase
  - 10.06 Ipratropium, Trade name: Atrovent
  - 10.07 Isoetharine, Trade name: Bronkosol
  - 10.08 Metaproteranol, Trade name: Alupent
  - 10.09 Theophylline, Trade names: Slo-bid, Theodur
  - 10.99 Other bronchodilators
- (See MUSIC Meds Code List for more details)

---

**Medication 8 Code (Calcium Channel Blockers)**

- 11.00 Not specified
- 11.01 Bepridil HCl, Trade name: Vascor
- 11.02 Diltiazem, Trade name: Cardiazem
- 11.03 Felodipine, Trade name: Plendil
- 11.04 Isradipine, Trade name: Dynacirc
- 11.05 Nicardipine, Trade name: Cardene
- 11.06 Nifedipine, Trade name: Procardia
- 11.07 Nimodipine, Trade name: Nimotop
- 11.08 Verapamil, Trade names: Calan, Isotopin, Verelan, Chronovera, Covera-HS
- 11.99 Other calcium channel blockers  
(See MUSIC Meds Code List for more details)

---

**Medication 8 Code (Coagulant)**

- 12.00 Not specified
- 12.01 Aprotinin
- 12.02 Aminocaproic acid, Trade name: Amicar
- 12.03 Protamine
- 12.99 Other coagulant  
(See MUSIC Meds Code List for more details)

---

**Medication 8 Code (Converting Enzyme Inhibitor)**

- 13.00 Not specified
- 13.01 Benazepril, Trade name: Lotensin
- 13.02 Captopril, Trade name: Capoten
- 13.03 Cilarapril, Trade name: Primaxin
- 13.04 Enalapril, Trade name: Vasotec
- 13.05 Enalaprilat, Trade name: Vasotec
- 13.06 Fosinopril, Trade name: Monopril
- 13.07 Lisinopril, Trade names: Prinivil, Zestril
- 13.08 Pentopril
- 13.09 Perindopril, Trade name: Aceon
- 13.10 Quinapril, Trade name: Accupril
- 13.11 Ramipril, Trade name: Altace
- 13.12 Trandolapril, Trade name: Mavik
- 13.99 Other converting enzyme inhibitor  
(See MUSIC Meds Code List for more details)

---

**Medication 8 Code (Diuretics)**

- 14.00 Not specified
- 14.01 Acetazolamide, Trade name: Diamox
- 14.02 Amiloride, Trade name: Midamor
- 14.03 Nesiritide, Trade name: Natrecor
- 14.04 Bumetanide, Trade name: Bumex
- 14.05 Chlorothiazide, Trade name: Diuril
- 14.06 Chlorthalidone, Trade name: Hygroton
- 14.07 Ethacrynic Acid, Trade name: Edecrin
- 14.08 Furosemide, Trade name: Lasix
- 14.09 Hydrochlorothiazide, Trade name: Hydrodiuril
- 14.10 Indapamide, Trade name: Lozol
- 14.11 Metolazone, Trade name: Zaroxyn
- 14.12 Piretanide
- 14.13 Spironolactone, Trade name: Aldactone
- 14.14 Thiazides
- 14.15 Torasemide
- 14.16 Triamterene, Trade name: Dyrenium
- 14.99 Other diuretics  
(See MUSIC Meds Code List for more details)

---

**Medication 8 Code (Electrolytes)**

- 15.00 Not specified
- 15.01 Calcium Chloride
- 15.02 Calcium Glubionate, Trade name: Neo-Calglucon
- 15.03 Magnesium
- 15.04 Potassium
- 15.05 Sodium Bicarbonate
- 15.06 Tromethamine, Trade name: THAM
- 15.99 Other electrolytes  
(See MUSIC Meds Code List for more details)

---

**Medication 8 Code (Gastrointestinal)**

- 16.00 Not specified
- 16.01 Aluminum/Magnesium Hydroxide, Trade name: Maalox
- 16.02 Cimetidine, Trade name: Tagamet
- 16.03 Metoclopramide HCl, Trade name: Reglan
- 16.04 Mylanta
- 16.05 Ondansetron HCL, Trade name: Zofran
- 16.06 Ranitidine, Trade name: Zantac
- 16.07 Simethicone, Trade name: Mylicon
- 16.08 Sucralfate, Trade name: Carafate
- 16.09 Omeprazole, Trade name: Prilosec
- 16.10 Lansoprazole, Trade name: Prevacid
- 16.11 Famotidine, Trade name: Pepcid
- 16.99 Other gastrointestinal  
(See MUSIC Meds Code List for more details)

---

**Medication 8 Code (Glycoside)**

- 17.00 Not specified
- 17.01 Digitoxin, Trade name: Crystodigin
- 17.02 Digoxin, Trade name: Lanoxin
- 17.03 Ouabain
- 17.99 Other glycoside  
(See MUSIC Meds Code List for more details)

---

**Medication 8 Code (Hormonal agents)**

- 18.00 Not specified
- 18.01 Prostaglandin E, Trade name: Alprostadil
- 18.02 Atropine
- 18.03 Cortisone
- 18.04 Dexamethasone, Trade name: Decadron
- 18.05 Growth Hormone, Trade names: Humatrope, Protropin
- 18.06 Hydrocortisone, Trade name: Solu-cortef
- 18.07 Insulin
- 18.08 Levothyroxine, Trade name: Synthroid
- 18.09 Methylprednisolone/Prednisolone, Trade names: Solumedrol, Prelone
- 18.10 Prednisone, Trade name: Bronkosol
- 18.11 Testosterone
- 18.12 Estrogen, Trade name: Premarin
- 18.13 Progestin, Trade name: Provera
- 18.14 Infertility Treatments
- 18.99 Other hormonal agents (including all birth control)  
(See MUSIC Meds Code List for more details)

---

Medication 8 Code (Inotropic agents)

- 19.00 Not specified
- 19.01 Amrinone, Trade name: Inacor
- 19.02 Dobutamine, Trade name: Dobutrex
- 19.03 Dopamine, Trade name: Inotropin
- 19.04 Epinephrine, Trade names: Adrenalin, Vaponefrin
- 19.05 Isoproteranol, Trade name: Isuprel
- 19.06 Midodrine
- 19.07 Milrinone, Trade name: Primacor
- 19.08 Norepinephrine, Trade name: Levophed
- 19.09 Phenylephrine, Trade name: Neo-Synephrine
- 19.99 Other inotropes  
(See MUSIC Meds Code List for more details)

---

Medication 8 Code (Lipid-lowering agents)

- 20.00 Not specified
- 20.01 Cholestyramine, Trade names: Cholybar, Questran
- 20.02 Clofibrate, Trade name: Atromid-s
- 20.03 Colestipol, Trade name: Colestid
- 20.04 Fluvostatin
- 20.05 Gemfibrozil, Trade name: Lopid
- 20.06 Lovastatin, Trade name: Mevacor
- 20.07 Nicotinic acid
- 20.08 Pravastatin, Trade name: Pravachol
- 20.09 Probucol, Trade name: Lorelco
- 20.10 Simvastatin, Trade name: Zocor
- 20.11 Atorvastatin
- 20.12 Rosuvastatin
- 20.99 Other lipid-lowering agents  
(See MUSIC Meds Code List for more details)

---

Medication 8 Code (Neuromuscular Blocking Agent)

- 21.00 Not specified
- 21.01 Pancuronium, Trade name: Pavulon
- 21.02 Succinylcholine
- 21.99 Other neuromuscular blocking agent  
(See MUSIC Meds Code List for more details)

---

Medication 8 Code (Sedatives, hypnotics, anesthetics, analgesics)

- 22.00 Not specified
- 22.01 Acetaminophen, Trade name: Tylenol
- 22.02 Methohexital, Trade name: Brevitol
- 22.03 Chloral Hydrate, Trade name: Noctec
- 22.04 Codeine
- 22.05 Diazepam, Trade name: Valium
- 22.06 Diphenhydramine, Trade name: Benadryl
- 22.07 Fentanyl, Trade name: Sublimaze
- 22.08 Halothane
- 22.09 Ibuprofen, Trade names: Pediaprofen, Motrin
- 22.10 Isoflurane
- 22.11 Ketamine, Trade name: Ketalar
- 22.12 Ketorolac, Trade name: Toradol
- 22.13 Lorazepam, Trade name: Ativan
- 22.14 Methadone, Trade name: Dolophine
- 22.15 Midazolam, Trade name: Versed
- 22.16 Morphine
- 22.17 Nalaxone, Trade name: Narcan
- 22.18 Naproxen Sodium, Trade name: Naprosyn
- 22.19 Sufentanil
- 22.20 Thiopental, Trade name: Pentothal
- 22.21 General Anesthesia
- 22.22 Oxycodone, Trade name: OxyContin
- 22.99 Other sedatives, hypnotics, anesthetics, analgesics  
(See MUSIC Meds Code List for more details)

---

Medication 8 Code (Thrombolytics)

- 23.00 Not specified
- 23.01 Alteplase, Trade name: Activase
- 23.02 Anistreplase, Trade name: Eminase
- 23.03 Streptokinase, Trade names: Kabikinase, Streptase
- 23.04 Urokinase, Trade name: Abbokinase
- 23.99 Other thrombolytics  
(See MUSIC Meds Code List for more details)

---

Medication 8 Code (Attention deficit disorder therapies)

- 24.00 Not specified
- 24.01 Amphetamine + Dextroamphetamine, Trade name: Adderall
- 24.02 Atomoxetine, Trade name: Strattera
- 24.03 Dexmethylphenidate, Trade name: Focalin
- 24.04 Dextroamphetamine, Trade name: Dexedrinel
- 24.05 Methylphenidate, Trade names: Ritalin, Concerta, Methylin, Metadate
- 24.99 Other attention deficit disorder therapy  
(See MUSIC Meds Code List for more details)

---

Medication 8 Code (Antihistamines)

- 25.00 Not specified (including Diphenhydramine (Benadryl))
- 25.01 Fexofenadine Hydrochloride, Trade name: Allegra
- 25.02 Azelastine Hydrochloride, Trade names: Astelin, Astepro
- 25.03 Loratadine, Trade name: Claritin
- 25.04 Montelukast Sodium, Trade name: Singulair
- 25.05 Cetirizine, Trade name: Zyrtec
- 25.99 Other antihistamines  
(See MUSIC Meds Code List for more details)

Medication 8 Code (Immunomodulatory)

- 26.01 Adalimumab (TNF inhibitor)  
 26.02 Anakinra (IL-1 blockade)  
 26.03 Etanercept (TNF inhibitor)  
 26.04 Infliximab (TNF inhibitor)  
 26.05 Tocilizumab (IL-6 blockade)  
 26.06 Hydroxychloroquine  
 26.07 Cyclosporine  
 26.08 Cyclophosphamide  
 26.09 Canakinumab  
 26.10 Siltuximab  
 26.11 Baricitinib (JAK inhibitor)  
 26.12 Tofacitinib (JAK inhibitor)  
 26.13 Upadacitinib (JAK inhibitor)  
 26.14 Emapalumab (IFN gamma antibody)  
 26.15 Chloroquine  
 26.99 Other Immunomodulatory  
 (See MUSIC Meds Code List for more details)

Medication 8 Code (Antiviral)

- 27.01 Remdesivir  
 27.02 Oseltamivir, Trade name: Tamiflu  
 27.03 Lopinavir/ritonavir, Trade name: Kaletra  
 27.04 Favipiravir, Trade name: Avigan  
 27.99 Other antiviral  
 (See MUSIC Meds Code List for more details)

Medication 8 Code (Non-medical therapy directed at clearing cytokines)

- 28.01 Plasma exchange  
 28.02 Cytosorb column  
 28.03 Hemofiltration for fluid removal  
 28.99 Other non-medical therapy directed at clearing cytokines  
 (See MUSIC Meds Code List for more details)

Name of Medication 8

\_\_\_\_\_  
 ((Specify name of drug if code is XX.99))

Date started

\_\_\_\_\_  
 (Please provide start date (mm-dd-yyyy))

Related to an adverse event?

Yes  No

Adverse event number

\_\_\_\_\_  
 (Enter the adverse event number from the adverse event form)

## Medication 9



## Medication 9 Type

- Angiotensin Receptor Blockers
  - Antiarrhythmic
  - Antibiotics
  - Anticonvulsant
  - Antiemetic
  - Antihypertensives
  - Antithrombotics
  - Beta Blocker
  - Biologics
  - Bronchodilators
  - Calcium Channel Blockers
  - Coagulant
  - Converting Enzyme Inhibitor
  - Diuretics
  - Electrolytes
  - Gastrointestinal
  - Glycoside
  - Hormonal agents
  - Inotropic agents
  - Lipid-lowering agents
  - Neuromuscular Blocking Agent
  - Sedatives, hypnotics, anesthetics, analgesics
  - Thrombolytics
  - Attention deficit disorder therapies
  - Antihistamines
  - Immunomodulatory
  - Antiviral
  - Non-medical therapy directed at clearing cytokines
  - Other not classified
- (See MUSIC Meds Code List for more details)

## Medication 9 Code (Angiotensin Receptor Blockers)

- 01.00 Not specified
  - 01.01 Eprosartan, Trade name: Teveten
  - 01.02 Losartan, Trade name: Cozaar
  - 01.03 Valsartan, Trade name: Diovan
  - 01.99 Other angiotensin receptor blockers
- (See MUSIC Meds Code List for more details)

## Medication 9 Code (Antiarrhythmic)

- 02.00 Not specified
  - 02.01 Adenosine, Trade name: Adenocard
  - 02.02 Amiodarone, Trade name: Cordarone
  - 02.03 Azimilide
  - 02.04 Brethlium
  - 02.05 Cibenzoline
  - 02.06 Disopyramide, Trade name: Norpace
  - 02.07 Encainide, Trade name: Enkaid
  - 02.08 Flecainide, Trade name: Tambocor
  - 02.09 Lidocaine, Trade name: Xylocaine
  - 02.10 Mexiletine, Trade name: Mexitil
  - 02.11 Moricizine, Trade name: Ethmozine
  - 02.12 Phenytoin, Trade name: Dilantin
  - 02.13 Procainamide, Trade names: Pronestyl, Procan
  - 02.14 Propafenone, Trade name: Rythmol
  - 02.15 Quinidine, Trade name: Quinaglute
  - 02.16 Tocainide, Trade name: Tonocard
  - 02.99 Other antiarrhythmic agents
- (See MUSIC Meds Code List for more details)

---

**Medication 9 Code (Antibiotics)**

- 03.00 Not specified
- 03.01 Acetyl Sulfoisoxazole, Trade name: Gantrisin
- 03.02 Amikacin, Trade name: Amikin
- 03.03 Amipicillin/Sulbactam, Trade name: Unasyn
- 03.04 Amoxicillin, Trade name: Amoxil
- 03.05 Amoxicillin-Clavulanic Acid, Trade name: Augmentin
- 03.06 Amphotericin, Trade name: Fungizone
- 03.07 Ampicillin, Trade name: Omnipen
- 03.08 Azithromycin, Trade name: Zithromax
- 03.09 Aztreonam, Trade name: Azactam
- 03.10 Carbenicillin, Trade name: Geocillin
- 03.11 Cefazolin, Trade names: Ancef, Kefzol
- 03.12 Cefepime, Trade name: Maxipime
- 03.13 Cefotaxime, Trade name: Claforan
- 03.14 Ceftazidime, Trade name: Fortaz
- 03.15 Ceftriaxone, Trade name: Rocephin
- 03.16 Cephalexin, Trade name: Keflex
- 03.17 Ciprofloxacin, Trade name: Cipro
- 03.18 Clarithromycin, Trade name: Biaxin
- 03.19 Clindamycin, Trade name: Cleocin
- 03.20 Erythromycin
- 03.21 Erythromycin and Sulfoxazole, Trade name: Pediazole
- 03.22 Fluconazole, Trade name: Diflucan
- 03.23 Gentamicin
- 03.24 Ilotycin
- 03.25 Imipenem, Trade name: Primaxin
- 03.26 Meropenem, Trade name: Merrem
- 03.27 Metronidazole, Trade name: Flagyl
- 03.28 Mycostatin, Trade name: Nystatin
- 03.29 Neomycin
- 03.30 Nystatin, Trade name: Mycostatin
- 03.31 Oxacillin
- 03.32 Penicillin
- 03.33 Piperacillin, Trade name: Pipracil
- 03.34 Piperacillin/Tazobactam, Trade name: Zosyn
- 03.35 Tobramycin, Trade name: Tobrex
- 03.36 Trimethoprim-Sulfamethoxazole, Trade names: Bactrim, Septra
- 03.37 Vancomycin
- 03.99 Other antibiotics  
(See MUSIC Meds Code List for more details)

---

**Medication 9 Code (Anticonvulsant)**

- 04.00 Not specified
- 04.01 Fosphenytoin, Trade name: Cerebrex
- 04.02 Phenobarbital, Trade name: Luminal
- 04.99 Other anticonvulsant  
(See MUSIC Meds Code List for more details)

---

**Medication 9 Code (Antiemetic)**

- 05.00 Not specified
- 05.01 Ondansetron HCl, Trade name: Zofran
- 05.99 Other antiemetic  
(See MUSIC Meds Code List for more details)

---

**Medication 9 Code (Antihypertensives)**

- 06.00 Not specified
- 06.01 Clonidine, Trade names: Catapres, Duraclon
- 06.02 Diazoxide, Trade names: Hyperstat, Proglycem
- 06.03 Doxazosin, Trade name: Cardura
- 06.04 Guanabenz, Trade name: Wytensin
- 06.05 Guanadril, Trade name: Hylorel
- 06.06 Guanethidine, Trade name: Ismelin
- 06.07 Guanfacine, Trade name: Tenex
- 06.08 Hydralazine, Trade name: Apresoline
- 06.09 Isosorbide dinitrate, Trade names: Dilatrate, Isordil, Sorbitrate
- 06.10 Isosorbide mononitrate, Trade names: Imdur, Ismo
- 06.11 Ketanserin
- 06.12 Mecamylamine, Trade name: Inversine
- 06.13 Methyldopa, Trade name: Aldomet
- 06.14 Minoxidil, Trade names: Loniten, Rogaine
- 06.15 Nitric Oxide
- 06.16 Nitroglycerin
- 06.17 Nitroprusside, Trade name: Nipride
- 06.18 Prazosin, Trade name: Minipress
- 06.19 Reserpine, Trade name: Serpasil
- 06.20 Terazosin, Trade name: Hytrin
- 06.21 Trimethaphan, Trade name: Arfonad
- 06.22 Sildenafil, Trade name: Viagra
- 06.99 Other antihypertensive  
(See MUSIC Meds Code List for more details)

---

**Medication 9 Code (Antithrombotics)**

- 07.00 Not specified
- 07.01 Abciximab, Trade name: Reopro
- 07.02 Aspirin
- 07.03 Bivalirudin
- 07.04 Clopidogrel, Trade name: Plavix
- 07.05 Dipyridamole, Trade names: Aggrenox, Persantine
- 07.06 Enoxaparin, Trade name: Lovenox
- 07.07 Eptifibatide, Trade name: Integrilin
- 07.08 Heparin
- 07.09 Low Molecular weight heparin, Trade name: Bemiparin
- 07.10 Ticlopidine HCl, Trade name: Ticlid
- 07.11 Tirofiban, Trade name: Aggrastat
- 07.12 Warfarin, Trade name: Coumadin
- 07.13 Apixaban, Trade name: Eliquis
- 07.14 Argatroban, Trade name: Acova
- 07.15 Ticlopidine
- 07.16 Prasugrel
- 07.17 Ticagrelor
- 07.99 Other antithrombotics  
(See MUSIC Meds Code List for more details)

---

**Medication 9 Code (Beta Blocker)**

- 08.00 Not specified
  - 08.01 Acebutolol, Trade name: Sectral
  - 08.02 Alprenolol
  - 08.03 Amlodipine, Trade name: Norvasc
  - 08.04 Atenolol, Trade name: Tenormin
  - 08.05 Betaxolol, Trade names: Betoptic, Kerlone
  - 08.06 Bisoprolol, Trade name: Zebeta
  - 08.07 Bobindolol
  - 08.08 Cartelol, Trade names: Cartrol, Ocupress
  - 08.09 Carvedilol, Trade name: Coreg
  - 08.10 Celiprolol
  - 08.11 Dievalol
  - 08.12 Esmolol, Trade name: Brevibloc
  - 08.13 Labetolol, Trade name: Normodyne
  - 08.14 Metoprolol, Trade names: Lopressor, Toprol
  - 08.15 Nadolol, Trade name: Corgard
  - 08.16 Nisoldipine, Trade name: Sular
  - 08.17 Oxprenolol, Trade name: Trasicor
  - 08.18 Penbutolol, Trade name: Levatol
  - 08.19 Pindolol, Trade name: Visken
  - 08.20 Propranolol, Trade name: Inderal
  - 08.21 Sotalol, Trade name: Betapace
  - 08.22 Timolol, Trade name: Blocadren
  - 08.99 Other beta-blocker
- (See MUSIC Meds Code List for more details)

---

**Medication 9 Code (Biologics)**

- 09.00 Not specified
  - 09.01 Coenzyme Q10
  - 09.02 Desmopressin, Trade name: DDAVP
  - 09.03 Gamma Globulin
  - 09.04 Iron Preparations, Trade name: Fer-in-sol
  - 09.05 Mannitol, Trade name: Cosmitrol
  - 09.06 Surfactant, Trade names: Survanta, Exosurf
  - 09.07 Vitamin K
  - 09.08 Multivitamin
  - 09.09 Convalescent plasma from COVID 19 patients
  - 09.10 Vitamin C
  - 09.11 Thiamine
  - 09.12 Fresh frozen plasma (FFP)
  - 09.99 Other biologics
- (See MUSIC Meds Code List for more details)

---

**Medication 9 Code (Bronchodilators)**

- 10.00 Not specified
  - 10.01 Albuterol, Trade names: Ventolin, Xopenex, Preventil
  - 10.02 Aminophylline
  - 10.03 Beclomethasone, Trade name: Beclovert
  - 10.04 Cromolyn, Trade name: Intal
  - 10.05 Fluticasone, Trade names: Flovent, Flonase
  - 10.06 Ipratropium, Trade name: Atrovent
  - 10.07 Isoetharine, Trade name: Bronkosol
  - 10.08 Metaproteranol, Trade name: Alupent
  - 10.09 Theophylline, Trade names: Slo-bid, Theodur
  - 10.99 Other bronchodilators
- (See MUSIC Meds Code List for more details)

---

**Medication 9 Code (Calcium Channel Blockers)**

- 11.00 Not specified
- 11.01 Bepridil HCl, Trade name: Vascor
- 11.02 Diltiazam, Trade name: Cardiazem
- 11.03 Felodipine, Trade name: Plendil
- 11.04 Isradipine, Trade name: Dynacirc
- 11.05 Nicardipine, Trade name: Cardene
- 11.06 Nifedipine, Trade name: Procardia
- 11.07 Nimodipine, Trade name: Nimotop
- 11.08 Verapamil, Trade names: Calan, Isotopin, Verelan, Chronovera, Covera-HS
- 11.99 Other calcium channel blockers  
(See MUSIC Meds Code List for more details)

---

**Medication 9 Code (Coagulant)**

- 12.00 Not specified
- 12.01 Aprotinin
- 12.02 Aminocaproic acid, Trade name: Amicar
- 12.03 Protamine
- 12.99 Other coagulant  
(See MUSIC Meds Code List for more details)

---

**Medication 9 Code (Converting Enzyme Inhibitor)**

- 13.00 Not specified
- 13.01 Benazepril, Trade name: Lotensin
- 13.02 Captopril, Trade name: Capoten
- 13.03 Cilarapril, Trade name: Primaxin
- 13.04 Enalapril, Trade name: Vasotec
- 13.05 Enalaprilat, Trade name: Vasotec
- 13.06 Fosinopril, Trade name: Monopril
- 13.07 Lisinopril, Trade names: Prinivil, Zestril
- 13.08 Pentopril
- 13.09 Perindopril, Trade name: Aceon
- 13.10 Quinapril, Trade name: Accupril
- 13.11 Ramipril, Trade name: Altace
- 13.12 Trandolapril, Trade name: Mavik
- 13.99 Other converting enzyme inhibitor  
(See MUSIC Meds Code List for more details)

---

**Medication 9 Code (Diuretics)**

- 14.00 Not specified
- 14.01 Acetazolamide, Trade name: Diamox
- 14.02 Amiloride, Trade name: Midamor
- 14.03 Nesiritide, Trade name: Natrecor
- 14.04 Bumetanide, Trade name: Bumex
- 14.05 Chlorothiazide, Trade name: Diuril
- 14.06 Chlorthalidone, Trade name: Hygroton
- 14.07 Ethacrynic Acid, Trade name: Edecrin
- 14.08 Furosemide, Trade name: Lasix
- 14.09 Hydrochlorothiazide, Trade name: Hydrodiuril
- 14.10 Indapamide, Trade name: Lozol
- 14.11 Metolazone, Trade name: Zaroxyn
- 14.12 Piretanide
- 14.13 Spironolactone, Trade name: Aldactone
- 14.14 Thiazides
- 14.15 Torasemide
- 14.16 Triamterene, Trade name: Dyrenium
- 14.99 Other diuretics  
(See MUSIC Meds Code List for more details)

---

**Medication 9 Code (Electrolytes)**

- 15.00 Not specified
- 15.01 Calcium Chloride
- 15.02 Calcium Glubionate, Trade name: Neo-Calglucon
- 15.03 Magnesium
- 15.04 Potassium
- 15.05 Sodium Bicarbonate
- 15.06 Tromethamine, Trade name: THAM
- 15.99 Other electrolytes  
(See MUSIC Meds Code List for more details)

---

**Medication 9 Code (Gastrointestinal)**

- 16.00 Not specified
- 16.01 Aluminum/Magnesium Hydroxide, Trade name: Maalox
- 16.02 Cimetidine, Trade name: Tagamet
- 16.03 Metoclopramide HCl, Trade name: Reglan
- 16.04 Mylanta
- 16.05 Ondansetron HCL, Trade name: Zofran
- 16.06 Ranitidine, Trade name: Zantac
- 16.07 Simethicone, Trade name: Mylicon
- 16.08 Sucralfate, Trade name: Carafate
- 16.09 Omeprazole, Trade name: Prilosec
- 16.10 Lansoprazole, Trade name: Prevacid
- 16.11 Famotidine, Trade name: Pepcid
- 16.99 Other gastrointestinal  
(See MUSIC Meds Code List for more details)

---

**Medication 9 Code (Glycoside)**

- 17.00 Not specified
- 17.01 Digitoxin, Trade name: Crystodigin
- 17.02 Digoxin, Trade name: Lanoxin
- 17.03 Ouabain
- 17.99 Other glycoside  
(See MUSIC Meds Code List for more details)

---

**Medication 9 Code (Hormonal agents)**

- 18.00 Not specified
- 18.01 Prostaglandin E, Trade name: Alprostadil
- 18.02 Atropine
- 18.03 Cortisone
- 18.04 Dexamethasone, Trade name: Decadron
- 18.05 Growth Hormone, Trade names: Humatrope, Protropin
- 18.06 Hydrocortisone, Trade name: Solu-cortef
- 18.07 Insulin
- 18.08 Levothyroxine, Trade name: Synthroid
- 18.09 Methylprednisolone/Prednisolone, Trade names: Solumedrol, Prelone
- 18.10 Prednisone, Trade name: Bronkosol
- 18.11 Testosterone
- 18.12 Estrogen, Trade name: Premarin
- 18.13 Progestin, Trade name: Provera
- 18.14 Infertility Treatments
- 18.99 Other hormonal agents (including all birth control)  
(See MUSIC Meds Code List for more details)

---

Medication 9 Code (Inotropic agents)

- 19.00 Not specified
- 19.01 Amrinone, Trade name: Inacor
- 19.02 Dobutamine, Trade name: Dobutrex
- 19.03 Dopamine, Trade name: Inotropin
- 19.04 Epinephrine, Trade names: Adrenalin, Vaponefrin
- 19.05 Isoproteranol, Trade name: Isuprel
- 19.06 Midodrine
- 19.07 Milrinone, Trade name: Primacor
- 19.08 Norepinephrine, Trade name: Levophed
- 19.09 Phenylephrine, Trade name: Neo-Synephrine
- 19.99 Other inotropes  
(See MUSIC Meds Code List for more details)

---

Medication 9 Code (Lipid-lowering agents)

- 20.00 Not specified
- 20.01 Cholestyramine, Trade names: Cholybar, Questran
- 20.02 Clofibrate, Trade name: Atromid-s
- 20.03 Colestipol, Trade name: Colestid
- 20.04 Fluvostatin
- 20.05 Gemfibrozil, Trade name: Lopid
- 20.06 Lovastatin, Trade name: Mevacor
- 20.07 Nicotinic acid
- 20.08 Pravastatin, Trade name: Pravachol
- 20.09 Probucol, Trade name: Lorelco
- 20.10 Simvastatin, Trade name: Zocor
- 20.11 Atorvastatin
- 20.12 Rosuvastatin
- 20.99 Other lipid-lowering agents  
(See MUSIC Meds Code List for more details)

---

Medication 9 Code (Neuromuscular Blocking Agent)

- 21.00 Not specified
- 21.01 Pancuronium, Trade name: Pavulon
- 21.02 Succinylcholine
- 21.99 Other neuromuscular blocking agent  
(See MUSIC Meds Code List for more details)

Medication 9 Code (Sedatives, hypnotics, anesthetics, analgesics)

- 22.00 Not specified
- 22.01 Acetaminophen, Trade name: Tylenol
- 22.02 Methohexital, Trade name: Brevitol
- 22.03 Chloral Hydrate, Trade name: Noctec
- 22.04 Codeine
- 22.05 Diazepam, Trade name: Valium
- 22.06 Diphenhydramine, Trade name: Benadryl
- 22.07 Fentanyl, Trade name: Sublimaze
- 22.08 Halothane
- 22.09 Ibuprofen, Trade names: Pediaprofen, Motrin
- 22.10 Isoflurane
- 22.11 Ketamine, Trade name: Ketalar
- 22.12 Ketorolac, Trade name: Toradol
- 22.13 Lorazepam, Trade name: Ativan
- 22.14 Methadone, Trade name: Dolophine
- 22.15 Midazolam, Trade name: Versed
- 22.16 Morphine
- 22.17 Nalaxone, Trade name: Narcan
- 22.18 Naproxen Sodium, Trade name: Naprosyn
- 22.19 Sufentanil
- 22.20 Thiopental, Trade name: Pentothal
- 22.21 General Anesthesia
- 22.22 Oxycodone, Trade name: OxyContin
- 22.99 Other sedatives, hypnotics, anesthetics, analgesics  
(See MUSIC Meds Code List for more details)

Medication 9 Code (Thrombolytics)

- 23.00 Not specified
- 23.01 Alteplase, Trade name: Activase
- 23.02 Anistreplase, Trade name: Eminase
- 23.03 Streptokinase, Trade names: Kabikinase, Streptase
- 23.04 Urokinase, Trade name: Abbokinase
- 23.99 Other thrombolytics  
(See MUSIC Meds Code List for more details)

Medication 9 Code (Attention deficit disorder therapies)

- 24.00 Not specified
- 24.01 Amphetamine + Dextroamphetamine, Trade name: Adderall
- 24.02 Atomoxetine, Trade name: Strattera
- 24.03 Dexmethylphenidate, Trade name: Focalin
- 24.04 Dextroamphetamine, Trade name: Dexedrine
- 24.05 Methylphenidate, Trade names: Ritalin, Concerta, Methylin, Metadate
- 24.99 Other attention deficit disorder therapy  
(See MUSIC Meds Code List for more details)

Medication 9 Code (Antihistamines)

- 25.00 Not specified (including Diphenhydramine (Benadryl))
- 25.01 Fexofenadine Hydrochloride, Trade name: Allegra
- 25.02 Azelastine Hydrochloride, Trade names: Astelin, Astepro
- 25.03 Loratadine, Trade name: Claritin
- 25.04 Montelukast Sodium, Trade name: Singulair
- 25.05 Cetirizine, Trade name: Zyrtec
- 25.99 Other antihistamines  
(See MUSIC Meds Code List for more details)



Medication 9 Code (Immunomodulatory)

- 26.01 Adalimumab (TNF inhibitor)  
 26.02 Anakinra (IL-1 blockade)  
 26.03 Etanercept (TNF inhibitor)  
 26.04 Infliximab (TNF inhibitor)  
 26.05 Tocilizumab (IL-6 blockade)  
 26.06 Hydroxychloroquine  
 26.07 Cyclosporine  
 26.08 Cyclophosphamide  
 26.09 Canakinumab  
 26.10 Siltuximab  
 26.11 Baricitinib (JAK inhibitor)  
 26.12 Tofacitinib (JAK inhibitor)  
 26.13 Upadacitinib (JAK inhibitor)  
 26.14 Emapalumab (IFN gamma antibody)  
 26.15 Chloroquine  
 26.99 Other Immunomodulatory  
 (See MUSIC Meds Code List for more details)

Medication 9 Code (Antiviral)

- 27.01 Remdesivir  
 27.02 Oseltamivir, Trade name: Tamiflu  
 27.03 Lopinavir/ritonavir, Trade name: Kaletra  
 27.04 Favipiravir, Trade name: Avigan  
 27.99 Other antiviral  
 (See MUSIC Meds Code List for more details)

Medication 9 Code (Non-medical therapy directed at clearing cytokines)

- 28.01 Plasma exchange  
 28.02 Cytosorb column  
 28.03 Hemofiltration for fluid removal  
 28.99 Other non-medical therapy directed at clearing cytokines  
 (See MUSIC Meds Code List for more details)

Name of Medication 9

\_\_\_\_\_  
 ((Specify name of drug if code is XX.99))

Date started

\_\_\_\_\_  
 (Please provide start date (mm-dd-yyyy))

Related to an adverse event?

Yes  No

Adverse event number

\_\_\_\_\_  
 (Enter the adverse event number from the adverse event form)

## Medication 10

## Medication 10 Type

- Angiotensin Receptor Blockers
  - Antiarrhythmic
  - Antibiotics
  - Anticonvulsant
  - Antiemetic
  - Antihypertensives
  - Antithrombotics
  - Beta Blocker
  - Biologics
  - Bronchodilators
  - Calcium Channel Blockers
  - Coagulant
  - Converting Enzyme Inhibitor
  - Diuretics
  - Electrolytes
  - Gastrointestinal
  - Glycoside
  - Hormonal agents
  - Inotropic agents
  - Lipid-lowering agents
  - Neuromuscular Blocking Agent
  - Sedatives, hypnotics, anesthetics, analgesics
  - Thrombolytics
  - Attention deficit disorder therapies
  - Antihistamines
  - Immunomodulatory
  - Antiviral
  - Non-medical therapy directed at clearing cytokines
  - Other not classified
- (See MUSIC Meds Code List for more details)

## Medication 10 Code (Angiotensin Receptor Blockers)

- 01.00 Not specified
  - 01.01 Eprosartan, Trade name: Teveten
  - 01.02 Losartan, Trade name: Cozaar
  - 01.03 Valsartan, Trade name: Diovan
  - 01.99 Other angiotensin receptor blockers
- (See MUSIC Meds Code List for more details)

## Medication 10 Code (Antiarrhythmic)

- 02.00 Not specified
  - 02.01 Adenosine, Trade name: Adenocard
  - 02.02 Amiodarone, Trade name: Cordarone
  - 02.03 Azimilide
  - 02.04 Brethlium
  - 02.05 Cibenzoline
  - 02.06 Disopyramide, Trade name: Norpace
  - 02.07 Encainide, Trade name: Enkaid
  - 02.08 Flecainide, Trade name: Tambocor
  - 02.09 Lidocaine, Trade name: Xylocaine
  - 02.10 Mexiletine, Trade name: Mexitil
  - 02.11 Moricizine, Trade name: Ethmozine
  - 02.12 Phenytoin, Trade name: Dilantin
  - 02.13 Procainamide, Trade names: Pronestyl, Procan
  - 02.14 Propafenone, Trade name: Rythmol
  - 02.15 Quinidine, Trade name: Quinaglute
  - 02.16 Tocainide, Trade name: Tonocard
  - 02.99 Other antiarrhythmic agents
- (See MUSIC Meds Code List for more details)

## Medication 10 Code (Antibiotics)

- 03.00 Not specified
- 03.01 Acetyl Sulfoisoxazole, Trade name: Gantrisin
- 03.02 Amikacin, Trade name: Amikin
- 03.03 Amipicillin/Sulbactam, Trade name: Unasyn
- 03.04 Amoxicillin, Trade name: Amoxil
- 03.05 Amoxicillin-Clavulanic Acid, Trade name: Augmentin
- 03.06 Amphotericin, Trade name: Fungizone
- 03.07 Ampicillin, Trade name: Omnipen
- 03.08 Azithromycin, Trade name: Zithromax
- 03.09 Aztreonam, Trade name: Azactam
- 03.10 Carbenicillin, Trade name: Geocillin
- 03.11 Cefazolin, Trade names: Ancef, Kefzol
- 03.12 Cefepime, Trade name: Maxipime
- 03.13 Cefotaxime, Trade name: Claforan
- 03.14 Ceftazidime, Trade name: Fortaz
- 03.15 Ceftriaxone, Trade name: Rocephin
- 03.16 Cephalexin, Trade name: Keflex
- 03.17 Ciprofloxacin, Trade name: Cipro
- 03.18 Clarithromycin, Trade name: Biaxin
- 03.19 Clindamycin, Trade name: Cleocin
- 03.20 Erythromycin
- 03.21 Erythromycin and Sulfoisoxazole, Trade name: Pediazole
- 03.22 Fluconazole, Trade name: Diflucan
- 03.23 Gentamicin
- 03.24 Ilotycin
- 03.25 Imipenem, Trade name: Primaxin
- 03.26 Meropenem, Trade name: Merrem
- 03.27 Metronidazole, Trade name: Flagyl
- 03.28 Mycostatin, Trade name: Nystatin
- 03.29 Neomycin
- 03.30 Nystatin, Trade name: Mycostatin
- 03.31 Oxacillin
- 03.32 Penicillin
- 03.33 Piperacillin, Trade name: Pipracil
- 03.34 Piperacillin/Tazobactam, Trade name: Zosyn
- 03.35 Tobramycin, Trade name: Tobrex
- 03.36 Trimethoprim-Sulfamethoxazole, Trade names: Bactrim, Septra
- 03.37 Vancomycin
- 03.99 Other antibiotics  
(See MUSIC Meds Code List for more details)

## Medication 10 Code (Anticonvulsant)

- 04.00 Not specified
- 04.01 Fosphenytoin, Trade name: Cerebrex
- 04.02 Phenobarbital, Trade name: Luminal
- 04.99 Other anticonvulsant  
(See MUSIC Meds Code List for more details)

## Medication 10 Code (Antiemetic)

- 05.00 Not specified
- 05.01 Ondansetron HCl, Trade name: Zofran
- 05.99 Other antiemetic  
(See MUSIC Meds Code List for more details)

---

**Medication 10 Code (Antihypertensives)**

- 06.00 Not specified
- 06.01 Clonidine, Trade names: Catapres, Duraclon
- 06.02 Diazoxide, Trade names: Hyperstat, Proglycem
- 06.03 Doxazosin, Trade name: Cardura
- 06.04 Guanabenz, Trade name: Wytensin
- 06.05 Guanadril, Trade name: Hylorel
- 06.06 Guanethidine, Trade name: Ismelin
- 06.07 Guanfacine, Trade name: Tenex
- 06.08 Hydralazine, Trade name: Apresoline
- 06.09 Isosorbide dinitrate, Trade names: Dilatrate, Isordil, Sorbitrate
- 06.10 Isosorbide mononitrate, Trade names: Imdur, Ismo
- 06.11 Ketanserin
- 06.12 Mecamylamine, Trade name: Inversine
- 06.13 Methyldopa, Trade name: Aldomet
- 06.14 Minoxidil, Trade names: Loniten, Rogaine
- 06.15 Nitric Oxide
- 06.16 Nitroglycerin
- 06.17 Nitroprusside, Trade name: Nipride
- 06.18 Prazosin, Trade name: Minipress
- 06.19 Reserpine, Trade name: Serpasil
- 06.20 Terazosin, Trade name: Hytrin
- 06.21 Trimethaphan, Trade name: Arfonad
- 06.22 Sildenafil, Trade name: Viagra
- 06.99 Other antihypertensive  
(See MUSIC Meds Code List for more details)

---

**Medication 10 Code (Antithrombotics)**

- 07.00 Not specified
- 07.01 Abciximab, Trade name: Reopro
- 07.02 Aspirin
- 07.03 Bivalirudin
- 07.04 Clopidogrel, Trade name: Plavix
- 07.05 Dipyridamole, Trade names: Aggrenox, Persantine
- 07.06 Enoxaparin, Trade name: Lovenox
- 07.07 Eptifibatide, Trade name: Integrilin
- 07.08 Heparin
- 07.09 Low Molecular weight heparin, Trade name: Bemiparin
- 07.10 Ticlopidine HCl, Trade name: Ticlid
- 07.11 Tirofiban, Trade name: Aggrastat
- 07.12 Warfarin, Trade name: Coumadin
- 07.13 Apixaban, Trade name: Eliquis
- 07.14 Argatroban, Trade name: Acova
- 07.15 Ticlopidine
- 07.16 Prasugrel
- 07.17 Ticagrelor
- 07.99 Other antithrombotics  
(See MUSIC Meds Code List for more details)

## Medication 10 Code (Beta Blocker)

- 08.00 Not specified
  - 08.01 Acebutolol, Trade name: Sectral
  - 08.02 Alprenolol
  - 08.03 Amlodipine, Trade name: Norvasc
  - 08.04 Atenolol, Trade name: Tenormin
  - 08.05 Betaxolol, Trade names: Betoptic, Kerlone
  - 08.06 Bisoprolol, Trade name: Zebeta
  - 08.07 Bobindolol
  - 08.08 Cartelol, Trade names: Cartrol, Ocupress
  - 08.09 Carvedilol, Trade name: Coreg
  - 08.10 Celiprolol
  - 08.11 Dievalol
  - 08.12 Esmolol, Trade name: Brevibloc
  - 08.13 Labetolol, Trade name: Normodyne
  - 08.14 Metoprolol, Trade names: Lopressor, Toprol
  - 08.15 Nadolol, Trade name: Corgard
  - 08.16 Nisoldipine, Trade name: Sular
  - 08.17 Oxprenolol, Trade name: Trasicor
  - 08.18 Penbutolol, Trade name: Levatol
  - 08.19 Pindolol, Trade name: Visken
  - 08.20 Propranolol, Trade name: Inderal
  - 08.21 Sotalol, Trade name: Betapace
  - 08.22 Timolol, Trade name: Blocadren
  - 08.99 Other beta-blocker
- (See MUSIC Meds Code List for more details)

## Medication 10 Code (Biologics)

- 09.00 Not specified
  - 09.01 Coenzyme Q10
  - 09.02 Desmopressin, Trade name: DDAVP
  - 09.03 Gamma Globulin
  - 09.04 Iron Preparations, Trade name: Fer-in-sol
  - 09.05 Mannitol, Trade name: Cosmitrol
  - 09.06 Surfactant, Trade names: Survanta, Exosurf
  - 09.07 Vitamin K
  - 09.08 Multivitamin
  - 09.09 Convalescent plasma from COVID 19 patients
  - 09.10 Vitamin C
  - 09.11 Thiamine
  - 09.12 Fresh frozen plasma (FFP)
  - 09.99 Other biologics
- (See MUSIC Meds Code List for more details)

## Medication 10 Code (Bronchodilators)

- 10.00 Not specified
  - 10.01 Albuterol, Trade names: Ventolin, Xopenex, Preventil
  - 10.02 Aminophylline
  - 10.03 Beclomethasone, Trade name: Beclovert
  - 10.04 Cromolyn, Trade name: Intal
  - 10.05 Fluticasone, Trade names: Flovent, Flonase
  - 10.06 Ipratropium, Trade name: Atrovent
  - 10.07 Isoetharine, Trade name: Bronkosol
  - 10.08 Metaproteranol, Trade name: Alupent
  - 10.09 Theophylline, Trade names: Slo-bid, Theodur
  - 10.99 Other bronchodilators
- (See MUSIC Meds Code List for more details)

---

**Medication 10 Code (Calcium Channel Blockers)**

- 11.00 Not specified
- 11.01 Bepridil HCl, Trade name: Vascor
- 11.02 Diltiazem, Trade name: Cardiazem
- 11.03 Felodipine, Trade name: Plendil
- 11.04 Isradipine, Trade name: Dynacirc
- 11.05 Nicardipine, Trade name: Cardene
- 11.06 Nifedipine, Trade name: Procardia
- 11.07 Nimodipine, Trade name: Nimotop
- 11.08 Verapamil, Trade names: Calan, Isotopin, Verelan, Chronovera, Covera-HS
- 11.99 Other calcium channel blockers  
(See MUSIC Meds Code List for more details)

---

**Medication 10 Code (Coagulant)**

- 12.00 Not specified
- 12.01 Aprotinin
- 12.02 Aminocaproic acid, Trade name: Amicar
- 12.03 Protamine
- 12.99 Other coagulant  
(See MUSIC Meds Code List for more details)

---

**Medication 10 Code (Converting Enzyme Inhibitor)**

- 13.00 Not specified
- 13.01 Benazepril, Trade name: Lotensin
- 13.02 Captopril, Trade name: Capoten
- 13.03 Cilarapril, Trade name: Primaxin
- 13.04 Enalapril, Trade name: Vasotec
- 13.05 Enalaprilat, Trade name: Vasotec
- 13.06 Fosinopril, Trade name: Monopril
- 13.07 Lisinopril, Trade names: Prinivil, Zestril
- 13.08 Pentopril
- 13.09 Perindopril, Trade name: Aceon
- 13.10 Quinapril, Trade name: Accupril
- 13.11 Ramipril, Trade name: Altace
- 13.12 Trandolapril, Trade name: Mavik
- 13.99 Other converting enzyme inhibitor  
(See MUSIC Meds Code List for more details)

---

**Medication 10 Code (Diuretics)**

- 14.00 Not specified
- 14.01 Acetazolamide, Trade name: Diamox
- 14.02 Amiloride, Trade name: Midamor
- 14.03 Nesiritide, Trade name: Natrecor
- 14.04 Bumetanide, Trade name: Bumex
- 14.05 Chlorothiazide, Trade name: Diuril
- 14.06 Chlorthalidone, Trade name: Hygroton
- 14.07 Ethacrynic Acid, Trade name: Edecrin
- 14.08 Furosemide, Trade name: Lasix
- 14.09 Hydrochlorothiazide, Trade name: Hydrodiuril
- 14.10 Indapamide, Trade name: Lozol
- 14.11 Metolazone, Trade name: Zaroxyn
- 14.12 Piretanide
- 14.13 Spironolactone, Trade name: Aldactone
- 14.14 Thiazides
- 14.15 Torasemide
- 14.16 Triamterene, Trade name: Dyrenium
- 14.99 Other diuretics  
(See MUSIC Meds Code List for more details)

---

**Medication 10 Code (Electrolytes)**

- 15.00 Not specified
- 15.01 Calcium Chloride
- 15.02 Calcium Glubionate, Trade name: Neo-Calglucon
- 15.03 Magnesium
- 15.04 Potassium
- 15.05 Sodium Bicarbonate
- 15.06 Tromethamine, Trade name: THAM
- 15.99 Other electrolytes  
(See MUSIC Meds Code List for more details)

---

**Medication 10 Code (Gastrointestinal)**

- 16.00 Not specified
- 16.01 Aluminum/Magnesium Hydroxide, Trade name: Maalox
- 16.02 Cimetidine, Trade name: Tagamet
- 16.03 Metoclopramide HCl, Trade name: Reglan
- 16.04 Mylanta
- 16.05 Ondansetron HCL, Trade name: Zofran
- 16.06 Ranitidine, Trade name: Zantac
- 16.07 Simethicone, Trade name: Mylicon
- 16.08 Sucralfate, Trade name: Carafate
- 16.09 Omeprazole, Trade name: Prilosec
- 16.10 Lansoprazole, Trade name: Prevacid
- 16.11 Famotidine, Trade name: Pepcid
- 16.99 Other gastrointestinal  
(See MUSIC Meds Code List for more details)

---

**Medication 10 Code (Glycoside)**

- 17.00 Not specified
- 17.01 Digitoxin, Trade name: Crystodigin
- 17.02 Digoxin, Trade name: Lanoxin
- 17.03 Ouabain
- 17.99 Other glycoside  
(See MUSIC Meds Code List for more details)

---

**Medication 10 Code (Hormonal agents)**

- 18.00 Not specified
- 18.01 Prostaglandin E, Trade name: Alprostadil
- 18.02 Atropine
- 18.03 Cortisone
- 18.04 Dexamethasone, Trade name: Decadron
- 18.05 Growth Hormone, Trade names: Humatrope, Protropin
- 18.06 Hydrocortisone, Trade name: Solu-cortef
- 18.07 Insulin
- 18.08 Levothyroxine, Trade name: Synthroid
- 18.09 Methylprednisolone/Prednisolone, Trade names: Solumedrol, Prelone
- 18.10 Prednisone, Trade name: Bronkosol
- 18.11 Testosterone
- 18.12 Estrogen, Trade name: Premarin
- 18.13 Progestin, Trade name: Provera
- 18.14 Infertility Treatments
- 18.99 Other hormonal agents (including all birth control)  
(See MUSIC Meds Code List for more details)

---

Medication 10 Code (Inotropic agents)

- 19.00 Not specified
- 19.01 Amrinone, Trade name: Inacor
- 19.02 Dobutamine, Trade name: Dobutrex
- 19.03 Dopamine, Trade name: Inotropin
- 19.04 Epinephrine, Trade names: Adrenalin, Vaponefrin
- 19.05 Isoproteranol, Trade name: Isuprel
- 19.06 Midodrine
- 19.07 Milrinone, Trade name: Primacor
- 19.08 Norepinephrine, Trade name: Levophed
- 19.09 Phenylephrine, Trade name: Neo-Synephrine
- 19.99 Other inotropes  
(See MUSIC Meds Code List for more details)

---

Medication 10 Code (Lipid-lowering agents)

- 20.00 Not specified
- 20.01 Cholestyramine, Trade names: Cholybar, Questran
- 20.02 Clofibrate, Trade name: Atromid-s
- 20.03 Colestipol, Trade name: Colestid
- 20.04 Fluvostatin
- 20.05 Gemfibrozil, Trade name: Lopid
- 20.06 Lovastatin, Trade name: Mevacor
- 20.07 Nicotinic acid
- 20.08 Pravastatin, Trade name: Pravachol
- 20.09 Probucol, Trade name: Lorelco
- 20.10 Simvastatin, Trade name: Zocor
- 20.11 Atorvastatin
- 20.12 Rosuvastatin
- 20.99 Other lipid-lowering agents  
(See MUSIC Meds Code List for more details)

---

Medication 10 Code (Neuromuscular Blocking Agent)

- 21.00 Not specified
- 21.01 Pancuronium, Trade name: Pavulon
- 21.02 Succinylcholine
- 21.99 Other neuromuscular blocking agent  
(See MUSIC Meds Code List for more details)



Medication 10 Code (Sedatives, hypnotics, anesthetics, analgesics)

- 22.00 Not specified
- 22.01 Acetaminophen, Trade name: Tylenol
- 22.02 Methohexital, Trade name: Brevitol
- 22.03 Chloral Hydrate, Trade name: Noctec
- 22.04 Codeine
- 22.05 Diazepam, Trade name: Valium
- 22.06 Diphenhydramine, Trade name: Benadryl
- 22.07 Fentanyl, Trade name: Sublimaze
- 22.08 Halothane
- 22.09 Ibuprofen, Trade names: Pediaprofen, Motrin
- 22.10 Isoflurane
- 22.11 Ketamine, Trade name: Ketalar
- 22.12 Ketorolac, Trade name: Toradol
- 22.13 Lorazepam, Trade name: Ativan
- 22.14 Methadone, Trade name: Dolophine
- 22.15 Midazolam, Trade name: Versed
- 22.16 Morphine
- 22.17 Nalaxone, Trade name: Narcan
- 22.18 Naproxen Sodium, Trade name: Naprosyn
- 22.19 Sufentanil
- 22.20 Thiopental, Trade name: Pentothal
- 22.21 General Anesthesia
- 22.22 Oxycodone, Trade name: OxyContin
- 22.99 Other sedatives, hypnotics, anesthetics, analgesics  
(See MUSIC Meds Code List for more details)

Medication 10 Code (Thrombolytics)

- 23.00 Not specified
- 23.01 Alteplase, Trade name: Activase
- 23.02 Anistreplase, Trade name: Eminase
- 23.03 Streptokinase, Trade names: Kabikinase, Streptase
- 23.04 Urokinase, Trade name: Abbokinase
- 23.99 Other thrombolytics  
(See MUSIC Meds Code List for more details)

Medication 10 Code (Attention deficit disorder therapies)

- 24.00 Not specified
- 24.01 Amphetamine + Dextroamphetamine, Trade name: Adderall
- 24.02 Atomoxetine, Trade name: Strattera
- 24.03 Dexmethylphenidate, Trade name: Focalin
- 24.04 Dextroamphetamine, Trade name: Dexedrine
- 24.05 Methylphenidate, Trade names: Ritalin, Concerta, Methylin, Metadate
- 24.99 Other attention deficit disorder therapy  
(See MUSIC Meds Code List for more details)

Medication 10 Code (Antihistamines)

- 25.00 Not specified (including Diphenhydramine (Benadryl))
- 25.01 Fexofenadine Hydrochloride, Trade name: Allegra
- 25.02 Azelastine Hydrochloride, Trade names: Astelin, Astepro
- 25.03 Loratadine, Trade name: Claritin
- 25.04 Montelukast Sodium, Trade name: Singulair
- 25.05 Cetirizine, Trade name: Zyrtec
- 25.99 Other antihistamines  
(See MUSIC Meds Code List for more details)

---

Medication 10 Code (Immunomodulatory)

- 26.01 Adalimumab (TNF inhibitor)  
 26.02 Anakinra (IL-1 blockade)  
 26.03 Etanercept (TNF inhibitor)  
 26.04 Infliximab (TNF inhibitor)  
 26.05 Tocilizumab (IL-6 blockade)  
 26.06 Hydroxychloroquine  
 26.07 Cyclosporine  
 26.08 Cyclophosphamide  
 26.09 Canakinumab  
 26.10 Siltuximab  
 26.11 Baricitinib (JAK inhibitor)  
 26.12 Tofacitinib (JAK inhibitor)  
 26.13 Upadacitinib (JAK inhibitor)  
 26.14 Emapalumab (IFN gamma antibody)  
 26.15 Chloroquine  
 26.99 Other Immunomodulatory  
 (See MUSIC Meds Code List for more details)

---

Medication 10 Code (Antiviral)

- 27.01 Remdesivir  
 27.02 Oseltamivir, Trade name: Tamiflu  
 27.03 Lopinavir/ritonavir, Trade name: Kaletra  
 27.04 Favipiravir, Trade name: Avigan  
 27.99 Other antiviral  
 (See MUSIC Meds Code List for more details)

---

Medication 10 Code (Non-medical therapy directed at clearing cytokines)

- 28.01 Plasma exchange  
 28.02 Cytosorb column  
 28.03 Hemofiltration for fluid removal  
 28.99 Other non-medical therapy directed at clearing cytokines  
 (See MUSIC Meds Code List for more details)

---

Name of Medication 10

\_\_\_\_\_  
 ((Specify name of drug if code is XX.99))

---

Date started

\_\_\_\_\_  
 (Please provide start date (mm-dd-yyyy))

---

Related to an adverse event?

Yes  No

---

Adverse event number

\_\_\_\_\_  
 (Enter the adverse event number from the adverse event form)

# Hospital and Clinical Course

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

**Instructions: The information in this section is from the entire hospital course to hospital discharge.**

## RESPIRATORY

What was the highest level of respiratory support used during the hospitalization (check only one answer-options are listed in order of decreasing intensity)?

- Mechanical Ventilator support via endotracheal tube or tracheostomy
- Non-invasive positive pressure support (BiPAP or CPAP)
- Non-rebreather mask
- High-flow nasal cannula
- Simple mask
- Other supplemental oxygen (nasal cannula, face tent, blow-by, etc.)
- No respiratory support (room air throughout hospitalization)

**If mechanical ventilator support was the highest level of respiratory support used in the hospital, please complete the following**

Date of intubation:

\_\_\_\_\_  
(mm/dd/yyyy)

Time of intubation:

\_\_\_\_\_  
(HH:MM 24 hour clock)

Date of extubation:

\_\_\_\_\_  
(mm/dd/yyyy)

Time of extubation:

\_\_\_\_\_  
(HH:MM 24 hour clock)

Was the participant reintubated during hospitalization?

Yes  No

Date of reintubation:

\_\_\_\_\_  
(mm/dd/yyyy)

Time of reintubation:

\_\_\_\_\_  
(HH:MM 24 hour clock)

Date of extubation:

\_\_\_\_\_  
(mm/dd/yyyy)

Time of extubation:

\_\_\_\_\_  
(HH:MM 24 hour clock)

Was the participant diagnosed with ARDS?

Yes  No

**Other Respiratory Imaging and Complications, including:**

- Chest X-ray
- Pneumothorax or other signs of barotrauma
- Pleural effusion
- Chest-tube or drainage required
- Pulmonary hemorrhage
- Severe bronchospasms requiring continuous bronchodilators
- Chest CT scan
- Lung biopsy
- Other

Other respiratory imaging and complications?

Yes  No

Chest X-ray performed

Yes  No  
(If yes, please complete the chest X-Ray form for the first chest X-Ray)

Pneumothorax or other signs of barotrauma

Yes  No

Pleural effusion

Yes  No

Chest-tube or drainage required

Yes  No

Pulmonary hemorrhage

Yes  No

Severe bronchospasm requiring continuous bronchodilators

Yes  No

Chest CT scan performed

Yes  No

How many chest CTs performed during the hospitalization?

\_\_\_\_\_  
(Please complete the Chest CT form for each.)

Lung biopsy performed

Yes  No

Other respiratory complications  Yes  No

Other respiratory complications, list: \_\_\_\_\_

Was the participant on ECMO?  Yes  No

If yes, what type(s) of ECMO use, and dates of ECMO initiation and date of ECMO discontinuation.  Veno-venous  
 Veno-arterial  
 Both VV and VA ECMO

Date of Venous-venous ECMO initiation

\_\_\_\_\_  
 (mm/dd/yyyy)

Time of Venous-venous ECMO initiation

\_\_\_\_\_  
 (HH:MM 24 hour clock)

Date of Venous-venous ECMO discontinuation

\_\_\_\_\_  
 (mm/dd/yyyy)

Time of Venous-venous ECMO discontinuation

\_\_\_\_\_  
 (HH:MM 24 hour clock)

Date of Venous-arterial ECMO initiation

\_\_\_\_\_  
 (mm/dd/yyyy)

Time of Venous-arterial ECMO initiation

\_\_\_\_\_  
 (HH:MM 24 hour clock)

Date of Venous-arterial ECMO discontinuation

\_\_\_\_\_  
 (mm/dd/yyyy)

Time of Venous-arterial ECMO discontinuation

\_\_\_\_\_  
 (HH:MM 24 hour clock)

### Cardiovascular complications during this hospitalization stay

Vasoactive infusions  Yes  No

Dopamine infusion  Yes  No

Dobutamine infusion  Yes  No

Epinephrine infusion  Yes  No

Norepinephrine infusion  Yes  No

Phenylephrine infusion  Yes  No

Milrinone infusion  Yes  No

Vasopressin infusion (for hypotension, not diabetes insipidus)  Yes  No

Other, specify \_\_\_\_\_

### Imaging and Imaging Results during this hospital stay

Was an echocardiogram performed during the hospitalization?  Yes  No

How many echocardiograms performed during the hospitalization?

(Among all echocardiograms performed during hospitalization please complete the Echocardiogram Form for echocardiograms performed at admission/first echocardiogram and closest to discharge; in addition, if interim echocardiograms have either a worse EF or higher maximum LAD or RCA z-scores, these echos and forms should also be submitted for a potential total of up to 4 echocardiograms during the MIS-C hospitalization.)

Was a Cardiac CT Scan performed during the hospitalization?  Yes  No

How many cardiac CTs performed during the hospitalization?

(Please complete the Cardiac CT form for each.)

Was at least one Electrocardiogram (ECG) performed during the hospitalization?  Yes  No

How many ECGs were performed during the hospitalization?

(Please complete the Electrocardiogram Form for the ECG at admission/first obtained and closest to discharge, and any intermediate ECGs with new or worsening abnormalities.)

Was a cardiac MRI performed during the hospitalization?  Yes  No

How many cardiac MRIs performed during the hospitalization?

(Please complete the Cardiac MRI Form.)

Was an exercise test performed during the hospitalization?  Yes  No

---

How many exercise tests performed during the hospitalization?

(Please complete the Exercise Test Form.)

---

Was a cardiac catheterization performed?

Yes  No

---

Was intervention performed?

Yes  No

---

What intervention?

Cardiac biopsy  
 LA vent  
 Other

---

Other, specify

\_\_\_\_\_

---

Myocarditis or cardiac dysfunction diagnosed during hospital stay

Yes  No

---

Cardiac dysrhythmia/arrhythmia documented

Yes  No

---

Specific dysrhythmia:

SVT  
 VT  
 Junctional tachycardia  
 Sinus bradycardia  
 Junctional bradycardia  
 Premature atrial contractions  
 Premature ventricular contractions  
 1st degree atrioventricular block  
 2nd degree atrioventricular block, type 1  
 2nd degree atrioventricular block, type 2  
 High grade atrioventricular block  
 3rd degree atrioventricular block  
 Other

---

Other, specify

\_\_\_\_\_

---

Troponin increase noted?

Yes  No  Not Done

---

What was the highest troponin level

\_\_\_\_\_

---

Troponin type measured:

Troponin-T  
 Troponin-I

---

What is the upper normal limit of troponin in your lab?

\_\_\_\_\_

---

Aortic valve regurgitation noted on any echocardiogram?

Yes  No  Not clear

---

Worst degree on any echocardiogram

Trivial  
 Mild  
 Moderate  
 Severe

---

---

Mitral valve regurgitation noted on any echocardiogram?  Yes  No  Not clear

---

Worst degree on any echocardiogram  Trivial  
 Mild  
 Moderate  
 Severe

---

Pericarditis or pericardial effusion diagnosed during hospital stay  Yes  No  Not assessed

---

**Other Cardiac Complications**

**Please refer to Associated Findings and Events, Code Sheet**

---

Other cardiac complications  Yes  No

---

Please enter the number of other cardiovascular complications (up to 10) \_\_\_\_\_

---

**Finding/Event Code 1**



---

 Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-0030: Cardiac tamponade requiring  
pericardiocentesis
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

 Specify Other

---



---

 Specify Findings/Event

---



---

 Date

---

 (mm/dd/yyyy)

**Finding/Event Code 2**

Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-0030: Cardiac tamponade requiring  
pericardiocentesis
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

Specify Other

\_\_\_\_\_

Specify Findings/Event

\_\_\_\_\_

Date

\_\_\_\_\_  
(mm/dd/yyyy)

**Finding/Event Code 3**

Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-0030: Cardiac tamponade requiring  
pericardiocentesis
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

Specify Other

\_\_\_\_\_

Specify Findings/Event

\_\_\_\_\_

Date

\_\_\_\_\_  
(mm/dd/yyyy)

**Finding/Event Code 4**

Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in aneurysm
- B-0018: Non-occlusive coronary artery thrombus in aneurysm
- B-0019: Coronary artery aneurysm (z-score above or equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring electrical cardioversion
- B-0022: Ventricular tachycardia requiring electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical cardioversion
- B-0024: Atrial flutter requiring electrical cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring adenosine
- B-0028: Supraventricular tachycardia requiring electrical cardioversion
- B-0029: Syncope
- B-0030: Cardiac tamponade requiring pericardiocentesis
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

Specify Other

\_\_\_\_\_

Specify Findings/Event

\_\_\_\_\_

Date

\_\_\_\_\_ (mm/dd/yyyy)

**Finding/Event Code 5**

Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-0030: Cardiac tamponade requiring  
pericardiocentesis
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

Specify Other

\_\_\_\_\_

Specify Findings/Event

\_\_\_\_\_

Date

\_\_\_\_\_  
(mm/dd/yyyy)

**Finding/Event Code 6**

Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-0030: Cardiac tamponade requiring  
pericardiocentesis
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

Specify Other

\_\_\_\_\_

Specify Findings/Event

\_\_\_\_\_

Date

\_\_\_\_\_  
(mm/dd/yyyy)

**Finding/Event Code 7**

Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-0030: Cardiac tamponade requiring  
pericardiocentesis
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

Specify Other

\_\_\_\_\_

Specify Findings/Event

\_\_\_\_\_

Date

\_\_\_\_\_  
(mm/dd/yyyy)

**Finding/Event Code 8**

Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-0030: Cardiac tamponade requiring  
pericardiocentesis
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

Specify Other

\_\_\_\_\_

Specify Findings/Event

\_\_\_\_\_

Date

\_\_\_\_\_ (mm/dd/yyyy)



**Finding/Event Code 9**

Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-0030: Cardiac tamponade requiring  
pericardiocentesis
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

Specify Other

\_\_\_\_\_

Specify Findings/Event

\_\_\_\_\_

Date

\_\_\_\_\_ (mm/dd/yyyy)

**Finding/Event Code 10**

Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in aneurysm
- B-0018: Non-occlusive coronary artery thrombus in aneurysm
- B-0019: Coronary artery aneurysm (z-score above or equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring electrical cardioversion
- B-0022: Ventricular tachycardia requiring electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical cardioversion
- B-0024: Atrial flutter requiring electrical cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring adenosine
- B-0028: Supraventricular tachycardia requiring electrical cardioversion
- B-0029: Syncope
- B-0030: Cardiac tamponade requiring pericardiocentesis
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

Specify Other

\_\_\_\_\_

Specify Findings/Event

\_\_\_\_\_

Date

\_\_\_\_\_ (mm/dd/yyyy)

**Neurologic Imaging and Complications during this hospital stay, including:**

- **MRI(s)**
- **Head CT(s)**
- **Lumbar puncture**
- **Encephalitis, aseptic meningitis, or demyelinating disorder (ADEM)**
- **Decreased hearing**
- **Decreased vision**
- **Iritis or uveitis**
- **Stroke or cerebrovascular accident (CVA)**
- **Other**

Neurologic complications?  Yes  No

Was a lumbar puncture performed at any time during the participant's illness course, including any time prior to hospital admission?  Done  Not done

Encephalitis, aseptic meningitis, or demyelinating disorder (ADEM) diagnosed by a neurologist?  Yes  No

Brain MRI performed?  Yes  No

Development of recurrent seizures requiring daily antiepileptics?  Yes  No

Was the participant treated with intravenous immune globulin for ADEM, aseptic meningitis, or encephalitis caused by infection?  Yes  No

Was the participant treated with steroids for ADEM, aseptic meningitis, or encephalitis caused by infection?  Yes  No

Decreased hearing  Yes  No

Decreased vision  Yes  No

Iritis or uveitis diagnosed  Yes  No

Stroke or cerebrovascular accident (CVA)  Yes  No

Other neurologic complications  Yes  No

Other neurologic complications, list:

---

**GI Complications during this hospital stay, including:**

- **Appendicitis**
- **Severe diarrhea/vomiting**
- **Severe abdominal pain**
- **Gallbladder hydrops or edema**
- **Pancreatitis**
- **Hepatitis or hepatomegal**
- **Colitis**
- **Other**

GI Complications  Yes  No

Appendicitis  Yes  No

Was the appendix removed?  Yes  No

Severe diarrhea  Yes  No

Severe vomiting  Yes  No

Severe abdominal pain  Yes  No

Gallbladder hydrops (marked dilation) or edema  Yes  No

Pancreatitis  Yes  No

Hepatitis or hepatomegaly  Yes  No

Colitis  Yes  No

Other GI complications  Yes  No

Other GI complications, list

---

**Hematologic/Thrombotic Complications during this hospital stay, including:**

- **Deep vein thrombosis**
- **Pulmonary embolism**
- **Hemolysis**
- **Bleeding**
- **Ischemia of an extremity**
- **Other**

Hematologic/Thrombotic Complications  Yes  No

Deep vein thrombosis  Yes  No

Pulmonary embolism  Yes  No

Hemolysis  Yes  No

Bleeding  Yes  No

Ischemia of an extremity  Yes  No

Other hematologic/thrombotic complications  Yes  No

Other hematologic/thrombotic complications, list:

\_\_\_\_\_

### Musculoskeletal Complications during this hospital stay, including:

- Arthritis or arthralgia

- Myositis or myalgia

- Other

Musculoskeletal Complications  Yes  No

Arthritis or arthralgia  Yes  No

Myositis or myalgia  Yes  No

Other musculoskeletal complications  Yes  No

Other musculoskeletal complications, list:

\_\_\_\_\_

### Renal complications during this hospital stay

Was the participant on dialysis?  Yes  No

Date of dialysis initiation

\_\_\_\_\_  
(mm/dd/yyyy)

Date of dialysis discontinuation

\_\_\_\_\_  
(mm/dd/yyyy)

**Additional Labs during this hospital stay**

B and T cell subsets

 Yes  No

(If yes, please put results in the Laboratory Form)

Were tests of platelet aggregation or inhibition performed?

 Yes  No

(If yes, do not need to report results)

Were medication doses adjusted based on these results?

 Yes  No

Pregnancy Test

 Positive  
 Negative  
 Not done  
 Not applicable**Other Non-Cardiac Complications or Involvement****Please refer to Associated Findings and Events, Code Sheet**

Were there any other non-cardiac complications or involvement not listed above?

 Yes  No

Please enter the number of other non-cardiovascular complications (up to 10)

---

**Finding/Event Code 1**

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizure

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Other

\_\_\_\_\_

---

Specify Findings/Event

\_\_\_\_\_

---

Date

\_\_\_\_\_ (mm/dd/yyyy)

---

**Finding/Event Code 2**



## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizure

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Other

\_\_\_\_\_

---

Specify Findings/Event

\_\_\_\_\_

---

Date

\_\_\_\_\_   
 (mm/dd/yyyy)

---

**Finding/Event Code 3**

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Other

\_\_\_\_\_

---

Specify Findings/Event

\_\_\_\_\_

---

Date

\_\_\_\_\_ (mm/dd/yyyy)

---

**Finding/Event Code 4**

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed}
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Other

\_\_\_\_\_

---

Specify Findings/Event

\_\_\_\_\_

---

Date

\_\_\_\_\_ (mm/dd/yyyy)

---

**Finding/Event Code 5**

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Other

\_\_\_\_\_

---

Specify Findings/Event

\_\_\_\_\_

---

Date

\_\_\_\_\_ (mm/dd/yyyy)

---

**Finding/Event Code 6**



## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed}
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Other

\_\_\_\_\_

---

Specify Findings/Event

\_\_\_\_\_

---

Date

\_\_\_\_\_ (mm/dd/yyyy)

---

**Finding/Event Code 7**

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Other

\_\_\_\_\_

---

Specify Findings/Event

\_\_\_\_\_

---

Date

\_\_\_\_\_ (mm/dd/yyyy)

---

**Finding/Event Code 8**

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Other

\_\_\_\_\_

---

Specify Findings/Event

\_\_\_\_\_

---

Date

\_\_\_\_\_ (mm/dd/yyyy)

---

**Finding/Event Code 9**

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed}
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Other

\_\_\_\_\_

---

Specify Findings/Event

\_\_\_\_\_

---

Date

\_\_\_\_\_ (mm/dd/yyyy)

---

**Finding/Event Code 10**



## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed}
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Other

\_\_\_\_\_

---

Specify Findings/Event

\_\_\_\_\_

---

Date

\_\_\_\_\_   
(mm/dd/yyyy)

# Status and Disposition At Discharge

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

**\*\*\*If any pre-existing conditions were discovered during the hospital course, please include these in the Baseline Health Status form\*\*\***

## Hospital Length of Stay

Was the participant in the ICU during this hospitalization?  Yes  No

Date of first/only ICU admission:

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Date of first/only ICU discharge

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Was the participant readmitted to the ICU during this hospitalization?  Yes  No

Date of second ICU admission:

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Date of second ICU discharge

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Do you have a stepdown unit in the hospital?  Yes  No

## Step Down Unit

Was the participant in the stepdown unit (SDU) during this hospitalization?  Yes  No

Date of first/only SDU admission:

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Date of first/only SDU discharge

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Was the participant readmitted to the SDU during this hospitalization?  Yes  No

Date of second SDU admission:

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Date of second SDU discharge

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

### Ward

Was the participant in the ward during this hospitalization?

Yes  No

Date of first/only ward admission:

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Date of first/only ward discharge

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Was the participant readmitted to the ward during this hospitalization?

Yes  No

Date of second ward admission:

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Date of second ward discharge

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Was the participant transferred from another hospital prior to admission?

Yes  No

### Total hours at outside hospital (if transferred to study hospital from outside hospital)

Total hours at other hospital:

\_\_\_\_\_  
(If unknown, enter "-99")

### Status at Discharge

Discharged from the hospital alive?

Yes  No

Hospital discharge date:

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Discharged to:

- Home  
 Other acute care facility  
 Rehabilitation/Chronic care facility

Was neurological function at pre-illness baseline?

Yes  No

---

Discharged on new or increased oxygen support?  Yes  No

---

Discharged on new chronic mechanical ventilation support?  Yes  No

---

Discharged with a new tracheostomy?  Yes  No

---

Discharged with any new chronic conditions due to this illness?  Yes  No

---

Died during this hospitalization?  Yes  No  
(If yes, please complete the End of Study, Heart Transplant, and Death forms)

# Summary Evaluation of Kawasaki Disease Features

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

## Symptoms at presentation or during participant's hospital course:

Fever  Yes  No  Unknown

Number of consecutive days febrile:

\_\_\_\_\_  
(days)

Bilateral conjunctival injection  Yes  No  Unknown

Conjunctivitis description (choose all that apply)

- exudative  
 non-exudative  
 limbic sparing  
 Other

If other, specify \_\_\_\_\_

Oral mucosal changes (erythema of lips or oropharynx, strawberry tongue, or drying or fissuring of the lips)  Yes  No  Unknown

Peripheral extremity changes (edema, erythema, or generalized or periungual desquamation)  Yes  No  Unknown

Rash  Yes  No  Unknown

Cervical lymphadenopathy >1.5 cm diameter:  Yes  No  Unknown

Size of largest node

\_\_\_\_\_  
(mm)

Unilateral  Yes  
 No  
 Unknown

Other diffuse adenopathy  Yes  
 No  
 Unknown

Description (e.g. unilateral/bilateral, cervical vs. diffuse/other sites (axillary, inguinal, popliteal, epitrochlear, other)):

---

Did the clinical team believe that the participant met criteria for complete (4-5 criteria) or incomplete (2-3 criteria) Kawasaki Disease (stated in the medical record) by AHA criteria and incomplete KD algorithm?

Yes  No

---

If participant was known to have had COVID-19, what are the approximate number of days between onset of COVID-19 and MIS-C symptoms (e.g. persistent fever, rash etc.)? (0 days if COVID symptoms presented at the same time as MIS-C symptoms or check no or unknown COVID-19 symptoms if applicable)

Number of days known  
 No COVID symptoms  
 Unknown COVID symptoms  
("Known to have had COVID-19" may be based upon suspicion because participant had symptoms, and/or participant tested positive, and/or family members tested positive.)

---

Number of days:

\_\_\_\_\_ (days)

# Participant Biospecimen Sample

---

Participant ID

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

---

What type of research biospecimen sample was collected from the participant?  Blood  Saliva  Not Collected

---

Date of research biospecimen sample collection

---

(mm-dd-yyyy or enter "-99" if unknown)

---

Sample ID (format \_\_\_\_0A for blood or \_\_\_\_0B for saliva with no dashes)

---

(format \_\_\_\_0A for blood or \_\_\_\_1B for saliva with no dashes)

---

Was the sample shipped to the biorepository?

Yes  No

---

Date sample was shipped

---

(mm-dd-yyyy or enter "-99" if unknown)

---

Reason sample was not shipped

---

---

Reason sample not collected

---



# Parent 1 Biospecimen Sample

---

Participant ID

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

---

What type of research biospecimen sample was collected from the first parent?

Blood  Saliva  Not Collected

---

Date of research biospecimen sample collection

---

(mm-dd-yyyy or enter "-99" if unknown)

---

Sample ID (format for mother is \_\_\_1A for blood or \_\_\_1B for saliva, format for father is \_\_\_2A for blood or \_\_\_2B for saliva with no dashes)

---

(format for mother is \_\_\_1A for blood or \_\_\_1B for saliva, format for father is \_\_\_2A for blood or \_\_\_2B for saliva with no dashes)

---

Was the sample shipped to the biorepository?

Yes  No

---

Date sample was shipped

---

(mm-dd-yyyy or enter "-99" if unknown)

---

Reason sample was not shipped

---

---

Reason sample not collected

---

# Parent 2 Biospecimen Sample

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

What type of research biospecimen sample was collected from the second parent?  Blood  Saliva  Not Collected

Date of research biospecimen sample collection \_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Sample ID (format for mother is \_\_\_1A for blood or \_\_\_1B for saliva, format for father is \_\_\_2A for blood or \_\_\_2B for saliva with no dashes) \_\_\_\_\_  
(format for mother is \_\_\_1A for blood or \_\_\_1B for saliva, format for father is \_\_\_2A for blood or \_\_\_2B for saliva with no dashes)

Was the sample shipped to the biorepository?  Yes  No

Date sample was shipped \_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Reason sample was not shipped \_\_\_\_\_

Reason sample not collected \_\_\_\_\_

# Medications Before And After Hosp

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

**Please use this form for any medication taken before or after the hospitalization for MIS-C. Do not enter medications that were taken only during MIS-C hospitalization; please utilize the Day 1 "Additional Medications During Hosp" form for those.**

**Enter any medication, and non-medical therapy directed at cytokine clearance, that the participant is currently receiving or has been on at some point since the last visit. Please reference the study Medication Code Sheet. Enter 1 medication or therapy on each form, and add additional forms as needed. If this is the Week 2 - Month 6 Follow-Up visit, please exclude aspirin.**

Medication Type

- Angiotensin Receptor Blockers
- Antiarrhythmic
- Antibiotics
- Anticonvulsant
- Antiemetic
- Antihypertensives
- Antithrombotics
- Beta Blocker
- Biologics
- Bronchodilators
- Calcium Channel Blockers
- Coagulant
- Converting Enzyme Inhibitor
- Diuretics
- Electrolytes
- Gastrointestinal
- Glycoside
- Hormonal agents
- Inotropic agents
- Lipid-lowering agents
- Neuromuscular Blocking Agent
- Sedatives, hypnotics, anesthetics, analgesics
- Thrombolytics
- Attention deficit disorder therapies
- Antihistamines
- Immunomodulatory
- Antiviral
- Non-medical therapy directed at clearing cytokines
- Other not classified  
(See MUSIC Meds Code List for more details)

Medication Code (Angiotensin Receptor Blockers)

- 01.00 Not specified
- 01.01 Eprosartan, Trade name: Teveten
- 01.02 Losartan, Trade name: Cozaar
- 01.03 Valsartan, Trade name: Diovan
- 01.99 Other angiotensin receptor blockers  
(See MUSIC Meds Code List for more details)

## Medication Code (Antiarrhythmic)

- 02.00 Not specified
  - 02.01 Adenosine, Trade name: Adenocard
  - 02.02 Amiodarone, Trade name: Cordarone
  - 02.03 Azimilide
  - 02.04 Brethlium
  - 02.05 Cibenzoline
  - 02.06 Disopyramide, Trade name: Norpace
  - 02.07 Encainide, Trade name: Enkaid
  - 02.08 Flecanide, Trade name: Tambocor
  - 02.09 Lidocaine, Trade name: Xylocaine
  - 02.10 Mexiletine, Trade name: Mexitil
  - 02.11 Moricizine, Trade name: Ethmozine
  - 02.12 Phenytoin, Trade name: Dilantin
  - 02.13 Procainamide, Trade names: Pronestyl, Procan
  - 02.14 Propafenone, Trade name: Rythmol
  - 02.15 Quinidine, Trade name: Quinaglute
  - 02.16 Tocainide, Trade name: Tonocard
  - 02.99 Other antiarrhythmic agents
- (See MUSIC Meds Code List for more details)

---

Medication Code (Antibiotics)

- 03.00 Not specified
- 03.01 Acetyl Sulfoisoxazole, Trade name: Gantrisin
- 03.02 Amikacin, Trade name: Amikin
- 03.03 Amipicillin/Sulbactam, Trade name: Unasyn
- 03.04 Amoxicillin, Trade name: Amoxil
- 03.05 Amoxicillin-Clavulanic Acid, Trade name: Augmentin
- 03.06 Amphotericin, Trade name: Fungizone
- 03.07 Ampicillin, Trade name: Omnipen
- 03.08 Azithromycin, Trade name: Zithromax
- 03.09 Aztreonam, Trade name: Azactam
- 03.10 Carbenicillin, Trade name: Geocillin
- 03.11 Cefazolin, Trade names: Ancef, Kefzol
- 03.12 Cefepime, Trade name: Maxipime
- 03.13 Cefotaxime, Trade name: Claforan
- 03.14 Ceftazidime, Trade name: Fortaz
- 03.15 Ceftriaxone, Trade name: Rocephin
- 03.16 Cephalexin, Trade name: Keflex
- 03.17 Ciprofloxacin, Trade name: Cipro
- 03.18 Clarithromycin, Trade name: Biaxin
- 03.19 Clindamycin, Trade name: Cleocin
- 03.20 Erythromycin
- 03.21 Erythromycin and Sulfoxazole, Trade name: Pediazole
- 03.22 Fluconazole, Trade name: Diflucan
- 03.23 Gentamicin
- 03.24 Ilotycin
- 03.25 Imipenem, Trade name: Primaxin
- 03.26 Meropenem, Trade name: Merrem
- 03.27 Metronidazole, Trade name: Flagyl
- 03.28 Mycostatin, Trade name: Nystatin
- 03.29 Neomycin
- 03.30 Nystatin, Trade name: Mycostatin
- 03.31 Oxacillin
- 03.32 Penicillin
- 03.33 Piperacillin, Trade name: Pipracil
- 03.34 Piperacillin/Tazobactam, Trade name: Zosyn
- 03.35 Tobramycin, Trade name: Tobrex
- 03.36 Trimethoprim-Sulfamethoxazole, Trade names: Bactrim, Septra
- 03.37 Vancomycin
- 03.99 Other antibiotics  
(See MUSIC Meds Code List for more details)

---

Medication Code (Anticonvulsant)

- 04.00 Not specified
- 04.01 Fosphenytoin, Trade name: Cerebrex
- 04.02 Phenobarbital, Trade name: Luminal
- 04.99 Other anticonvulsant  
(See MUSIC Meds Code List for more details)

---

Medication Code (Antiemetic)

- 05.00 Not specified
- 05.01 Ondansetron HCl, Trade name: Zofran
- 05.99 Other antiemetic  
(See MUSIC Meds Code List for more details)

---

**Medication Code (Antihypertensives)**

- 06.00 Not specified
- 06.01 Clonidine, Trade names: Catapres, Duraclon
- 06.02 Diazoxide, Trade names: Hyperstat, Proglycem
- 06.03 Doxazosin, Trade name: Cardura
- 06.04 Guanabenz, Trade name: Wytensin
- 06.05 Guanadril, Trade name: Hylorel
- 06.06 Guanethidine, Trade name: Ismelin
- 06.07 Guanfacine, Trade name: Tenex
- 06.08 Hydralazine, Trade name: Apresoline
- 06.09 Isosorbide dinitrate, Trade names: Dilatrate, Isordil, Sorbitrate
- 06.10 Isosorbide mononitrate, Trade names: Imdur, Ismo
- 06.11 Ketanserin
- 06.12 Mecamylamine, Trade name: Inversine
- 06.13 Methyldopa, Trade name: Aldomet
- 06.14 Minoxidil, Trade names: Loniten, Rogaine
- 06.15 Nitric Oxide
- 06.16 Nitroglycerin
- 06.17 Nitroprusside, Trade name: Nipride
- 06.18 Prazosin, Trade name: Minipress
- 06.19 Reserpine, Trade name: Serpasil
- 06.20 Terazosin, Trade name: Hytrin
- 06.21 Trimethaphan, Trade name: Arfonad
- 06.22 Sildenafil, Trade name: Viagra
- 06.99 Other antihypertensive  
(See MUSIC Meds Code List for more details)

---

**Medication Code (Antithrombotics)**

- 07.00 Not specified
- 07.01 Abciximab, Trade name: Reopro
- 07.02 Aspirin
- 07.03 Bivalirudin
- 07.04 Clopidogrel, Trade name: Plavix
- 07.05 Dipyridamole, Trade names: Aggrenox, Persantine
- 07.06 Enoxaparin, Trade name: Lovenox
- 07.07 Eptifibatide, Trade name: Integrilin
- 07.08 Heparin
- 07.09 Low Molecular weight heparin, Trade name: Bemiparin
- 07.10 Ticlopidine HCl, Trade name: Ticlid
- 07.11 Tirofiban, Trade name: Aggrastat
- 07.12 Warfarin, Trade name: Coumadin
- 07.13 Apixaban, Trade name: Eliquis
- 07.14 Argatroban, Trade name: Acova
- 07.15 Ticlopidine
- 07.16 Prasugrel
- 07.17 Ticagrelor
- 07.99 Other antithrombotics  
(See MUSIC Meds Code List for more details)

---

**Medication Code (Beta Blocker)**

- 08.00 Not specified
  - 08.01 Acebutolol, Trade name: Sectral
  - 08.02 Alprenolol
  - 08.03 Amlodipine, Trade name: Norvasc
  - 08.04 Atenolol, Trade name: Tenormin
  - 08.05 Betaxolol, Trade names: Betoptic, Kerlone
  - 08.06 Bisoprolol, Trade name: Zebeta
  - 08.07 Bobindolol
  - 08.08 Cartelol, Trade names: Cartrol, Ocupress
  - 08.09 Carvedilol, Trade name: Coreg
  - 08.10 Celiprolol
  - 08.11 Dievalol
  - 08.12 Esmolol, Trade name: Brevibloc
  - 08.13 Labetolol, Trade name: Normodyne
  - 08.14 Metoprolol, Trade names: Lopressor, Toprol
  - 08.15 Nadolol, Trade name: Corgard
  - 08.16 Nisoldipine, Trade name: Sular
  - 08.17 Oxprenolol, Trade name: Trasicor
  - 08.18 Penbutolol, Trade name: Levatol
  - 08.19 Pindolol, Trade name: Visken
  - 08.20 Propranolol, Trade name: Inderal
  - 08.21 Sotalol, Trade name: Betapace
  - 08.22 Timolol, Trade name: Blocadren
  - 08.99 Other beta-blocker
- (See MUSIC Meds Code List for more details)

---

**Medication Code (Biologics)**

- 09.00 Not specified
  - 09.01 Coenzyme Q10
  - 09.02 Desmopressin, Trade name: DDAVP
  - 09.03 Gamma Globulin
  - 09.04 Iron Preparations, Trade name: Fer-in-sol
  - 09.05 Mannitol, Trade name: Cosmitrol
  - 09.06 Surfactant, Trade names: Survanta, Exosurf
  - 09.07 Vitamin K
  - 09.08 Multivitamin
  - 09.09 Convalescent plasma from COVID 19 patients
  - 09.10 Vitamin C
  - 09.11 Thiamine
  - 09.12 Fresh frozen plasma (FFP)
  - 09.99 Other biologics
- (See MUSIC Meds Code List for more details)

---

**Medication Code (Bronchodilators)**

- 10.00 Not specified
  - 10.01 Albuterol, Trade names: Ventolin, Xopenex, Preventil
  - 10.02 Aminophylline
  - 10.03 Beclomethasone, Trade name: Beclovert
  - 10.04 Cromolyn, Trade name: Intal
  - 10.05 Fluticasone, Trade names: Flovent, Flonase
  - 10.06 Ipratropium, Trade name: Atrovent
  - 10.07 Isoetharine, Trade name: Bronkosol
  - 10.08 Metaproteranol, Trade name: Alupent
  - 10.09 Theophylline, Trade names: Slo-bid, Theodur
  - 10.99 Other bronchodilators
- (See MUSIC Meds Code List for more details)

---

Medication Code (Calcium Channel Blockers)

- 11.00 Not specified
- 11.01 Bepridil HCl, Trade name: Vascor
- 11.02 Diltiazem, Trade name: Cardiazem
- 11.03 Felodipine, Trade name: Plendil
- 11.04 Isradipine, Trade name: Dynacirc
- 11.05 Nicardipine, Trade name: Cardene
- 11.06 Nifedipine, Trade name: Procardia
- 11.07 Nimodipine, Trade name: Nimotop
- 11.08 Verapamil, Trade names: Calan, Isotopin, Verelan, Chronovera, Covera-HS
- 11.99 Other calcium channel blockers  
(See MUSIC Meds Code List for more details)

---

Medication Code (Coagulant)

- 12.00 Not specified
- 12.01 Aprotinin
- 12.02 Aminocaproic acid, Trade name: Amicar
- 12.03 Protamine
- 12.99 Other coagulant  
(See MUSIC Meds Code List for more details)

---

Medication Code (Converting Enzyme Inhibitor)

- 13.00 Not specified
- 13.01 Benazepril, Trade name: Lotensin
- 13.02 Captopril, Trade name: Capoten
- 13.03 Cilarapril, Trade name: Primaxin
- 13.04 Enalapril, Trade name: Vasotec
- 13.05 Enalaprilat, Trade name: Vasotec
- 13.06 Fosinopril, Trade name: Monopril
- 13.07 Lisinopril, Trade names: Prinivil, Zestril
- 13.08 Pentopril
- 13.09 Perindopril, Trade name: Aceon
- 13.10 Quinapril, Trade name: Accupril
- 13.11 Ramipril, Trade name: Altace
- 13.12 Trandolapril, Trade name: Mavik
- 13.99 Other converting enzyme inhibitor  
(See MUSIC Meds Code List for more details)

---

Medication Code (Diuretics)

- 14.00 Not specified
- 14.01 Acetazolamide, Trade name: Diamox
- 14.02 Amiloride, Trade name: Midamor
- 14.03 Nesiritide, Trade name: Natrecor
- 14.04 Bumetanide, Trade name: Bumex
- 14.05 Chlorothiazide, Trade name: Diuril
- 14.06 Chlorthalidone, Trade name: Hygroton
- 14.07 Ethacrynic Acid, Trade name: Edecrin
- 14.08 Furosemide, Trade name: Lasix
- 14.09 Hydrochlorothiazide, Trade name: Hydrodiuril
- 14.10 Indapamide, Trade name: Lozol
- 14.11 Metolazone, Trade name: Zaroxyn
- 14.12 Piretanide
- 14.13 Spironolactone, Trade name: Aldactone
- 14.14 Thiazides
- 14.15 Torasemide
- 14.16 Triamterene, Trade name: Dyrenium
- 14.99 Other diuretics  
(See MUSIC Meds Code List for more details)



---

**Medication Code (Electrolytes)**

- 15.00 Not specified
- 15.01 Calcium Chloride
- 15.02 Calcium Glubionate, Trade name: Neo-Calglucon
- 15.03 Magnesium
- 15.04 Potassium
- 15.05 Sodium Bicarbonate
- 15.06 Tromethamine, Trade name: THAM
- 15.99 Other electrolytes  
(See MUSIC Meds Code List for more details)

---

**Medication Code (Gastrointestinal)**

- 16.00 Not specified
- 16.01 Aluminum/Magnesium Hydroxide, Trade name: Maalox
- 16.02 Cimetidine, Trade name: Tagamet
- 16.03 Metoclopramide HCl, Trade name: Reglan
- 16.04 Mylanta
- 16.05 Ondansetron HCL, Trade name: Zofran
- 16.06 Ranitidine, Trade name: Zantac
- 16.07 Simethicone, Trade name: Mylicon
- 16.08 Sucralfate, Trade name: Carafate
- 16.09 Omeprazole, Trade name: Prilosec
- 16.10 Lansoprazole, Trade name: Prevacid
- 16.11 Famotidine, Trade name: Pepcid
- 16.99 Other gastrointestinal  
(See MUSIC Meds Code List for more details)

---

**Medication Code (Glycoside)**

- 17.00 Not specified
- 17.01 Digitoxin, Trade name: Crystodigin
- 17.02 Digoxin, Trade name: Lanoxin
- 17.03 Ouabain
- 17.99 Other glycoside  
(See MUSIC Meds Code List for more details)

---

**Medication Code (Hormonal agents)**

- 18.00 Not specified
- 18.01 Prostaglandin E, Trade name: Alprostadil
- 18.02 Atropine
- 18.03 Cortisone
- 18.04 Dexamethasone, Trade name: Decadron
- 18.05 Growth Hormone, Trade names: Humatrope, Protropin
- 18.06 Hydrocortisone, Trade name: Solu-cortef
- 18.07 Insulin
- 18.08 Levothyroxine, Trade name: Synthroid
- 18.09 Methylprednisolone/Prednisolone, Trade names: Solumedrol, Prelone
- 18.10 Prednisone, Trade name: Bronkosol
- 18.11 Testosterone
- 18.12 Estrogen, Trade name: Premarin
- 18.13 Progestin, Trade name: Provera
- 18.14 Infertility Treatments
- 18.99 Other hormonal agents (including all birth control)  
(See MUSIC Meds Code List for more details)

---

Medication Code (Inotropic agents)

- 19.00 Not specified
- 19.01 Amrinone, Trade name: Inacor
- 19.02 Dobutamine, Trade name: Dobutrex
- 19.03 Dopamine, Trade name: Inotropin
- 19.04 Epinephrine, Trade names: Adrenalin, Vaponefrin
- 19.05 Isoproteranol, Trade name: Isuprel
- 19.06 Midodrine
- 19.07 Milrinone, Trade name: Primacor
- 19.08 Norepinephrine, Trade name: Levophed
- 19.09 Phenylephrine, Trade name: Neo-Synephrine
- 19.99 Other inotropes  
(See MUSIC Meds Code List for more details)

---

Medication Code (Lipid-lowering agents)

- 20.00 Not specified
- 20.01 Cholestyramine, Trade names: Cholybar, Questran
- 20.02 Clofibrate, Trade name: Atromid-s
- 20.03 Colestipol, Trade name: Colestid
- 20.04 Fluvostatin
- 20.05 Gemfibrozil, Trade name: Lopid
- 20.06 Lovastatin, Trade name: Mevacor
- 20.07 Nicotinic acid
- 20.08 Pravastatin, Trade name: Pravachol
- 20.09 Probucol, Trade name: Lorelco
- 20.10 Simvastatin, Trade name: Zocor
- 20.11 Atorvastatin
- 20.12 Rosuvastatin
- 20.99 Other lipid-lowering agents  
(See MUSIC Meds Code List for more details)

---

Medication Code (Neuromuscular Blocking Agent)

- 21.00 Not specified
- 21.01 Pancuronium, Trade name: Pavulon
- 21.02 Succinylcholine
- 21.99 Other neuromuscular blocking agent  
(See MUSIC Meds Code List for more details)

---

Medication Code (Sedatives, hypnotics, anesthetics, analgesics)

- 22.00 Not specified
  - 22.01 Acetaminophen, Trade name: Tylenol
  - 22.02 Methohexital, Trade name: Brevitol
  - 22.03 Chloral Hydrate, Trade name: Noctec
  - 22.04 Codeine
  - 22.05 Diazepam, Trade name: Valium
  - 22.06 Diphenhydramine, Trade name: Benadryl
  - 22.07 Fentanyl, Trade name: Sublimaze
  - 22.08 Halothane
  - 22.09 Ibuprofen, Trade names: Pediaprofen, Motrin
  - 22.10 Isoflurane
  - 22.11 Ketamine, Trade name: Ketalar
  - 22.12 Ketorolac, Trade name: Toradol
  - 22.13 Lorazepam, Trade name: Ativan
  - 22.14 Methadone, Trade name: Dolophine
  - 22.15 Midazolam, Trade name: Versed
  - 22.16 Morphine
  - 22.17 Nalaxone, Trade name: Narcan
  - 22.18 Naproxen Sodium, Trade name: Naprosyn
  - 22.19 Sufentanil
  - 22.20 Thiopental, Trade name: Pentothal
  - 22.21 General Anesthesia
  - 22.22 Oxycodone, Trade name: OxyContin
  - 22.99 Other sedatives, hypnotics, anesthetics, analgesics  
(See MUSIC Meds Code List for more details)
- 

Medication Code (Thrombolytics)

- 23.00 Not specified
  - 23.01 Alteplase, Trade name: Activase
  - 23.02 Anistreplase, Trade name: Eminase
  - 23.03 Streptokinase, Trade names: Kabikinase, Streptase
  - 23.04 Urokinase, Trade name: Abbokinase
  - 23.99 Other thrombolytics  
(See MUSIC Meds Code List for more details)
- 

Medication Code (Attention deficit disorder therapies)

- 24.00 Not specified
  - 24.01 Amphetamine + Dextroamphetamine, Trade name: Adderall
  - 24.02 Atomoxetine, Trade name: Strattera
  - 24.03 Dexmethylphenidate, Trade name: Focalin
  - 24.04 Dextroamphetamine, Trade name: Dexedrine
  - 24.05 Methylphenidate, Trade names: Ritalin, Concerta, Methylin, Metadate
  - 24.99 Other attention deficit disorder therapy  
(See MUSIC Meds Code List for more details)
- 

Medication Code (Antihistamines)

- 25.00 Not specified (including Diphenhydramine (Benadryl))
- 25.01 Fexofenadine Hydrochloride, Trade name: Allegra
- 25.02 Azelastine Hydrochloride, Trade names: Astelin, Astepro
- 25.03 Loratadine, Trade name: Claritin
- 25.04 Montelukast Sodium, Trade name: Singulair
- 25.05 Cetirizine, Trade name: Zyrtec
- 25.99 Other antihistamines  
(See MUSIC Meds Code List for more details)



Time point where participant was currently taking the medication (choose all that apply).

If the participant remains on this medication at a later visit, please return to this form and check additional time points.

- Before hospitalization for MIS-C (for pre-existing conditions)
- Between hospital discharge and 2 Week visit
- 2 Weeks Post-Discharge
- Between the 2 Week and 6 Week visit
- 6 Weeks Post-Discharge
- Between the 6 Week and 3 Month visit
- 3 Months Post-Discharge
- Between the 3 Month and 6 Month visit
- 6 Months Post-Discharge
- Between the 6 Month and 1 Year visit
- 1 Year Post-Discharge
- Between the 1 Year and 2 Year visit
- 2 Years Post-Discharge
- Between the 2 Year and 3 Year visit
- 3 Years Post-Discharge
- Between the 3 Year and 4 Year visit
- 4 Years Post-Discharge
- Between the 4 Year and 5 Year visit
- 5 Years Post-Discharge
- At the time of readmission to the hospital (only readmissions related to MIS-C/COVID-19 symptoms/complications that occurred within 6 months of the initial hospitalization for MIS-C)
- Medication given during a readmission to the hospital (only readmissions related to MIS-C/COVID-19 symptoms/complications that occurred within 6 months of the initial hospitalization for MIS-C)

If this medication was being taken at the time of hospital readmission, and/or given during a hospital readmission, please identify which hospital readmission(s). Please only include hospital readmissions that were related to MIS-C/COVID-19 symptoms/complications that occurred within 6 months of the initial hospitalization for MIS-C. If the participant was readmitted only once, just select "Readmission #1."

- Readmission #1
- Readmission #2
- Readmission #3
- Readmission #4
- Readmission #5

(Please only include readmissions that were potentially related to MIS-C/COVID-19 symptoms or complications, and occurred within 6 months of the participant's initial hospital discharge.)

Related to an adverse event?

- Yes
- No

Adverse event number

(Enter the adverse event number from the adverse event form)

### For data management use only

Med Code

# Laboratory Values

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

**INSTRUCTIONS: Please complete this form for laboratory studies obtained nearest to the study time points listed below. For instance, if not obtained on the first day of hospital admission, include the labs closest to admission.**

**Labs obtained within a 2 week window of a follow-up visit date (as long as not part of a readmission) are allowed; if multiple data points are available for a particular lab value, choose the worst value (highest or lowest depending on the lab) within the time frame. Please note that labs obtained at each site will vary, and some labs may not be obtained.**

**If the participant was re-hospitalized within 6 months of the initial hospitalization, please enter the worst values from labs obtained during re-hospitalization.**

This set of clinical labs was obtained as part of the following visit:

- Admission/first obtained during MIS-C hospitalization
- Closest to discharge during MIS-C hospitalization
- Worst values (highest or lowest depending on lab) during MIS-C hospitalization
- 2 Weeks Post Discharge
- 6 Weeks Post Discharge
- 6 Months Post Discharge
- Hospital readmission within 6 months of initial hospital discharge (worst values)

## SARS CoV-2 NT PCR

Obtained

Yes  No

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Result

- Detected
- Not detected
- Indeterminate

**SARS-CoV-2 antigen**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)Result  Detected  
 Not detected  
 Indeterminate**Anti-SARS CoV-2 IgM**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)Result  Detected  
 Not detected  
 Indeterminate

Please specify the manufacturer

---

**Anti-SARS CoV-2 IgG**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)Result  Detected  
 Not detected  
 Indeterminate

Please specify the manufacturer

---

**Total Antibody**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)Result  Detected  
 Not detected  
 Indeterminate

Please specify the manufacturer

---

**WBC Count (x10<sup>3</sup>/uL or 10<sup>9</sup>/L)**

Obtained  Yes  No

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value

\_\_\_\_\_  
(x10<sup>3</sup>/uL or 10<sup>9</sup>/L)

Select unit used

- x10<sup>3</sup>/uL  
 10<sup>9</sup>/L  
 Other

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Hemoglobin (g/dL)**

Obtained  Yes  No

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value

\_\_\_\_\_  
(g/dL)

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Hematocrit (%)**

Obtained  Yes  No

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value

\_\_\_\_\_  
(%)

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)



**Platelets (x10<sup>3</sup>/uL or x10<sup>9</sup>/L)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(x10<sup>3</sup>/uL or x10<sup>9</sup>/L)

Select unit used

- x10<sup>3</sup>/uL  
 10<sup>9</sup>/L  
 Other

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**Lymphocytes (%)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(%)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**Neutrophils (%)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(%)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Absolute neutrophil count**

Autocalculated Absolute neutrophil count

\_\_\_\_\_

**Absolute lymphocyte count**

Autocalculated Absolute lymphocyte count

\_\_\_\_\_

**Neutrophil/lymphocyte ratio**

Autocalculated neutrophil/lymphocyte ratio

\_\_\_\_\_

**PT (seconds)**

Obtained

 Yes  No

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value

\_\_\_\_\_  
(seconds)

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)**INR (units)**

Obtained

 Yes  No

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value

\_\_\_\_\_  
(units)

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)



**D-dimer (mcg/mL FEU)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(mcg/mL FEU)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Sodium (mmol/L)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(mmol/L)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Potassium (mmol/L)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(mmol/L)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Glucose (mg/dL)**Obtained  Yes  NoDate obtained  

---

(mm-dd-yyyy or enter "-99" if unknown)Value  

---

(mg/dL)Units if different from specified  

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**Urea (BUN) (mg/dL)**Obtained  Yes  NoDate obtained  

---

(mm-dd-yyyy or enter "-99" if unknown)Value  

---

(mg/dL)Units if different from specified  

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**Creatinine (mg/dL)**Obtained  Yes  NoDate obtained  

---

(mm-dd-yyyy or enter "-99" if unknown)Value  

---

(mg/dL)Units if different from specified  

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Lactate (mmol/L)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(mmol/L)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**AST/SGOT (U/L)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(U/L)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**ALT/SGPT (U/L)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(U/L)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Gamma-glutamyl transferase (GGT/GGTP) (U/L)**

Obtained  Yes  No

Date obtained \_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value \_\_\_\_\_  
(U/L)

Units if different from specified \_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

**LDH (U/L)**

Obtained  Yes  No

Date obtained \_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value \_\_\_\_\_  
(U/L)

Units if different from specified \_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

**B-type natriuretic peptide (BNP) (pg/mL)**

Obtained  Yes  No

Date obtained \_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value \_\_\_\_\_  
(pg/mL)

Units if different from specified \_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

**NT-proBNP (pg/mL)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(pg/mL)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**Albumin (g/dL)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(g/dL)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**Total protein (g/dL)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(g/dL)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)



**Creatine kinase (U/L)**

Obtained  Yes  No

Date obtained \_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value \_\_\_\_\_  
(U/L)

Units if different from specified \_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Troponin T (ng/mL)**

Obtained  Yes  No

Date obtained \_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value \_\_\_\_\_  
(ng/mL)

Units if different from specified \_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Troponin I (ng/mL)**

Obtained  Yes  No

Date obtained \_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value \_\_\_\_\_  
(ng/mL)

Units if different from specified \_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Total bilirubin (mg/dL)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(mg/dL)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**Direct bilirubin (mg/dL)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(mg/dL)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**Procalcitonin (ng/mL)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(ng/mL)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)

**C-Reactive Protein, CRP**  
**(circle: mg/L or mg/dL)**

 Obtained  Yes  No

Date obtained

 \_\_\_\_\_  
 (mm-dd-yyyy or enter "-99" if unknown)

Value

 \_\_\_\_\_  
 (Specify units below)

Unit

 mg/L  
 mg/dL  
 Other

Units if different from specified

 \_\_\_\_\_  
 (Write "-88" for Not Applicable if unit listed below the Value field was used)

**ESR (mm/hr)**

 Obtained  Yes  No

Date obtained

 \_\_\_\_\_  
 (mm-dd-yyyy or enter "-99" if unknown)

Value

 \_\_\_\_\_  
 (mm/hr)

Units if different from specified

 \_\_\_\_\_  
 (Write "-88" for Not Applicable if unit listed below the Value field was used)

**Ferritin (ng/mL)**

 Obtained  Yes  No

Date obtained

 \_\_\_\_\_  
 (mm-dd-yyyy or enter "-99" if unknown)

Value

 \_\_\_\_\_  
 (ng/mL)

Units if different from specified

 \_\_\_\_\_  
 (Write "-88" for Not Applicable if unit listed below the Value field was used)

**Bicarbonate (mmol/L)**

Obtained  Yes  No

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value

\_\_\_\_\_  
(mmol/L)

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Triglycerides (circle: mg/dL or mmol/L)**

Obtained  Yes  No

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value

\_\_\_\_\_  
(Specify units below)

Unit

- mg/dL  
 mmol/L  
 Other

Units if different from specified

\_\_\_\_\_  
(mg/dL or mmol/L)

**Cytokine panel**

Cytokine panel obtained  Yes  No

**Cytokine panel: TNF-alpha (pg/mL)**

Obtained  Yes  No

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value

\_\_\_\_\_  
(pg/mL)

---

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

---

**Cytokine panel: IL-1 (pg/mL)**

---

Obtained

Yes  No

---

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Value

\_\_\_\_\_  
(pg/mL)

---

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

---

**Cytokine panel: IL-2 (pg/mL)**

---

Obtained

Yes  No

---

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Value

\_\_\_\_\_  
(pg/mL)

---

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

---

**Cytokine panel: IL-2 receptor soluble serum (pg/mL)**

---

Obtained

Yes  No

---

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Value

\_\_\_\_\_  
(pg/mL)

---

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Cytokine panel: IL-4 (pg/mL)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(pg/mL)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**Cytokine panel: IL-5 (pg/mL)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(pg/mL)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**Cytokine panel: IL-6 (pg/mL)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(pg/mL)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Cytokine panel: IL-8 (pg/mL)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(pg/mL)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Cytokine panel: IL-10 (pg/mL)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(pg/mL)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Cytokine panel: IL-12 (pg/mL)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(pg/mL)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Cytokine panel: IL-13 (pg/mL)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(pg/mL)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**Cytokine panel: IL-17 (pg/mL)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(pg/mL)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**Cytokine panel: IL-19 units**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)



**Cytokine panel: IFN-gamma (pg/mL)**

Obtained  Yes  No

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value

\_\_\_\_\_  
(pg/mL)

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Cytokine panel: CXCL9 (pg/mL)**

Obtained  Yes  No

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value

\_\_\_\_\_  
(pg/mL)

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Additional IL not captured above**

Please specify if another IL was obtained

\_\_\_\_\_  
(Write type of IL if obtained. If not obtained, leave blank.)

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value

\_\_\_\_\_

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

Please specify if another IL was obtained

\_\_\_\_\_  
(Write type of IL if obtained. If not obtained, leave blank.)

---

Date obtained

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

---

Value

\_\_\_\_\_

---

Units if different from specified

\_\_\_\_\_ (Write "-88" for Not Applicable if unit listed below the Value field was used)

---

Please specify if another IL was obtained

\_\_\_\_\_ (Write type of IL if obtained. If not obtained, leave blank.)

---

Date obtained

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

---

Value

\_\_\_\_\_

---

Units if different from specified

\_\_\_\_\_ (Write "-88" for Not Applicable if unit listed below the Value field was used)

---

Please specify if another IL was obtained

\_\_\_\_\_ (Write type of IL if obtained. If not obtained, leave blank.)

---

Date obtained

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

---

Value

\_\_\_\_\_

---

Units if different from specified

\_\_\_\_\_ (Write "-88" for Not Applicable if unit listed below the Value field was used)

---

Please specify if another IL was obtained

\_\_\_\_\_ (Write type of IL if obtained. If not obtained, leave blank.)

---

Date obtained

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

---

Value

\_\_\_\_\_

---

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

---

**Immunoglobulin levels**

---

Immunoglobulin levels obtained

Yes  No

---

**Immunoglobulin levels: IgG (mg/dL)**

---

Obtained

Yes  No

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value

\_\_\_\_\_  
(mg/dL)

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

---

**Immunoglobulin levels: IgA (mg/dL)**

---

Obtained

Yes  No

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value

\_\_\_\_\_  
(mg/dL)

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

---

**Immunoglobulin levels: IgM (mg/dL)**

---

Obtained

Yes  No

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Value

\_\_\_\_\_  
(mg/dL)

---

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

---

**Immunoglobulin levels: IgE (mg/dL)**

---

Obtained

Yes  No

---

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Value

\_\_\_\_\_  
(mg/dL)

---

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

---

**Complement levels**

---

Complement levels obtained

Yes  No

---

**Complement levels: C3 (mg/dL)**

---

Obtained

Yes  No

---

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Value

\_\_\_\_\_  
(mg/dL)

---

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

---

**Complement levels: C4 (mg/dL)**

---

Obtained

Yes  No

---

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Value

\_\_\_\_\_  
(mg/dL)

---

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

---

**Complement levels: AH50 (%)**

---

Obtained

Yes  No

---

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Value

\_\_\_\_\_  
(%)

---

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

---

**Complement levels: CH50 (%)**

---

Obtained

Yes  No

---

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Value

\_\_\_\_\_  
(%)

---

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

---

**Lymphocyte Subsets**

---

Lymphocyte Subsets obtained

Yes  No

---

**Lymphocyte Subsets: CD3+ (%)**

---

Obtained

Yes  No

---

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Value

\_\_\_\_\_  
(%)

---

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

---

**Lymphocyte Subsets: CD3+, Absolute**

---

Obtained

Yes  No

---

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Value

\_\_\_\_\_  
(Absolute)

---

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

---

**Lymphocyte Subsets: CD3+%/CD4+%**

---

Obtained

Yes  No

---

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Value

\_\_\_\_\_  
(%)

---

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

---

**Lymphocyte Subsets: CD3+/CD4+, Absolute**

---

Obtained

Yes  No

---

Date obtained

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Value

\_\_\_\_\_  
(Absolute)

---

Units if different from specified

\_\_\_\_\_  
(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Lymphocyte Subsets: CD3+%/CD8+%**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(%)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**Lymphocyte Subsets: CD3+/CD8+, Absolute**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(Absolute)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**Lymphocyte Subsets: CD3-%/CD16+ or CD56+%**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(%)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)

**Lymphocyte Subsets: CD19+ (%)**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(%)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**Lymphocyte Subsets: CD+19, Absolute**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(Absolute)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)**Lymphocyte Subsets: CD4/CD8 ratio**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(ratio)

Units if different from specified

---

(Write "-88" for Not Applicable if unit listed below the Value field was used)



**Lymphocyte Subsets: %T-sum**Obtained  Yes  No

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

---

(%)

Unit

**Other Labs**Are there other labs available?  Yes  No**Other Lab 1**

Other, specify

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

Unit

**Other Lab 2**

Other, specify

---

(If Not Applicable, write "-88")

Date obtained

---

(mm-dd-yyyy or enter "-99" if unknown)

Value

Unit

**Other Lab 3**

Other, specify

(If Not Applicable, write "-88")

Date obtained

(mm-dd-yyyy or enter "-99" if unknown)

Value

Unit

**Other Lab 4**

Other, specify

(If Not Applicable, write "-88")

Date obtained

(mm-dd-yyyy or enter "-99" if unknown)

Value

Unit

**Other Lab 5**

Other, specify

(If Not Applicable, write "-88")

Date obtained

(mm-dd-yyyy or enter "-99" if unknown)

Value

Unit

# Local Echocardiogram

Participant ID \_\_\_\_\_

**WARNING:** The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

**INSTRUCTIONS: If obtained during initial hospitalization, please complete one form for the first echo obtained at admission in the Day 1 visit, and one form for the echo performed closest to discharge in the Hospital Discharge visit. In addition, if interim echos have either a worse EF or higher maximum LAD or RCA z-scores, these echos and forms should also be submitted-for a potential total of up to 4 echos during the MIS-C hospitalization.**

**For echos obtained at follow up visits, please choose the closest applicable follow up visit.**

**For echos obtained during a hospital re-admission within 6 months of initial hospital discharge, please enter the worst echo.**

Date of echocardiogram \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

Echocardiogram obtained during \_\_\_\_\_

- Initial echocardiogram MIS-C hospitalization
- Echocardiogram closest to discharge MIS-C hospitalization
- 2 Weeks Post Discharge
- 6 Weeks Post Discharge
- 6 Months Post Discharge
- Worst EF (if not one of the echo's at a specified time point)
- Worst LAD or RCA Z-score (if not one of the echocardiograms at a specified time point)
- Obtained 1 Year Post Discharge due to persistent abnormalities of EF and/or coronaries
- Obtained 2 Years Post Discharge due to persistent abnormalities of EF and/or coronaries
- Obtained 3 Years Post Discharge due to persistent abnormalities of EF and/or coronaries
- Obtained 4 Years Post Discharge due to persistent abnormalities of EF and/or coronaries
- Obtained 5 Years Post Discharge due to persistent abnormalities of EF and/or coronaries
- Hospital readmission within 6 months of initial hospital discharge (worst echo)
- Other Unscheduled

Please specify time point \_\_\_\_\_

Was the echocardiogram obtained as part of research or clinical care?

Research    Clinical Care

---

Participant Height or Length

---

(cm)

---

Participant Weight

---

(kg)

---

Blood pressure systolic

---

(mmHg)

---

Blood pressure diastolic

---

(mmHg)

---

Was the echocardiogram sent to the Core Lab?

Yes  No

---

Date echocardiogram sent to Core Lab

---

(mm-dd-yyyy or enter "-99" if unknown)

---

If not sent, please explain why

---

### Coronary Artery Data

Proximal RCA seen and measurable

Yes  No

---

If yes, RCA dimension

---

(mm)

---

Proximal LAD seen and measurable

Yes  No

---

If yes proximal LAD dimension

---

(mm)

---

LMCA seen and measurable

Yes  No

---

If yes, LMCA dimension

---

(mm)

---

Circumflex seen and measurable

Yes  No

---

If yes, circumflex dimension

---

(mm)

---

RCA (middle segment) seen and measurable

Yes  No

---

If yes, RCA (middle segment) dimension

\_\_\_\_\_ (mm)

RCA (distal segment) seen and measurable

Yes  No

If yes, RCA (distal segment) dimension

\_\_\_\_\_ (mm)

Posterior descending artery seen and measurable

Yes  No

If yes, posterior descending artery dimension

\_\_\_\_\_ (mm)

Any coronary artery aneurysms by the Japanese Ministry of Health criteria defined as:

Yes  No  Unknown

Age < 5 years:

Small aneurysm: < 4mm

Moderate aneurysm age: >4 mm but less than or equal to 8 mm

Large/giant aneurysm age: >8 mm

Age 5+ years:

Small aneurysm: Dilation but with internal diameter of segment 1.5 times or less adjacent segment

Moderate aneurysm: Internal diameter of segment >1.5 to 4 times adjacent segment

Large/giant aneurysm: Internal diameter of segment measuring >4 times adjacent segment

In what coronary artery segments (choose all that apply)

- Proximal RCA  
 Proximal LAD  
 Proximal LMCA  
 RCA (middle segment)  
 RCA (distal segment)  
 Posterior descending artery

Coronary artery thrombus is felt to be

- Present  
 Absent  
 Unable to determine based on imaging

### Function Data

Left ventricular ejection fraction (LVEF) obtained

Yes  No

Method used and LVEF (enter % in all that apply):  
Simpson's biplane EF

\_\_\_\_\_ (%)

Method used and LVEF (enter % in all that apply): 4C LVEF

\_\_\_\_\_ (%)

Method used and LVEF (enter % in all that apply): 2C LVEF

\_\_\_\_\_ (%)

---

Method used and LVEF (enter % in all that apply):

Area-length

\_\_\_\_\_

(%)

---

Method used and LVEF (enter % in all that apply):

Other method used

\_\_\_\_\_

(%)

---

Please specify the other method used

\_\_\_\_\_

---

LV shortening fraction (SF) obtained

Yes  No

---

LVSF

\_\_\_\_\_

(%)

---

LV end-diastolic volume (EDV) obtained

Yes  No

---

LVEDV

\_\_\_\_\_

(ml)

---

LV global longitudinal strain (GLS) obtained

Yes  No

---

LV GLS

\_\_\_\_\_

(%)

---

LV circumferential strain obtained

Yes  No

---

LV circumferential strain

\_\_\_\_\_

(%)

---

Qualitative assessment of LV systolic function (if EF and SF unavailable)

- Hyperdynamic  
 Normal  
 Low normal  
 Mildly decreased  
 Moderately decreased  
 Severely decreased  
 N/A (because EF and/or SF available)
- 

Mitral valve (MV) lateral annular TDI obtained

Yes  No

---

MV lateral annular E'

\_\_\_\_\_

(cm/s)

---

MV lateral annular A'

\_\_\_\_\_

(cm/s)

---

MV inflow obtained

Yes  No

---

---

 MV lateral annular E

---

 (m/s)

---

 MV lateral annular A

---

 (m/s)

---

 Qualitative assessment of right ventricular (RV) systolic function

- Normal  
 Mildly or moderately decreased  
 Severely decreased  
 RV not well visualized  
 Not obtained

---

 RV global longitudinal strain obtained (optional)

Yes    No

---

 RV global longitudinal strain

---

 (%)

---

**Other Echo Findings**


---

 Is mitral regurgitation present

Yes    No    Not measured

---

 If yes, severity

- Trivial  
 Mild  
 Moderate  
 Severe

---

 Was CW Doppler of the mitral regurgitation obtained?

Yes    No

---

 If yes, LV-LA gradient

---

 (mmHg)

---

 Is aortic regurgitation present

Yes    No    Not measured

---

 If yes, severity

- Trivial  
 Mild  
 Moderate  
 Severe

---

 Is tricuspid insufficiency present

Yes    No    Not measured

---

 If yes, severity

- Trivial  
 Mild  
 Moderate  
 Severe

---

 Was CW Doppler of the tricuspid insufficiency obtained?

Yes    No

---

 If yes, highest RV-RA gradient

---

 (mmHg)

---

Was the envelope complete?  Yes  No

---

Is a pericardial effusion present  Yes  No  Not measured

---

If yes, severity  Trivial  
 Mild  
 Moderate  
 Severe

---

Aortic valve annulus visualized and able to measure  Yes  No

---

Aortic valve annulus

\_\_\_\_\_

(mm)

---

Aortic root/sinus of Valsalva visualized and able to measure  Yes  No

---

Aortic root

\_\_\_\_\_

(mm)

---

Aortic sinotubular junction (STJ) visualized and able to measure  Yes  No

---

Aortic STJ

\_\_\_\_\_

(mm)

---

Ascending aorta visualized and able to measure  Yes  No

---

Ascending aorta

\_\_\_\_\_

(mm)

---

### For data management use only

Time point code

\_\_\_\_\_

---

Age at time of echo

\_\_\_\_\_



# Electrocardiogram

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

**INSTRUCTIONS: For Day 1 visit, please enter the ECG at admission/first obtained during hospitalization. For hospital discharge visit, please enter the ECG closest to discharge. If any other intermediate ECGs obtained during initial hospitalization show new or worsening abnormalities, please enter them as well and choose the visit closest to when they were performed.**

**If an ECG was obtained during a hospital re-admission within 6 months of initial hospital discharge, please enter the ECG with new or worse findings.**

Was an electrocardiogram performed?  Yes  No

Date of electrocardiogram \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

ECG obtained closest to the following visit:

- Day 1
- Hospital discharge
- 2 Weeks Post Discharge
- 6 Weeks Post Discharge
- 6 Months Post Discharge
- Hospital Re-Admission within 6 months of initial hospital discharge

ECG obtained as part of (choose all that apply)

- Evaluation during the MIS-C hospitalization
- Routine follow-up for MIS-C
- Routine follow-up for condition other than MIS-C
- Evaluation of symptoms (chest pain, palpitations, syncope, etc)
- Pre-medication evaluation
- Post-medication evaluation
- Other

Other, specify \_\_\_\_\_

Was the ECG obtained as part of research or clinical care?

Research  Clinical Care

**Please complete intervals on ECG:**

Heart rate (bpm)

\_\_\_\_\_ (bpm)

PR interval (msec)

\_\_\_\_\_ (msec)

QRS interval (msec)

\_\_\_\_\_ (msec)

QT interval (msec)

\_\_\_\_\_ (msec)

QTc interval (msec)

\_\_\_\_\_ (msec)

**ECG Results**

Is this a normal ECG for age (normal sinus rhythm, normal axis, normal intervals, no evidence of chamber enlargement or hypertrophy)?

Yes  No

Rhythm on ECG (choose all that apply)

- Normal sinus rhythm  
 Sinus bradycardia  
 Sinus tachycardia  
 Ectopic atrial rhythm (physiologic rates, excluding ectopic atrial tachycardia)  
 Premature atrial beats  
 Supraventricular tachycardia  
 Junctional rhythm  
 Premature ventricular beats  
 Ventricular tachycardia  
 Other

If SVT chosen, choose what type of SVT

- Ectopic atrial tachycardia  
 Atrial flutter  
 Atrial fibrillation  
 Supraventricular tachycardia (narrow)  
 Supraventricular tachycardia (wide)

Other, please specify

\_\_\_\_\_

Evidence of Heart Block

Yes  No

If yes, what type

- First degree atrioventricular block  
 Second degree atrioventricular block, Type 1  
 Second degree atrioventricular block, Type 2  
 High grade atrioventricular block  
 Third degree atrioventricular block

---

QRS axis for age

- Normal  
 Rightward axis  
 Leftward axis  
 Northwest axis

---

If QRS axis is not normal for age, please specify the QRS axis in degrees (please use positive values only)

\_\_\_\_\_ (degrees, please use positive values only)

---

Evidence of intraventricular conduction delay

- Yes  No

---

If evidence of intraventricular conduction delay, please specify QRS pattern

- Incomplete right bundle branch block/RSR  
 Complete RBBB  
 Complete LBBB  
 Non-specific intraventricular conduction delay

---

Evidence of enlarged chamber size or hypertrophy

- Yes  No

---

If yes, there is evidence of (choose all that apply)

- Right ventricular hypertrophy  
 Left ventricular hypertrophy  
 Non-specific ventricular hypertrophy  
 Right atrial enlargement  
 Left atrial enlargement  
 Non-specific atrial enlargement

---

QTc interval normal for age

- Yes  No

---

Evidence ST-T waves anomalies

- Yes  No

---

If evidence of ST-T wave anomalies, choose what they are (choose all that apply)

- Non-specific ST segment changes  
 T wave inversion  
 Pericardial pattern (diffuse ST segment elevation)  
 ST segment elevation (localized territory; suggestive myocardial infarction)  
 ST segment depression

---

Other abnormalities

- Yes  No

---

If yes, abnormalities include (choose all that apply)

- Low voltages  
 Ventricular pre-excitation  
 Other

---

Other, please specify

---

# Cardiac MRI

---

Participant ID

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

---

Was a cardiac MRI performed?  Yes  No

---

Date of cardiac MRI

---

(mm-dd-yyyy or enter "-99" if unknown)

---

Cardiac MRI obtained closest to the following visit:

- Day 1
- Hospital discharge
- 2 Weeks Post Discharge
- 6 Weeks Post Discharge
- 3 Months Post Discharge
- 6 Months Post Discharge
- Hospital readmission within 6 months of initial hospital discharge
- Obtained 1 Year Post Discharge
- Obtained 2 Years Post Discharge
- Obtained 3 Years Post Discharge
- Obtained 4 Years Post Discharge
- Obtained 5 Years Post Discharge

---

Was the cardiac MRI obtained as part of research or clinical care?

Research  Clinical Care

---

Was contrast used?

Yes  No  Unknown

---

Time of contrast administration (from MRI console)

---

(HH:MM 24 hour clock)

---

Was the cardiac MRI sent to the Core Lab?

Yes  No

---

Date cardiac MRI sent to Core Lab

---

(mm-dd-yyyy or enter "-99" if unknown)

---

If not sent, please explain why

---

# Exercise Test

---

Participant ID \_\_\_\_\_

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

---

Was an exercise test performed?

Yes  No

---

Date of exercise stress test

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Exercise test performed closest to the following visit:

- Day 1
- Hospital discharge
- 2 Weeks Post Discharge
- 6 Weeks Post Discharge
- 3 Months Post Discharge
- 6 Months Post Discharge
- Hospital readmission within 6 months of initial hospital discharge
- Obtained 1 Year Post Discharge
- Obtained 2 Years Post Discharge
- Obtained 3 Years Post Discharge
- Obtained 4 Years Post Discharge
- Obtained 5 Years Post Discharge

## Exercise Test Results

---

What type of exercise test was performed

Treadmill test  Bicycle

---

Participant Height or Length

\_\_\_\_\_  
(cm)

---

Participant Weight

\_\_\_\_\_  
(kg)

---

Resting Heart rate (bpm)

\_\_\_\_\_  
(bpm)

---

Peak Heart rate (bpm)

\_\_\_\_\_  
(bpm)

---

Resting Blood pressure systolic

\_\_\_\_\_  
(mmHg)

---

Resting Blood pressure diastolic

\_\_\_\_\_ (mmHg)

---

Peak Blood pressure systolic

\_\_\_\_\_ (mmHg)

---

Peak Blood pressure diastolic

\_\_\_\_\_ (mmHg)

---

Resting Saturation (%)

\_\_\_\_\_ (%)

---

Peak Saturation (%)

\_\_\_\_\_ (%)

---

Was the exercise test deemed to be normal, i.e., no abnormal findings, symptoms, or adverse events with exercise?

Yes  No

---

Were there symptoms during the exercise test?

Yes  No

---

What were the symptoms (choose all that apply)

- Chest pain
  - Dizziness/pre-syncope
  - Syncope
  - Palpitations
  - Other
- 

Other, specify

\_\_\_\_\_

---

Were there any arrhythmias on the test?

Yes  No

---

Cardiac rhythm at rest

Sinus  Junctional  
 Other

---

Other, specify

\_\_\_\_\_

---

Rhythm at maximum exercise

Sinus  Junctional  
 Other

---

Other, specify

\_\_\_\_\_

---

Arrhythmias at REST (choose all that apply)

- Supraventricular tachycardia (SVT)
- Premature atrial contraction (PACs)
- Ventricular premature contractions (VPCs)
- Ventricular tachycardia (VT)
- Premature Junctional Beats
- Other

Other, specify \_\_\_\_\_

Arrhythmias DURING EXERCISE (choose all that apply)

- Supraventricular tachycardia (SVT)  
 Premature atrial contraction (PACs)  
 Ventricular premature contractions (VPCs)  
 Ventricular tachycardia (VT)  
 Premature Junctional Beats  
 Other

Other, specify \_\_\_\_\_

Arrhythmias AFTER EXERCISE (choose all that apply)

- Supraventricular tachycardia (SVT)  
 Premature atrial contraction (PACs)  
 Ventricular premature contractions (VPCs)  
 Ventricular tachycardia (VT)  
 Premature Junctional Beats  
 Other

Other, specify \_\_\_\_\_

### Peak Exercise Performance Measures

Were Exercise Peak Performance Measures measured with metabolic cart?

Yes  No

Maximum VO<sub>2</sub> (ml/kg/min)

\_\_\_\_\_  
(ml/kg/min)

Did patient achieve maximal effort? Maximal effort = RER at least 1.10 at maximal exercise

Yes  No

If NO, specify reason (choose all that apply)

- Patient Fatigue  
 Patient unable to cooperate/understand instructions  
 Patient made insufficient effort  
 Patient had adverse event during testing  
 Other

Specify adverse event:

\_\_\_\_\_  
(AE defined as occurrence of an event during exercise requiring intervention.)

Other, specify \_\_\_\_\_

**Cycle Ergometer**

Was cycle ergometer was used?  Yes  No

Maximum work rate (watts)

\_\_\_\_\_ (watts)

**Stress Test**

Was a stress test with myocardial imaging (e.g., stress-echo or stress-nuclear medicine test) performed?  Yes  No

If yes, please check the result:

- Normal
- Definite reversible perfusion defect
- Fixed perfusion defect
- Stress induced wall motion abnormality
- Fixed wall motion abnormality



# Cardiac CT

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

## INSTRUCTIONS: Please enter a form for every cardiac CT performed throughout the study.

Was a cardiac CT performed?  Yes  No

Date of cardiac CT \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

Cardiac CT obtained closest to the following visit:

- Day 1
- Hospital discharge
- 2 Weeks Post Discharge
- 6 Weeks Post Discharge
- 3 Months Post Discharge
- 6 Months Post Discharge
- Hospital readmission within 6 months of initial hospital discharge
- Obtained 1 Year Post Discharge
- Obtained 2 Years Post Discharge
- Obtained 3 Years Post Discharge
- Obtained 4 Years Post Discharge
- Obtained 5 Years Post Discharge

What was the indication for the cardiac CT (choose all that apply)

- Assess the coronary arteries
- Assess known congenital heart disease
- Assess for pulmonary embolism
- Other

Other, specify \_\_\_\_\_

## Cardiac CT Results

Were coronary arteries assessed?  Yes  No

If yes, were coronary abnormalities or aneurysms noted?  Yes  No

**If coronary aneurysms were seen, where were aneurysms noted, and what were the dimensions (choose all that apply)**

Proximal RCA  Yes  No

If yes, max coronary aneurysm diameter (mm)

\_\_\_\_\_ (mm)

Mid RCA  Yes  No

If yes, max coronary aneurysm diameter (mm)

\_\_\_\_\_ (mm)

Distal RCA  Yes  No

If yes, max coronary aneurysm diameter (mm)

\_\_\_\_\_ (mm)

Proximal LAD  Yes  No

If yes, max coronary aneurysm diameter (mm)

\_\_\_\_\_ (mm)

LMCA  Yes  No

If yes, max coronary aneurysm diameter (mm)

\_\_\_\_\_ (mm)

Circumflex  Yes  No

If yes, max coronary aneurysm diameter (mm)

\_\_\_\_\_ (mm)

Posterior descending artery  Yes  No

If yes, max coronary aneurysm diameter (mm)

\_\_\_\_\_ (mm)

Was there evidence of coronary artery thrombus?  Yes  No  Unknown

If yes, note location (choose all that apply)

- Proximal RCA
- Mid RCA
- Distal RCA
- Proximal LAD
- Distal LAD
- LMCA
- circumflex
- Posterior descending artery
- Other

---

Other, specify

---

---

Does the participant have a right dominant coronary system?

Yes  No  Unknown

---

Were abnormalities (other than coronary arteries) seen?

Yes  No

---

If yes, what abnormalities (choose all that apply)

- Pericardial effusion
- Aortic aneurysm
- Congenital heart defect
- Pulmonary embolus
- Other

---

If other, specify

---

# Chest CT

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

## INSTRUCTIONS: Please enter a form for each chest CT performed throughout the study.

Was a chest CT performed?  Yes  No

Date of chest CT \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

Chest CT obtained closest to the following visit:

- Day 1
- Hospital discharge
- 2 Weeks Post Discharge
- 6 Weeks Post Discharge
- 3 Months Post Discharge
- 6 Months Post Discharge
- Hospital readmission within 6 months of initial hospital discharge
- Obtained 1 Year Post Discharge
- Obtained 2 Years Post Discharge
- Obtained 3 Years Post Discharge
- Obtained 4 Years Post Discharge
- Obtained 5 Years Post Discharge

## Chest CT Results

Was the chest CT normal?  Yes  No  Indeterminate/Unknown  
(If yes, this form is complete. If no or indeterminate/unknown, complete the following questions on the chest CT.)

Were ground-glass opacities seen?  Yes  No  Indeterminate/Unknown

Was there pulmonary parenchymal consolidation?  Yes  No  Indeterminate/Unknown

Were other opacities seen?  Yes  No  Indeterminate/Unknown

Specify type of opacities \_\_\_\_\_

Were pulmonary nodules present  Yes  No  Indeterminate/Unknown

If yes, the number seen was  1  
 >1  
 Do not know

---

Was a pleural effusion seen?  Yes  No  Indeterminate/Unknown

---

Were the pleural effusions  Unilateral  Bilateral  
 Do not know

---

Was thoracic lymphadenopathy present  Yes  No  Indeterminate/Unknown

---

If available, note the dimensions of the large lymph node in mm (if not measured in the study, mentioned in the report, please note "-99")

\_\_\_\_\_ (mm)

---

Were airway abnormalities seen (including airway wall thickening, bronchiectasis, or endoluminal secretions?)  Yes  No  Indeterminate/Unknown

---

Was pulmonary fibrosis seen?  Yes  No  Indeterminate/Unknown

---

Was cardiomegaly seen?  Yes  No  Indeterminate/Unknown

---

Was a pericardial effusion seen?  Yes  No  Indeterminate/Unknown

---

If yes, the size was  Trivial  
 Small  
 Moderate  
 Large  
 Do not know

# Chest X Ray

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

**INSTRUCTIONS: If X-Ray obtained during hospitalization, please complete this form for the first chest X-Ray during the MIS-C hospitalization only (this can be the CXR done just prior to admission in the emergency department).**

**If participant was re-hospitalized within 6 months of the initial hospitalization, and a Chest X-Ray was performed, please complete this form for only the worst Chest X-Ray during hospital re-admission.**

Was a chest X-ray performed?  Yes  No

Date of chest X-ray \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

Chest X-ray obtained closest to the following visit:

- Day 1  
 Hospital readmission within 6 months of initial hospital discharge (worst CXR)  
 (Please note, X-ray images are not required at other time points in the study)

## Chest X-Ray Results

Was the CXR normal?

- Yes  
 No  
 Indeterminate/Unknown  
 (If yes, this form is complete. If no or indeterminate/unknown, complete the following questions on the chest X-ray.)

Were ground-glass opacities or interstitial changes present?

- Yes  No  Indeterminate/Unknown

Was there pulmonary parenchymal consolidation?

- Yes  No  Indeterminate/Unknown

Were other opacities seen?

- Yes  No  Indeterminate/Unknown

Specify type of opacities \_\_\_\_\_

Were pulmonary nodules present

- Yes  No  Indeterminate/Unknown

---

Was a pleural effusion seen?  Yes  No  Indeterminate/Unknown

---

Was thoracic lymphadenopathy present  Yes  No  Indeterminate/Unknown

---

Were airway abnormalities seen (including airway wall thickening, bronchiectasis, or endoluminal secretions?)  Yes  No  Indeterminate/Unknown

---

Was pulmonary fibrosis seen?  Yes  No  Indeterminate/Unknown

---

Was cardiomegaly seen?  Yes  No  Indeterminate/Unknown

---

Was pulmonary edema seen?  Yes  No  Indeterminate/Unknown

# Ambulatory Monitoring

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

WARNING: The Follow Up Information and Vital Status form for this visit indicates that the participant has died or had a heart transplant; if correct, please do not complete this form.

Acknowledged

## Ambulatory Cardiac Monitoring

Did the participant have ambulatory home monitoring performed at any time after the MIS-C hospitalization?  Yes  No

**INSTRUCTIONS: Complete this form for each separate monitoring occasion or device. Add additional forms as needed for each occasion or device.**

Type of ambulatory cardiac monitoring to be recorded on this form (add an additional form if another type was used)

- 24 hour Holter
- 48 hour Holter
- 1-2 Week Monitor
- 30-day monitor
- Events monitor
- iPhone or Apple watch monitor
- Implantable loop recorder
- Other

If other, specify \_\_\_\_\_

Start of ambulatory cardiac monitor \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

Ambulatory monitoring obtained closest to the following visit:

- 2 Weeks Post Discharge
- 6 Weeks Post Discharge
- 6 Months Post Discharge
- Obtained 1 Year Post Discharge
- Obtained 2 Years Post Discharge
- Obtained 3 Years Post Discharge
- Obtained 4 Years Post Discharge
- Obtained 5 Years Post Discharge

Was this ambulatory cardiac monitor deemed to be normal (if continuous monitor, no significant ectopy (< 100 beats/24 hours) or for any of the devices, no significant arrhythmia)  Yes  No

Was there any evidence of AV block  Yes  No



If yes, what type

- 1st degree atrioventricular block  
 2nd degree atrioventricular block, type 1  
 2nd degree atrioventricular block, type 2  
 2:1 AV conduction  
 High-grade atrioventricular block  
 3rd degree atrioventricular block

If 2nd degree atrioventricular block, was it present

- During sleep  
 At maximal heart rate  
 Unable to ascertain

If continuous monitor, was there significant ectopy (>100 beats/24 hours)

- Yes    No    Unable to ascertain

If yes, what type

- Atrial  
 Ventricular  
 Both

Specify burden: Atrial (total number of beats)

\_\_\_\_\_ (Absolute number of atrial beats)

Specify burden: Atrial beats (%)

\_\_\_\_\_ (%)

Specify burden: Ventricular (total number of beats)

\_\_\_\_\_ (Absolute number of ventricular beats)

Specify burden: Ventricular beats (%)

\_\_\_\_\_ (%)

Were there any significant tachyarrhythmias

- Yes    No

If yes, please select all that apply

- Ectopic atrial tachycardia  
 Atrial flutter  
 Atrial fibrillation  
 Supraventricular tachycardia (narrow)  
 Supraventricular tachycardia (wide)  
 Accelerated junctional rhythm  
 Ventricular tachycardia  
 Ventricular fibrillation

Please specify if the ectopic atrial tachycardia was

- Sustained (> 30 seconds)  
 Non-sustained (< 30 seconds)  
 Could not tell because short recording, i.e., Events Monitor, iPhone, or Apple Watch recordings too short

Please specify if the atrial flutter was

- Sustained (> 30 seconds)  
 Non-sustained (< 30 seconds)  
 Could not tell because short recording, i.e., Events Monitor, iPhone, or Apple Watch recordings too short

---

Please specify if the atrial fibrillation was

- Sustained (> 30 seconds)
- Non-sustained (< 30 seconds)
- Could not tell because short recording, i.e., Events Monitor, iPhone, or Apple Watch recordings too short

---

Please specify if the supraventricular tachycardia (narrow) was

- Sustained (> 30 seconds)
- Non-sustained (< 30 seconds)
- Could not tell because short recording, i.e., Events Monitor, iPhone, or Apple Watch recordings too short

---

Please specify if the supraventricular tachycardia (wide) was

- Sustained (> 30 seconds)
- Non-sustained (< 30 seconds)
- Could not tell because short recording, i.e., Events Monitor, iPhone, or Apple Watch recordings too short

---

Please specify if the accelerated junctional rhythm was

- Sustained (> 30 seconds)
- Non-sustained (< 30 seconds)
- Could not tell because short recording, i.e., Events Monitor, iPhone, or Apple Watch recordings too short

---

Please specify if the ventricular tachycardia was

- Sustained (> 30 seconds)
- Non-sustained (< 30 seconds)
- Could not tell because short recording, i.e., Events Monitor, iPhone, or Apple Watch recordings too short

---

Please specify if the ventricular fibrillation was

- Sustained (> 30 seconds)
- Non-sustained (< 30 seconds)
- Could not tell because short recording, i.e., Events Monitor, iPhone, or Apple Watch recordings too short

# Follow Up Information And Vital Status

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

**Please complete for the 2 Week (1 < 3 wks post-discharge), 6 Week (3-9 wks post-discharge), and 6 Month (9 wks - 1 yr post-discharge) Follow Up visits. After completion of this form, please go onto the additional forms within this visit starting with Cardiac Clinical Information.**

Was this visit completed?

Yes  No

(Please answer "Yes" if the participant has complete some or all the procedures required by the protocol. Only answer "No" if none of the visit procedures were completed.)

If not, why not? Additionally, please complete a protocol deviation page if applicable.

Visit Date \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

Were any of the data derived from the Medical Record?

Yes  No

## Research-Related Adverse Event(s)

Has the participant experienced any adverse events related to research participation since hospital discharge or last study visit?

Yes  No

(Please check the protocol definition of a study-related AE)

If yes, number of research-related adverse events \_\_\_\_\_

(In addition to completing the follow up forms, please go to the Adverse Event visit and complete an Adverse Event Initial Report page, and if applicable, an Adverse Event Follow Up page.)

## Hospital Readmission(s)

Has the participant had a hospital readmission since the initial discharge for MIS-C or last study visit?

Yes  No

If yes, number of readmissions since initial discharge for MIS-C or last study visit. \_\_\_\_\_

(In addition to completing the follow up forms, please go to the Hospital Readmission visit and complete a Hospital Readmission page if the hospital readmission was within 6 months of the initial hospital discharge.)

**Vital Status**

Since the last annual form completion, has the participant undergone heart transplant or died?  Yes  No

If yes, do not complete the follow-up forms further; instead go to the End of Study visit and complete End of Study and the Death or the Transplant Form as applicable.

Acknowledged

**Cardiac Testing and Bloodwork Since Last Study Visit**

Were any of the following performed at this clinic visit or since the last visit (choose all that apply)?

- Labs/Bloodwork
- Echocardiogram(s)
- ECG
- Cardiac MRI
- Exercise Test
- Cardiac CT
- Chest CT
- Ambulatory monitoring
- None of the above were performed

For each type of test that you have checked above, please complete the test-specific data form, i.e., Laboratory Values, Electrocardiogram, Local echocardiogram, Cardiac MRI, Exercise Test, Cardiac CT, Chest CT, and/or Ambulatory Monitoring. These forms are in the Repeating Forms section.

Acknowledged

**Medications**

Was the participant on any medications at this visit, or took any medications in between this visit and the previous visit?  Yes  No

Please add or update the Medications Before and After Hosp. This form is located in the Repeating Forms section.

Acknowledged

# Annual Follow Up Info And Vital Status

Participant ID

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

Was this visit completed?

Yes  No

(Please answer "Yes" if the participant has complete some or all the procedures required by the protocol. Only answer "No" if none of the visit procedures were completed.)

If not, why not? Additionally, please complete a protocol deviation page if applicable.

---

Visit Date

---

 (mm-dd-yyyy or enter "-99" if unknown)

Were any of the data derived from the Medical Record?

Yes  No

## Interview Component

Was there an interview component?

Yes  No

How is the person interviewed related to the participant?

Participant  
 Mother  
 Father  
 Other

If other, specify

---

Date of most recent interview

---

 (mm-dd-yyyy)

## Research-Related Adverse Event(s)

Has the participant experienced any adverse events related to research participation since hospital discharge or last study visit?

Yes  No

(Please check the protocol definition of a study-related AE)

If yes, number of research-related adverse events

(In addition to completing the follow up forms, please go to the Adverse Event visit and complete an Adverse Event Initial Report page, and if applicable, an Adverse Event Follow Up page.)

---

**Hospital Readmission(s)**

Was the participant hospitalized (>24 hours) for any reason since the last annual contact?  Yes  No

If yes, how many times?

\_\_\_\_\_

How many hospitalizations were for medical reasons?

\_\_\_\_\_

List the reasons for each hospitalization:

\_\_\_\_\_

How many hospitalizations were related to a surgery or ultimately led to a surgery?

\_\_\_\_\_

List the reasons for each surgery:

\_\_\_\_\_

**Vital Status**

Since the last annual form completion, has the participant undergone heart transplant or died?  Yes  No

If yes, do not complete the follow-up forms further; instead go to the End of Study visit and complete End of Study and the Death or the Transplant Form as applicable.

Acknowledged

**Cardiac Testing and Bloodwork Since Last Study Visit**

Were any of the following performed at this clinic visit or since the last visit (choose all that apply)?

- Labs/Bloodwork
- Echocardiogram(s)
- ECG
- Cardiac MRI
- Exercise Test
- Cardiac CT
- Chest CT
- Ambulatory monitoring
- None of the above were performed

For each type of test that you have checked above, please complete the test-specific data form, i.e., Laboratory Values, Electrocardiogram, Local echocardiogram, Cardiac MRI, Exercise Test, Cardiac CT, Chest CT, and/or Ambulatory Monitoring. These forms are in the Repeating Forms section.

Acknowledged

**Medications**

Was the participant on any medications at this visit, or took any medications in between this visit and the previous visit?

Yes  No

---

Please add or update the Medications Before and After Hosp. This form is located in the Repeating Forms section.

Acknowledged

# Cardiac Clinical Information

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

WARNING: The Follow Up Information and Vital Status form for this visit indicates that the participant has died or had a heart transplant; if correct, please do not complete this form.

Acknowledged

## Cardiac Clinical Information, Medical and Intervention History Since Last Study Visit

Height or Length (cm or inches) \_\_\_\_\_

Height or Length Unit

cm  inches

Weight (Kg or pounds) \_\_\_\_\_

Weight Unit

kg  pounds

Temperature today

Done  Not done

Result (C) \_\_\_\_\_

(Celsius)

Method

- Rectal  
 Oral  
 Axillary  
 Tympanic  
 Forehead

## Has the participant experienced any of the following symptoms, for which the participant has been evaluated (can be by PCP, cardiologist, emergency department, etc):

Has the participant experienced any of the following symptoms, for which the participant has been evaluated (can be by PCP, cardiologist, emergency department, etc; choose all that apply):

- Chest Pain (rest)  
 Chest Pain (exertion)  
 Palpitations  
 Tachycardia (non-physiologic)  
 Syncope (c/w vasovagal)  
 Syncope (with exertion)  
 Cardiac arrest  
 Received CPR  
 Myocardial infarction  
 Other

Other, specify \_\_\_\_\_



**Arrhythmia/dysrhythmia**

**If arrhythmia was noted since hospital discharge or the last visit, please choose all that apply and if medication and/or intervention was needed to treat the arrhythmia.**

**Put details of medicines in the Medications Before and After Hosp forms. If an intervention was performed, please note the details in cardiac surgeries or interventions section below.**

Diagnosed with arrhythmia/dysrhythmia since hospital discharge or the last visit (ECG, ambulatory cardiac monitoring, or other modality such as telemetry in the hospital)  Yes  No

Choose all types of arrhythmia/dysrhythmia that apply

- Ectopic atrial tachycardia
- Atrial flutter
- Atrial fibrillation
- Supraventricular tachycardia-other
- Accelerated junctional rhythm
- Ventricular tachycardia
- Ventricular fibrillation
- Non-sinus bradycardia
- 1st degree atrioventricular block
- 2nd degree atrioventricular block, type 1
- 2nd degree atrioventricular block, type 2
- High grade atrioventricular block
- 3rd degree atrioventricular block
- Premature atrial contractions
- Premature ventricular contractions
- Sinus pause >3 seconds
- Indeterminate type
- Other

Medication/Intervention for Ectopic atrial tachycardia  Yes  No

Medication/Intervention for Atrial flutter  Yes  No

Medication/Intervention for Atrial fibrillation  Yes  No

Medication/Intervention for Supraventricular tachycardia-other  Yes  No

Medication/Intervention for Accelerated junctional rhythm  Yes  No

Medication/Intervention for Ventricular tachycardia  Yes  No

Medication/Intervention for Ventricular fibrillation  Yes  No

Medication/Intervention for Non-sinus bradycardia  Yes  No

Medication/Intervention for 1st degree atrioventricular block  Yes  No

Medication/Intervention for 2nd degree atrioventricular block, type 1  Yes  No

Medication/Intervention for 2nd degree atrioventricular block, type 2  Yes  No

Medication/Intervention for High grade atrioventricular block  Yes  No

Medication/Intervention for 3rd degree atrioventricular block  Yes  No

Medication/Intervention for Premature atrial contractions  Yes  No

Medication/Intervention for Premature ventricular contractions  Yes  No

Medication/Intervention for Sinus pause >3 seconds  Yes  No

Medication/Intervention for Indeterminate type  Yes  No

Other, specify \_\_\_\_\_

Medication/Intervention for other type of arrhythmia  Yes  No

### Cardiac Surgeries or Interventions

Has the participant had any cardiac interventions since the last visit?  Yes  No

If yes, how many cardiac surgeries or interventions were performed since the last visit (choose all that apply)? \_\_\_\_\_

Additionally, please specify the types of cardiac surgeries or interventions performed since the last visit below.

Cardiac catheterization  Yes  No

Date of cardiac catheterization \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

Primary indication for cardiac catheterization (choose all that apply)

- Diagnostic/evaluate extent of coronary aneurysm(s)
- Chest pain with exertion
- Syncope with exertion
- Concerns for myocardial infarction
- Decreased ventricular function
- Pre-transplant evaluation
- Other

If other primary indication for cardiac catheterization, specify \_\_\_\_\_

Electrophysiology study  Yes  No

If had electrophysiology study, date of study

(mm-dd-yyyy or enter "-99" if unknown)

Was ablation performed?

Yes  No

Indication(s) for electrophysiology study/ablation  
(choose all that apply)

- Supraventricular tachycardia (AVRT)
- Supraventricular tachycardia (AVNRT)
- Ectopic atrial tachycardia
- Atrial flutter
- Atrial fibrillation
- Ventricular tachycardia
- Junctional tachycardia
- Frequent premature atrial contractions
- Frequent premature ventricular contractions
- Other

If other indication(s) for electrophysiology  
study/ablation, please specify

\_\_\_\_\_

Placement of Implantable Electronic Device (IED)?

Yes  No

If IED was placed, date of IED placement

(mm-dd-yyyy or enter "-99" if unknown)

Type of IED (choose best answer)

- Endocardial atrial
- Endocardial ventricular
- Endocardial dual chamber
- Endocardial biventricular
- Epicardial atrial
- Epicardial ventricular
- Epicardial dual chamber
- Epicardial biventricular
- Implantable cardioverter defibrillator
- Implantable loop recorder
- Other, specify

Other, specify

\_\_\_\_\_

Indication for IED placement (choose all that apply)

- Sinus node dysfunction
- Atrioventricular block
- Atrial tachycardia
- Ventricular tachycardia
- Ventricular dyssynchrony
- Inducible arrhythmia
- Cardiac arrest
- Unknown
- Other

If other indication for IED placement, please specify

\_\_\_\_\_

Cardiac surgery

Yes  No

If cardiac surgery was performed, date of cardiac surgery

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

Indication for cardiac surgery (choose all that apply)

- Coronary artery bypass  
 Congenital heart disease surgery  
 Pericardial window  
 Other

If other indication for cardiac surgery, specify

\_\_\_\_\_

If the participant had an other type of cardiac intervention since the last visit that was not listed above, please specify

\_\_\_\_\_

### Aspirin

Is the participant currently on aspirin therapy

Yes  No

Was participant on aspirin at any point up to this date?

Yes  No

Date aspirin stopped

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

Which best describes aspirin dosing? (Please choose best option)

- Anti-platelet dosing  
 Anti-inflammatory dosing  
 (Anti-platelet dosing is generally < 10mg/kg/day, while anti-inflammatory dosing is generally >30 mg/kg/day)

Current total daily aspirin dose (mg/day)

\_\_\_\_\_ (mg/day)

# Annual Cardiac Clinical Information

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

WARNING: The Follow Up Information and Vital Status form for this visit indicates that the participant has died or had a heart transplant; if correct, please do not complete this form.

Acknowledged

## Has the participant experienced any of the following symptoms, for which the participant has been evaluated (can be by PCP, cardiologist, emergency department, etc):

Has the participant experienced any of the following symptoms, for which the participant has been evaluated (can be by PCP, cardiologist, emergency department, etc; choose all that apply):

- Chest Pain (rest)
- Chest Pain (exertion)
- Palpitations
- Tachycardia (non-physiologic)
- Syncope (c/w vasovagal)
- Syncope (with exertion)
- Cardiac arrest
- Received CPR
- Myocardial infarction
- Other

Other, specify \_\_\_\_\_

## Arrhythmia/dysrhythmia

If arrhythmia was noted since the last visit, please choose all that apply and if medication and/or intervention was needed to treat the arrhythmia.

Put details of medicines in the Medications Before and After Hosp form. If an intervention was performed, please note the details in cardiac surgeries or interventions section below.

Diagnosed with arrhythmia/dysrhythmia since the last visit (ECG, ambulatory cardiac monitoring, or other modality such as telemetry in the hospital)

Yes  No

Choose all types of arrhythmia/dysrhythmia that apply

- Ectopic atrial tachycardia
- Atrial flutter
- Atrial fibrillation
- Supraventricular tachycardia-other
- Accelerated junctional rhythm
- Ventricular tachycardia
- Ventricular fibrillation
- Non-sinus bradycardia
- 1st degree atrioventricular block
- 2nd degree atrioventricular block, type 1
- 2nd degree atrioventricular block, type 2
- High grade atrioventricular block
- 3rd degree atrioventricular block
- Premature atrial contractions
- Premature ventricular contractions
- Sinus pause >3 seconds
- Indeterminate type
- Other

Medication/Intervention for Ectopic atrial tachycardia  Yes  No

Medication/Intervention for Atrial flutter  Yes  No

Medication/Intervention for Atrial fibrillation  Yes  No

Medication/Intervention for Supraventricular tachycardia-other  Yes  No

Medication/Intervention for Accelerated junctional rhythm  Yes  No

Medication/Intervention for Ventricular tachycardia  Yes  No

Medication/Intervention for Ventricular fibrillation  Yes  No

Medication/Intervention for Non-sinus bradycardia  Yes  No

Medication/Intervention for 1st degree atrioventricular block  Yes  No

Medication/Intervention for 2nd degree atrioventricular block, type 1  Yes  No

Medication/Intervention for 2nd degree atrioventricular block, type 2  Yes  No

Medication/Intervention for High grade atrioventricular block  Yes  No

Medication/Intervention for 3rd degree atrioventricular block  Yes  No

Medication/Intervention for Premature atrial contractions  Yes  No

Medication/Intervention for Premature ventricular contractions  Yes  No

Medication/Intervention for Sinus pause >3 seconds  Yes  No

Medication/Intervention for Indeterminate type  Yes  No

Other, specify \_\_\_\_\_

Medication/Intervention for other type of arrhythmia  Yes  No

### Cardiac Surgeries or Interventions

Has the participant had any cardiac interventions since the last visit?  Yes  No

If yes, how many cardiac surgeries or interventions were performed since the last visit (choose all that apply)? \_\_\_\_\_

Additionally, please specify the types of cardiac surgeries or interventions performed since the last visit below.

Cardiac catheterization  Yes  No

Date of cardiac catheterization \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

Primary indication for cardiac catheterization (choose all that apply)

- Diagnostic/evaluate extent of coronary aneurysm(s)
- Chest pain with exertion
- Syncope with exertion
- Concerns for myocardial infarction
- Decreased ventricular function
- Pre-transplant evaluation
- Other

If other primary indication for cardiac catheterization, specify \_\_\_\_\_

Electrophysiology study  Yes  No

If had electrophysiology study, date of study \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

Was ablation performed?  Yes  No

Indication(s) for electrophysiology study/ablation  
(choose all that apply)

- Supraventricular tachycardia (AVRT)
- Supraventricular tachycardia (AVNRT)
- Ectopic atrial tachycardia
- Atrial flutter
- Atrial fibrillation
- Ventricular tachycardia
- Junctional tachycardia
- Frequent premature atrial contractions
- Frequent premature ventricular contractions
- Other

If other indication(s) for electrophysiology study/ablation, please specify

\_\_\_\_\_

Placement of Implantable Electronic Device (IED)?

Yes  No

If IED was placed, date of IED placement

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

Type of IED (choose best answer)

- Endocardial atrial
- Endocardial ventricular
- Endocardial dual chamber
- Endocardial biventricular
- Epicardial atrial
- Epicardial ventricular
- Epicardial dual chamber
- Epicardial biventricular
- Implantable cardioverter defibrillator
- Implantable loop recorder
- Other

Other, specify

\_\_\_\_\_

Indication for IED placement (choose all that apply)

- Sinus node dysfunction
- Atrioventricular block
- Atrial tachycardia
- Ventricular tachycardia
- Ventricular dyssynchrony
- Inducible arrhythmia
- Cardiac arrest
- Unknown
- Other

If other indication for IED placement, please specify

\_\_\_\_\_

Cardiac surgery

Yes  No

If cardiac surgery was performed, date of cardiac surgery

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

Indication for cardiac surgery (choose all that apply)

- Coronary artery bypass
- Congenital heart disease surgery
- Pericardial window
- Other



---

If other indication for cardiac surgery, specify

---

---

If the participant had an other type of cardiac intervention since the last visit that was not listed above, please specify

---

# Non Cardiac Organ Systems Review

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

WARNING: The Follow Up Information and Vital Status form for this visit indicates that the participant has died or had a heart transplant; if correct, please do not complete this form.

Acknowledged

**Please note if the participant has had any symptoms or diagnoses related to the various organ systems noted below. If medical treatment has been needed, please note each medication in the Repeating Forms, Medications Before and After Hosp form.**

**Common medical comorbidities: Has the participant been diagnosed with and/or treated for any of the following medical conditions since the last visit?**

## Hypertension

New diagnosis  Yes  No

Previous diagnosis  Yes  No

Medical treatment (past yr)  Yes  No

## Type 1 diabetes mellitus

New diagnosis  Yes  No

Previous diagnosis  Yes  No

Medical treatment (past yr)  Yes  No

## Type 2 diabetes mellitus

New diagnosis  Yes  No

Previous diagnosis  Yes  No

Medical treatment (past yr)  Yes  No

**Obesity (BMI >25.0 kg/m<sup>2</sup>)**

New diagnosis  Yes  No

Previous diagnosis  Yes  No

Medical treatment (past yr)  Yes  No

**Hypercholesterolemia**

New diagnosis  Yes  No

Previous diagnosis  Yes  No

Medical treatment (past yr)  Yes  No

**Asthma**

New diagnosis  Yes  No

Previous diagnosis  Yes  No

Medical treatment (past yr)  Yes  No

**ADHD**

New diagnosis  Yes  No

Previous diagnosis  Yes  No

Medical treatment (past yr)  Yes  No

**Anxiety**

New diagnosis  Yes  No

Previous diagnosis  Yes  No

Medical treatment (past yr)  Yes  No

**Depression**

New diagnosis  Yes  No

Previous diagnosis  Yes  No

Medical treatment (past yr)  Yes  No

**Other behavioral disorder**

New diagnosis  Yes  No

Previous diagnosis  Yes  No

Medical treatment (past yr)  Yes  No

**Constitutional Symptoms**

Has the participant experienced any of the following symptoms since the last visit (choose all that apply)?

- Unexplained fevers for at least 3 days
- Fatigue
- Low stamina/energy
- Night sweats
- Poor growth

**Immunologic/Infectious**

Has the participant experienced any symptoms, clinical findings, or diagnoses related to this organ system since the last visit?  Yes  No

Has the participant been evaluated by an immunologist since the last visit?  Yes  No

Has the participant been evaluated by an infectious disease doctor since the last visit?  Yes  No

Has the participant experienced any of the following symptoms, clinical findings, or diagnoses since the last visit (choose all that apply)?

- Frequent (at least 3) infections or illnesses of any organ system
- Fevers for unknown reason or source
- Infections that have led to antibiotic use at least 3 times
- An infection that has led to a hospitalization
- A doctor has told the participant that he/she has concerns the participant is immunocompromised
- Currently on a medication that suppresses the immune system
- Has an acquired immune deficiency (not medication induced)
- Has undergone a bone marrow transplant
- Has undergone a solid organ transplant
- Other immunologic/infectious conditions

If infections have occurred, please select all infections that have occurred since the last visit

- Cellulitis
- Viral upper respiratory infection
- Sinusitis
- Pneumonia
- Bronchiolitis
- Conjunctivitis
- Strep throat
- Ear infections
- Septic joint
- Bacterial meningitis
- Viral meningitis
- Endocarditis
- Necrotizing enterocolitis
- Appendicitis
- Hepatitis
- Cholangitis
- Urinary tract infection without pyelonephritis
- Urinary tract infection with or without pyelonephritis
- Fungal infection of the skin
- Fungal infection (non-skin)
- Sepsis
- Other

Other, specify

\_\_\_\_\_

Specify organ transplanted

\_\_\_\_\_

Other immunologic/infectious condition, please specify

\_\_\_\_\_

### Rheumatologic

Has the participant experienced any symptoms, clinical findings, or diagnoses related to this organ system since the last visit?

Yes  No

If yes, has the participant been evaluated by a rheumatologist since the last visit?

Yes  No

Has the participant experienced any of the following symptoms, clinical findings, or diagnoses since the last visit? (choose all that apply)

- Joint pain and/or swelling
- Muscle weakness or muscle pain
- Post-exertional fatigue
- Systemic lupus /mixed connective tissue disease
- Juvenile idiopathic arthritis/psoriatic arthritis
- Vasculitis (such as Henoch-Schonlein Purpura)
- Other, specify

If joint pain or swelling, how many joints were involved (choose best answer; please note that each joint is counted separately. For example, if both the right and left shoulder joints are involved, that would count as 2 joints)?

< 5 joints  5 or more joints

If joint pain or swelling, was there medical treatment?

Yes  No

What medications were used for joint pain or swelling  
(choose all that apply)

- NSAIDS  
 Oral steroids  
 Steroid injection  
 Methotrexate  
 Infliximab (Remicade), Etanercept (Enbrel),  
 Adalimumab (Humira)  
 Tocilizumab (Actemra)  
 Other

Other medication used for joint pain or swelling:

\_\_\_\_\_

Other rheumatologic condition, specify

\_\_\_\_\_

## Renal

Has the participant experienced any symptoms or  
clinical findings, or diagnoses related to this organ  
system since the last visit?

- Yes  No

Has the participant been evaluated by a nephrologist  
since the last visit?

- Yes  No

Has the participant experienced any of the following  
symptoms or clinical findings, or diagnoses since the  
last visit (choose all that apply)?

- Hematuria  
 Proteinuria  
 Had dialysis  
 Had abnormal creatinine  
 Had abnormal BUN  
 Other

Other renal condition, please specify

\_\_\_\_\_

## Neurologic

Has the participant experienced any symptoms, clinical  
findings, or diagnoses related to this organ system  
since the last visit?

- Yes  No

Has the participant been evaluated by a neurologist  
since the last visit?

- Yes  No

Has the participant experienced any of the following symptoms, clinical findings, or diagnoses since the last visit (choose all that apply)?

- Headaches frequent or severe enough to impact school attendance or activities
- Seizures
- Cerebrovascular accident (TIA or stroke)
- Choreoathetoid movements
- Coma
- Decreased vision
- Decreased hearing
- Decreased sense of taste
- Decreased sense of smell
- Difficulty concentrating
- "Mental slowness" or "COVID fog"
- Limb numbness
- Limb paresthesia/tingling
- Iritis
- Uveitis
- Ataxia (or loss of balance or accuracy of reach)
- Change in mood
- Guillain-Barre
- Limb weakness
- Other

If cerebrovascular accident (TIA or stroke), what type (choose all that apply)?

- Transient ischemic attack (TIA)
- Ischemic stroke
- Hemorrhagic stroke
- Mixed ischemic and hemorrhagic
- Unknown type

If limb weakness, please specify if

- Unilateral
- Bilateral

Other neurologic condition, please specify

\_\_\_\_\_

### **Pulmonary/Respiratory**

Has the participant experienced any symptoms, clinical findings, or diagnoses related to this organ system since the last visit?

- Yes
- No

Has the participant been evaluated by a pulmonologist since the last visit?

- Yes
- No

Has the participant experienced any of the following symptoms, clinical findings, or diagnoses since the last visit (choose all that apply)?

- Frequent cough
- Pneumothorax
- Pulmonary embolism
- Chronic lung disease
- Required oxygen therapy
- Pulmonary hemorrhage
- Other

Other pulmonary/respiratory condition, please specify

\_\_\_\_\_

**Hematologic**

Hematologic: Has the participant experienced any symptoms, clinical findings, or diagnoses related to this organ system since the last visit?  Yes  No

Has the participant been evaluated by a hematologist since the last visit?  Yes  No

Has the participant experienced any of the following symptoms, clinical findings, or diagnoses since the last visit (choose all that apply)

- Persistent anemia
- High white blood cell count
- Low white blood cell count
- Low lymphocyte count
- Low platelet count
- Persistently high ferritin (>2x upper limits of normal)
- Had a blood transfusion
- Hemolysis
- Bleeding event
- Thrombotic event
- High platelet count
- Other

If there has been a bleeding event, please specify:  
 (Major bleeding [classified as: (a) fatal bleeding; (b) clinically overt bleeding associated with a decrease in hemoglobin of at least 20g/L (i.e., 2g/dL) in a 24-hour period; (c) bleeding that is retroperitoneal, pulmonary, intracranial, or otherwise involves the central nervous system; and (d) bleeding that requires surgical intervention in an operating room or suite, including interventional radiology. Clinically relevant non-major bleeding (CRNMB) composite of: (a) overt bleeding for which blood product is administered and not directly attributable to the patient's underlying medical condition and (b) bleeding that requires medical or surgical intervention to restore hemostasis, other than in an operating room. Minor bleeding defined as any overt or macroscopic evidence of bleeding that does not fulfill the criteria for either major bleeding or CRNMB. Menstrual bleeding resulting in a medical consultation and/or intervention will be classified as a minor bleeding event.)

- Major bleeding event
- Clinically relevant non-major bleeding event
- Minor bleeding event

If there was a thrombotic event, please specify (choose all that apply)

- Intracardiac thrombosis
- Coronary artery thrombosis
- Shunt thrombosis (such as ventriculo-peritoneal or cardiac shunt)
- Myocardial infarction
- Stroke
- Pulmonary embolism
- Deep vein thrombosis
- Cerebral venous sinus thrombosis
- Arterial thromboembolism
- Other

Specify other thrombotic event \_\_\_\_\_

If there was a DVT, specify location (choose all that apply)

- Upper extremity
- Lower extremity

If there was an arterial thromboembolism, specify location (choose all that apply)

- Renal thromboembolism
- Splenic thromboembolism
- Other abdominal thromboembolism
- Extremity thromboembolism
- Other peripheral arterial thrombosis



Please specify other location of arterial thromboembolism: \_\_\_\_\_

Other hematologic condition, specify \_\_\_\_\_

### Oncologic

Has the participant experienced any symptoms, clinical findings, or diagnoses related to this organ system since the last visit?

Yes  No

Has the participant been evaluated by an oncologist since the last visit?

Yes  No

Has the participant been diagnosed with cancer since the last visit?

Yes  No

If diagnosed with cancer, what type? (choose all that apply)

- Leukemia, lymphoma, or unspecified cancer of the bloodstream
- Central nervous system tumor
- Solid non-CNS tumor of organ (i.e. Renal, heart, liver, lung)
- Neuroblastoma
- Soft tissue neoplasm (i.e. rhabdomyosarcoma)
- Other

Other type of cancer, please specify \_\_\_\_\_

If diagnosed with cancer, has the participant undergone a bone marrow transplant?

Yes  No

### Gastrointestinal

Has the participant experienced any symptoms, clinical findings, or diagnoses related to this organ system since the last visit?

Yes  No

Has the participant been evaluated by a gastroenterologist since the last visit?

Yes  No

Has the participant experienced any of the following symptoms, clinical findings, or diagnoses since the last visit (choose all that apply)?

- Persistent abdominal pain
- Chronic diarrhea
- Chronic constipation
- Frequent nausea (>2 times/week)
- Frequent vomiting (>2 times/week)
- Weight loss of >5 pounds if participant is < 100 pounds, or >10 pounds if participant is at least 100 pounds (unintentional)?
- Persistent transaminitis (> 2X ULN on ?1 occasion since last visit)
- Gall stones
- Non-alcoholic fatty liver disease
- Has the participant had a liver biopsy
- Irritable bowel syndrome
- Inflammatory bowel disease
- Other

Other gastrointestinal condition, specify:

\_\_\_\_\_

### Dermatologic/Mucocutaneous

Has the participant experienced any symptoms, clinical findings, or diagnoses related to this organ system since the last visit?

- Yes  No

Has the participant been evaluated by a dermatologist since the last visit?

- Yes  No

Has the participant experienced any of the following symptoms, clinical findings, or diagnoses since the last visit (choose all that apply)?

- Persistent rash
- Bilateral conjunctival injection (not related to allergies)
- Oral ulcerations
- Periungual desquamation
- Gangrene
- Atopic dermatitis
- "COVID toes or fingers"
- Other

Other dermatologic/mucocutaneous condition, please specify

\_\_\_\_\_

### Genitourinary/Reproductive

Has the participant experienced any, clinical findings, or diagnoses related to this organ system since the last visit?

- Yes  No

Has the participant been evaluated by an obstetrician/gynecologist since the last visit?

- Yes  No  Not applicable

Has the participant experienced any of the following symptoms, clinical findings, or diagnoses since the last visit (choose all that apply)?

- Dysmenorrhea
- Menorrhagia
- Irregular menses
- Pregnancy
- Other

If pregnancy, has the participant delivered the baby?

- Yes  No

---

Outcome of pregnancy

- Live child
- Miscarriage
- Stillborn
- Elective termination
- Other

---

Other outcome of pregnancy, specify

\_\_\_\_\_

---

Other genitourinary/reproductive condition, specify

\_\_\_\_\_

## Additional Findings And Events

---

Participant ID \_\_\_\_\_

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

---

WARNING: The Follow Up Information and Vital Status form for this visit indicates that the participant has died or had a heart transplant; if correct, please do not complete this form.

Acknowledged

### Additional Associated Findings and Events

Were there associated findings and events since initial hospital discharge or last study visit, that were not already detailed in the cardiac or non-cardiac organ systems review (see Associated Findings and Events Code List for more information)?

Yes  No

**If there is at least 1 associated finding and/or event that occurred that was not already detailed in the cardiac or non-cardiac organ systems review, please note here, along with the associated code and date of occurrence**

#### Associated Finding/Event 1

Was this event cardiovascular in nature?

Yes  No  Not applicable, no further events

## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)}
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
  - A-0066: Sterile pyuria
  - A-0067: Strawberry tongue
  - A-0068: Strep throat (confirmed by throat culture)
  - A-0069: Sudden increase in fever
  - A-0070: Torticollis
  - A-0071: Vomiting
  - A-0072: Weakness
  - A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)
- 

Specify Findings/Event

---

Date

---

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

### **Associated Finding/Event 2**

---

Was this event cardiovascular in nature?

Yes    No    Not applicable, no further events

## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)



## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures



## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Findings/Event

---

Date

\_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

---

**Associated Finding/Event 4**

---

Was this event cardiovascular in nature?

- Yes    No    Not applicable, no further events

## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizure

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Findings/Event

---

Date

---

(mm-dd-yyyy or enter "-99" if unknown)

---

**Associated Finding/Event 5**

---

Was this event cardiovascular in nature?

- Yes    No    Not applicable, no further events



## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed}
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Findings/Event

---

Date

\_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

---

### **Associated Finding/Event 6**

Was this event cardiovascular in nature?

- Yes    No    Not applicable, no further events

## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures



## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures



- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Findings/Event

---

Date

---

(mm-dd-yyyy or enter "-99" if unknown)

---

**Associated Finding/Event 8**

---

Was this event cardiovascular in nature?

- Yes    No    Not applicable, no further events

## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Findings/Event

---

Date

---

(mm-dd-yyyy or enter "-99" if unknown)

---

**Associated Finding/Event 9**

---

Was this event cardiovascular in nature?

- Yes    No    Not applicable, no further events

## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Findings/Event

---

Date

---

(mm-dd-yyyy or enter "-99" if unknown)

---

**Associated Finding/Event 10**

---

Was this event cardiovascular in nature?

- Yes    No    Not applicable, no further events

## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)



## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Findings/Event

---

Date

---

(mm-dd-yyyy or enter "-99" if unknown)

# New Family History

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

WARNING: The Follow Up Information and Vital Status form for this visit indicates that the participant has died or had a heart transplant; if correct, please do not complete this form.

Acknowledged

**Have any family members been newly diagnosed with any of the following medical conditions currently or in the past? If so, who in the family has these conditions?**

**If completing this form for the first time, please note all conditions. If completing this form for additional times, please only note new diagnoses of conditions since the last visit.**

## COVID-19 infection not requiring hospitalization

Has anyone in participant's family had a COVID-19 infection not requiring hospitalization?  Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)  Parent  
 Sibling  
 Child

Distant relationship to participant (if multiple family members, choose all who apply)  Aunt  
 Uncle  
 Nephew  
 Niece  
 Grandparent  
 Half-Sibling  
 Great-Grandparent  
 Great Uncle/Aunt  
 First Cousin

## COVID-19 infection requiring hospitalization

Has anyone in participant's family had a COVID-19 infection requiring hospitalization?  Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)  Parent  
 Sibling  
 Child

Distant relationship to participant (if multiple family members, choose all who apply)

- Aunt
- Uncle
- Nephew
- Niece
- Grandparent
- Half-Sibling
- Great-Grandparent
- Great Uncle/Aunt
- First Cousin

### MIS-C

Has anyone in participant's family had MIS-C?

- Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)

- Parent
- Sibling
- Child

Distant relationship to participant (if multiple family members, choose all who apply)

- Aunt
- Uncle
- Nephew
- Niece
- Grandparent
- Half-Sibling
- Great-Grandparent
- Great Uncle/Aunt
- First Cousin

### Rheumatic heart disease

Has anyone in participant's family had rheumatic heart disease?

- Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)

- Parent
- Sibling
- Child

Distant relationship to participant (if multiple family members, choose all who apply)

- Aunt
- Uncle
- Nephew
- Niece
- Grandparent
- Half-Sibling
- Great-Grandparent
- Great Uncle/Aunt
- First Cousin

### Early onset coronary artery disease or myocardial infarction (40 yo or younger in men, 50 yo or younger in women)

Has anyone in participant's family had early onset coronary artery disease or myocardial infarction (40 yo or younger in men, 50 yo or younger in women)?

- Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)

- Parent
- Sibling
- Child

Distant relationship to participant (if multiple family members, choose all who apply)

- Aunt  
 Uncle  
 Nephew  
 Niece  
 Grandparent  
 Half-Sibling  
 Great-Grandparent  
 Great Uncle/Aunt  
 First Cousin

### Heart transplant

Has anyone in participant's family had a heart transplant?

- Yes    No

1st Degree relationship to participant (if multiple family members, choose all who apply)

- Parent  
 Sibling  
 Child

Distant relationship to participant (if multiple family members, choose all who apply)

- Aunt  
 Uncle  
 Nephew  
 Niece  
 Grandparent  
 Half-Sibling  
 Great-Grandparent  
 Great Uncle/Aunt  
 First Cousin

Age of onset of parent's heart transplant

- Less than 35  
 35-64  
 65 and older

Age of onset of sibling's heart transplant

- Less than 35  
 35-64  
 65 and older

Age of onset of participant's child's heart transplant

- Less than 35  
 35-64  
 65 and older

Age of onset of aunt's heart transplant

- Less than 35  
 35-64  
 65 and older

Age of onset of uncle's heart transplant

- Less than 35  
 35-64  
 65 and older

Age of onset of nephew's heart transplant

- Less than 35  
 35-64  
 65 and older

Age of onset of niece's heart transplant

- Less than 35  
 35-64  
 65 and older

Age of onset of grandparent's heart transplant  Less than 35  
 35-64  
 65 and older

Age of onset of half-sibling's heart transplant  Less than 35  
 35-64  
 65 and older

Age of onset of great-grandparent's heart transplant  Less than 35  
 35-64  
 65 and older

Age of onset of great uncle/aunt's heart transplant  Less than 35  
 35-64  
 65 and older

Age of onset of first cousin's heart transplant  Less than 35  
 35-64  
 65 and older

### Arrhythmia such as supraventricular tachycardia or ventricular tachycardia

Has anyone in participant's family had an arrhythmia such as supraventricular tachycardia or ventricular tachycardia?  Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)  Parent  
 Sibling  
 Child

Distant relationship to participant (if multiple family members, choose all who apply)  Aunt  
 Uncle  
 Nephew  
 Niece  
 Grandparent  
 Half-Sibling  
 Great-Grandparent  
 Great Uncle/Aunt  
 First Cousin

### Has had a pacemaker placed

Has anyone in participant's family had a pacemaker placed?  Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)  Parent  
 Sibling  
 Child

Distant relationship to participant (if multiple family members, choose all who apply)

- Aunt
- Uncle
- Nephew
- Niece
- Grandparent
- Half-Sibling
- Great-Grandparent
- Great Uncle/Aunt
- First Cousin

### Myocarditis or cardiomyopathy

Has anyone in participant's family had myocarditis or cardiomyopathy?

- Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)

- Parent
- Sibling
- Child

Distant relationship to participant (if multiple family members, choose all who apply)

- Aunt
- Uncle
- Nephew
- Niece
- Grandparent
- Half-Sibling
- Great-Grandparent
- Great Uncle/Aunt
- First Cousin

Age of onset of parent's myocarditis or cardiomyopathy

- Less than 35  
 35-64  
 65 and older

Age of onset of sibling's myocarditis or cardiomyopathy

- Less than 35  
 35-64  
 65 and older

Age of onset of participant's child's myocarditis or cardiomyopathy

- Less than 35  
 35-64  
 65 and older

Age of onset of aunt's myocarditis or cardiomyopathy

- Less than 35  
 35-64  
 65 and older

Age of onset of uncle's myocarditis or cardiomyopathy

- Less than 35  
 35-64  
 65 and older

Age of onset of nephew's myocarditis or cardiomyopathy

- Less than 35  
 35-64  
 65 and older

Age of onset of niece's myocarditis or cardiomyopathy

- Less than 35  
 35-64  
 65 and older

Age of onset of grandparent's myocarditis or cardiomyopathy  Less than 35  
 35-64  
 65 and older

Age of onset of half-sibling's myocarditis or cardiomyopathy  Less than 35  
 35-64  
 65 and older

Age of onset of great-grandparent's myocarditis or cardiomyopathy  Less than 35  
 35-64  
 65 and older

Age of onset of great uncle/aunt's myocarditis or cardiomyopathy  Less than 35  
 35-64  
 65 and older

Age of onset of first cousin's myocarditis or cardiomyopathy  Less than 35  
 35-64  
 65 and older

### Systemic lupus erythematosus (SLE)

Has anyone in participant's family had systemic lupus erythematosus (SLE)?  Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)  Parent  
 Sibling  
 Child

Distant relationship to participant (if multiple family members, choose all who apply)  Aunt  
 Uncle  
 Nephew  
 Niece  
 Grandparent  
 Half-Sibling  
 Great-Grandparent  
 Great Uncle/Aunt  
 First Cousin

### Rheumatoid arthritis

Has anyone in participant's family had rheumatoid arthritis?  Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)  Parent  
 Sibling  
 Child

Distant relationship to participant (if multiple family members, choose all who apply)  Aunt  
 Uncle  
 Nephew  
 Niece  
 Grandparent  
 Half-Sibling  
 Great-Grandparent  
 Great Uncle/Aunt  
 First Cousin



**Juvenile arthritis**

Has anyone in participant's family had juvenile arthritis?  Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)  Parent  
 Sibling  
 Child

Distant relationship to participant (if multiple family members, choose all who apply)  Aunt  
 Uncle  
 Nephew  
 Niece  
 Grandparent  
 Half-Sibling  
 Great-Grandparent  
 Great Uncle/Aunt  
 First Cousin

**Psoriasis**

Has anyone in participant's family had psoriasis?  Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)  Parent  
 Sibling  
 Child

Distant relationship to participant (if multiple family members, choose all who apply)  Aunt  
 Uncle  
 Nephew  
 Niece  
 Grandparent  
 Half-Sibling  
 Great-Grandparent  
 Great Uncle/Aunt  
 First Cousin

**Inflammatory Bowel Disease**

Has anyone in participant's family had Inflammatory Bowel Disease?  Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)  Parent  
 Sibling  
 Child

Distant relationship to participant (if multiple family members, choose all who apply)  Aunt  
 Uncle  
 Nephew  
 Niece  
 Grandparent  
 Half-Sibling  
 Great-Grandparent  
 Great Uncle/Aunt  
 First Cousin

**Fibromyalgia**

Has anyone in participant's family had fibromyalgia?  Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)  Parent  
 Sibling  
 Child

Distant relationship to participant (if multiple family members, choose all who apply)  Aunt  
 Uncle  
 Nephew  
 Niece  
 Grandparent  
 Half-Sibling  
 Great-Grandparent  
 Great Uncle/Aunt  
 First Cousin

**Other autoimmune or rheumatologic syndrome**

Has anyone in participant's family had an other autoimmune or rheumatologic syndrome?  Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)  Parent  
 Sibling  
 Child

Distant relationship to participant (if multiple family members, choose all who apply)  Aunt  
 Uncle  
 Nephew  
 Niece  
 Grandparent  
 Half-Sibling  
 Great-Grandparent  
 Great Uncle/Aunt  
 First Cousin

**Any immunodeficiency/problem with the immune system**

Has anyone in participant's family had any immunodeficiency/problem with the immune system?  Yes  No

**a. Severe combined immunodeficiency**

Has anyone in participant's family had a severe combined immunodeficiency?  Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)  Parent  
 Sibling  
 Child

Distant relationship to participant (if multiple family members, choose all who apply)

- Aunt
- Uncle
- Nephew
- Niece
- Grandparent
- Half-Sibling
- Great-Grandparent
- Great Uncle/Aunt
- First Cousin

### b. Autoimmune lymphoproliferative syndrome

Has anyone in participant's family had autoimmune lymphoproliferative syndrome?

- Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)

- Parent
- Sibling
- Child

Distant relationship to participant (if multiple family members, choose all who apply)

- Aunt
- Uncle
- Nephew
- Niece
- Grandparent
- Half-Sibling
- Great-Grandparent
- Great Uncle/Aunt
- First Cousin

### c. Chronic granulomatous disease

Has anyone in participant's family had chronic granulomatous disease?

- Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)

- Parent
- Sibling
- Child

Distant relationship to participant (if multiple family members, choose all who apply)

- Aunt
- Uncle
- Nephew
- Niece
- Grandparent
- Half-Sibling
- Great-Grandparent
- Great Uncle/Aunt
- First Cousin

**d. Common variable immunodeficiency**

Has anyone in participant's family had common variable immunodeficiency?  Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)  Parent  
 Sibling  
 Child

Distant relationship to participant (if multiple family members, choose all who apply)  Aunt  
 Uncle  
 Nephew  
 Niece  
 Grandparent  
 Half-Sibling  
 Great-Grandparent  
 Great Uncle/Aunt  
 First Cousin

**e. Congenital neutropenic syndromes**

Has anyone in participant's family had congenital neutropenic syndromes?  Yes  No

1st Degree relationship to participant (if multiple family members, choose all who apply)  Parent  
 Sibling  
 Child

Distant relationship to participant (if multiple family members, choose all who apply)  Aunt  
 Uncle  
 Nephew  
 Niece  
 Grandparent  
 Half-Sibling  
 Great-Grandparent  
 Great Uncle/Aunt  
 First Cousin

**f. Other immunodeficiency, specify**

Has anyone in participant's family had an other immunodeficiency? If yes, specify \_\_\_\_\_

1st Degree relationship to participant (if multiple family members, choose all who apply)  Parent  
 Sibling  
 Child

Distant relationship to participant (if multiple family members, choose all who apply)  Aunt  
 Uncle  
 Nephew  
 Niece  
 Grandparent  
 Half-Sibling  
 Great-Grandparent  
 Great Uncle/Aunt  
 First Cousin

**Other**

Has anyone in participant's family had another condition not listed above? If yes, specify the condition(s), relationship(s), and age(s) of onset.

\_\_\_\_\_

# Functional Status Score

---

Participant ID \_\_\_\_\_

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

---

WARNING: The Follow Up Information and Vital Status form for this visit indicates that the participant has died or had a heart transplant; if correct, please do not complete this form.

Acknowledged

---

**Please note the score for each of the 6 categories of the Functional Status Score, with the total score the sum of the scores of individual categories. The total score can range from 6-30, with normal score being 6 and a very severe dysfunction score equal to 30.**

---

Mental Status

- Normal (Score = 1): Normal sleep/wake periods; appropriate responsiveness
  - Mild Dysfunction (Score = 2): Sleepy but arousable to noise/touch/movement and/or periods of social nonresponsiveness
  - Moderate Dysfunction (Score = 3): Lethargic and/or irritable
  - Severe Dysfunction (Score = 4): Minimal arousal to stimuli (stupor)
  - Very Severe Dysfunction (Score = 5): Unresponsive, coma, and/or vegetative state
- 

Sensory Functioning

- Normal (Score = 1): Intact hearing and vision and responsive to touch
  - Mild Dysfunction (Score = 2): Suspected hearing or vision loss
  - Moderate Dysfunction (Score = 3): Not reactive to auditory stimuli or to visual stimuli
  - Severe Dysfunction (Score = 4): Not reactive to auditory stimuli and to visual stimuli
  - Very Severe Dysfunction (Score = 5): Abnormal responses to pain or touch
- 

Communication

- Normal (Score = 1): Appropriate noncrying vocalizations, interactive facial expressiveness, or gestures
  - Mild Dysfunction (Score = 2): Diminished vocalization, facial expression, and/or social responsiveness
  - Moderate Dysfunction (Score = 3): Absence of attention getting behavior
  - Severe Dysfunction (Score = 4): No demonstration of discomfort
  - Very Severe Dysfunction (Score = 5): Absence of communication
- 

Motor Functioning

- Normal (Score = 1): Coordinated body movements, normal muscle control, and awareness of action and reason
- Mild Dysfunction (Score = 2): 1 limb functionality impaired
- Moderate Dysfunction (Score = 3): 2 or more limb(s) functionality impaired
- Severe Dysfunction (Score = 4): Poor head control
- Very Severe Dysfunction (Score = 5): Diffuse spasticity, paralysis or decerebrate/decorticate posturing

---

**Feeding**

- Normal (Score = 1): All food taken by mouth with age-appropriate help
- Mild Dysfunction (Score = 2): Nothing by mouth or need for age-inappropriate help with feeding
- Moderate Dysfunction (Score = 3): Oral and tube feedings
- Severe Dysfunction (Score = 4): Parenteral nutrition with oral or tube feedings
- Very Severe Dysfunction (Score = 5): All parenteral nutrition

---

**Respiratory Status**

- Normal (Score = 1): Room air and no artificial support or aids
- Mild Dysfunction (Score = 2): Oxygen treatment and/or suctioning
- Moderate Dysfunction (Score = 3): Tracheostomy
- Severe Dysfunction (Score = 4): Continuous positive airway pressure treatment for all or part of the day and/or mechanical ventilatory support for part of the day
- Very Severe Dysfunction (Score = 5): Mechanical ventilatory support for all of the day and night

---

**Total Functional Status Score**

(Pollack MM, Holubkov R, Glass P, Dean JM, Meert KL, Zimmerman J, et al. Functional Status Scale: New Pediatric Outcome Measure. PEDIATRICS 2009:e18-28.  
[https://doi.org/10.1542/peds.2008-1987.](https://doi.org/10.1542/peds.2008-1987))

# General Health

---

Participant ID \_\_\_\_\_

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

---

WARNING: The Follow Up Information and Vital Status form for this visit indicates that the participant has died or had a heart transplant; if correct, please do not complete this form.

Acknowledged

---

## Does the participant feel that he/she is back to his/her baseline state of health (prior to MIS-C) with regards to the following?

Energy  Yes  No

---

If no, what percentage is the participant back to normal (choose best answer)

- approx. 0% (i.e., no improvement)
- approx. 25%
- approx. 50%
- approx. 75%
- >90%
- Does not know

---

Appetite  Yes  No

---

If no, what percentage is the participant back to normal (choose best answer)

- approx. 0% (i.e., no improvement)
- approx. 25%
- approx. 50%
- approx. 75%
- >90%
- Does not know

---

Sleep  Yes  No

---

If no, what percentage is the participant back to normal (choose best answer)

- approx. 0% (i.e., no improvement)
- approx. 25%
- approx. 50%
- approx. 75%
- >90%
- Does not know

---

Cognition  Yes  No

---

If no, what percentage is the participant back to normal (choose best answer)

- approx. 0% (i.e., no improvement)
- approx. 25%
- approx. 50%
- approx. 75%
- >90%
- Does not know

---

Personality/mood  Yes  No

---



---

If no, what percentage is the participant back to normal (choose best answer)

- approx. 0% (i.e., no improvement)
- approx. 25%
- approx. 50%
- approx. 75%
- >90%
- Does not know

# Annual General Health

---

Participant ID \_\_\_\_\_

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

---

WARNING: The Follow Up Information and Vital Status form for this visit indicates that the participant has died or had a heart transplant; if correct, please do not complete this form.

Acknowledged

---

Had the participant returned to his/her baseline at the last visit with regards to his/her energy, appetite, sleep, cognition, and personality/mood?

Yes  No

---

## Does the participant feel that he/she is back to his/her baseline state of health (prior to MIS-C) with regards to the following?

Energy  Yes  No

---

If no, what percentage is the participant back to normal (choose best answer)

- approx. 0% (i.e., no improvement)
- approx. 25%
- approx. 50%
- approx. 75%
- >90%
- Does not know

---

Appetite  Yes  No

---

If no, what percentage is the participant back to normal (choose best answer)

- approx. 0% (i.e., no improvement)
- approx. 25%
- approx. 50%
- approx. 75%
- >90%
- Does not know

---

Sleep  Yes  No

---

If no, what percentage is the participant back to normal (choose best answer)

- approx. 0% (i.e., no improvement)
- approx. 25%
- approx. 50%
- approx. 75%
- >90%
- Does not know

---

Cognition  Yes  No

---

---

If no, what percentage is the participant back to normal (choose best answer)

- approx. 0% (i.e., no improvement)
- approx. 25%
- approx. 50%
- approx. 75%
- >90%
- Does not know

---

Personality/mood

- Yes
- No

---

If no, what percentage is the participant back to normal (choose best answer)

- approx. 0% (i.e., no improvement)
- approx. 25%
- approx. 50%
- approx. 75%
- >90%
- Does not know

# PROMIS Global Health

---

Participant ID \_\_\_\_\_

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

---

WARNING: The Follow Up Information and Vital Status form for this visit indicates that the participant has died or had a heart transplant; if correct, please do not complete this form.

Acknowledged

---

**To assess participant's or the parent's/guardian's (if applicable) perception of the participants general health, please have the participant or parent please complete the appropriate PROMIS Tool.**

Was a PROMIS measure of Global Health completed?  Yes  No

---

If not, why not \_\_\_\_\_

---

Please choose the PROMIS tool that was administered

- PROMIS Measures for Pediatric Self-Report Global Health 7+2 (completed by the participant if aged 7-17 and developmentally willing and able to complete the form)
- PROMIS Measures for Parent Proxy Report Global Health 7+2 (complete by the parent/guardian if participant is aged < 7 or if the participant is older but unable or unwilling to complete the Pediatric Self-Report)
- PROMIS Measures for Adults (18+ yo)

## Pediatric Global Health

**Please respond to each question or statement by marking one box per row.**

In general, would you say your health is:

Excellent  Very Good  Good  Fair  Poor

---

In general, would you say your quality of life is:

Excellent  Very Good  Good  Fair  Poor

---

In general, how would you rate your physical health?

Excellent  Very Good  Good  Fair  Poor

---

In general, how would you rate your mental health, including your mood and your ability to think?

Excellent  Very Good  Good  Fair  Poor

---

How often do you feel really sad?

- Never  Rarely  Sometimes  Often  Always
- 

How often do you have fun with friends?

- Always  Often  Sometimes  Rarely  Never
- 

How often do your parents listen to your ideas?

- Always  Often  Sometimes  Rarely  Never

---

**In the past 7 days:**

---

I got tired easily

- Never  Almost Never  Sometimes  Often  Almost Always
- 

I had trouble sleeping when I had pain

- Never  Almost Never  Sometimes  Often  Almost Always

---

**Parent Proxy Global Health**

---

**Please respond to each question or statement by marking one box per row.**

---

In general, would you say your child's health is:

- Excellent  Very Good  Good  Fair  Poor
- 

In general, would you say your child's quality of life is:

- Excellent  Very Good  Good  Fair  Poor
- 

In general, how would you rate your child's physical health?

- Excellent  Very Good  Good  Fair  Poor
- 

In general, how would you rate your child's mental health, including mood and ability to think?

- Excellent  Very Good  Good  Fair  Poor
- 

How often does your child feel really sad?

- Never  Rarely  Sometimes  Often  Always
- 

How often does your child have fun with friends?

- Always  Often  Sometimes  Rarely  Never

---

How often does your child feel that you listen to his or her ideas?

- Always  Often  Sometimes  Rarely  Never

---

**In the past 7 days:**

My child got tired easily

- Never  Almost Never  Sometimes  Often  Almost Always

---

My child had trouble sleeping when he/she had pain

- Never  Almost Never  Sometimes  Often  Almost Always

---

**Adult Global Health**

**Please respond to each question or statement by marking one box per row.**

In general, would you say your health is:

- Excellent  Very Good  Good  Fair  Poor

---

In general, would you say your quality of life is:

- Excellent  Very Good  Good  Fair  Poor

---

In general, how would you rate your physical health?

- Excellent  Very Good  Good  Fair  Poor

---

In general, how would you rate your mental health, including your mood and your ability to think?

- Excellent  Very Good  Good  Fair  Poor

---

In general, how would you rate your satisfaction with your social activities and relationships?

- Excellent  Very Good  Good  Fair  Poor

---

In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)

- Excellent  Very Good  Good  Fair  Poor

---

To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

- Completely  Mostly  Moderately  A little  Not at all

**In the past 7 days:**

How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?

- Never  Rarely  Sometimes  Often  Always

How would you rate your fatigue on average?

- None  Mild  Moderate  Severe  Very Severe

How would you rate your pain on average?

- 0 No pain  1  2  3  4  5  6  7  8  9  10 Worst pain imaginable

# Hospital Readmission

---

Participant ID \_\_\_\_\_

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

**Please complete this form for any hospital readmission that lasted more than 24 hours and occurred after the initial hospital discharge for MIS-C but prior to the 6 month follow-up.**

Date of readmission

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Date of discharge for this hospital readmission

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

Admission at the MUSIC site hospital or another hospital

MUSIC site hospital  
 Other hospital

Was the participant admitted to the ICU during this readmission?

Yes  No  Unable to determine

Was the participant provided invasive positive pressure ventilation (via an endotracheal tube or tracheostomy) during this readmission?

Yes  No  Unable to determine

Did the participant receive vasoactive support (e.g. vasopressors or inotropes) during this readmission?

Yes  No  Unable to determine

Was the readmission potentially related to MIS-C/COVID-19 symptoms or complications?

Yes  No  Unable to determine

If no, reason for admission (after answering, this form is complete-no need to answer beyond this question)

Elective surgery unrelated to COVID/MIS-C  
 Trauma  
 Other

Please provide more details

\_\_\_\_\_

---

Hospital Readmission data is now complete; no need to enter medication information or other info if this hospital readmission was not potentially related to MIS-C/COVID-19 symptoms or complications

Acknowledged



**Symptoms/Reasons for readmission**

Presenting symptoms/reasons for admission

- Non-COVID Lower respiratory infection
- COVID+ Lower respiratory infection
- Suspected central nervous system infection
- Shock requiring vasopressors
- Respiratory failure requiring support
- Cardiac arrest with CPR
- Stroke or acute intracranial hemorrhage
- Recurrence of Kawasaki-like features
- Fever without other etiologies
- Persistently elevated inflammatory markers
- Medication related issues
- Arrhythmia
- Syncope
- Atrioventricular block (Second degree, type 2 or greater)
- Hemorrhagic stroke
- Ischemic stroke
- Bleeding event (other than stroke)
- Thrombotic event (other than stroke)
- Seizure or TIA
- Guillain-Barre
- Other neurologic symptom
- Not noted/unclear
- Other

Please specify other neurologic symptom

---

Please specify other presenting symptom/reasons for admission

---

**Procedures performed during hospitalization**

Procedures performed during the hospitalization?

 Yes  No  Unknown

If yes, please note procedures during the hospitalization (choose all that apply)

- Chest tube
- Pericardiocentesis
- Electrophysiology study
- Pericardial window
- Placement of Implantable Electronic Device (IED)
- Cardiac catheterization
- Other procedure

If had pericardiocentesis, date of procedure

---

  
(mm-dd-yyyy or enter "-99" if unknown)

If had electrophysiology study was performed, date of study

---

  
(mm-dd-yyyy or enter "-99" if unknown)

Was ablation performed?

 Yes  No  Unknown

Indication(s) for electrophysiology study/ablation  
(choose all that apply)

- Supraventricular tachycardia (AVRT)
- Supraventricular tachycardia (AVNRT)
- Ectopic atrial tachycardia
- Atrial flutter
- Atrial fibrillation
- Ventricular tachycardia
- Junctional tachycardia
- Frequent premature atrial contractions
- Frequent premature ventricular contractions
- Other

Specify other indication(s) for electrophysiology study/ablation

\_\_\_\_\_

If had a pericardial window, date of procedure

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

If IED was placed, date of IED placement

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

Type of IED (choose best answer)

- Endocardial atrial
- Endocardial ventricular
- Endocardial dual chamber
- Endocardial biventricular
- Epicardial atrial
- Epicardial ventricular
- Epicardial dual chamber
- Epicardial biventricular
- Implantable cardioverter defibrillator
- Implantable loop recorder

Indication for IED placement (Choose all that apply)

- Sinus node dysfunction
- Atrioventricular block
- Atrial tachycardia
- Ventricular tachycardia
- Ventricular dyssynchrony
- Inducible arrhythmia
- Cardiac arrest
- Unknown
- Other

Specify other indication(s) for IED placement

\_\_\_\_\_

If cardiac catheterization was performed, what was the date of cardiac catheterization

\_\_\_\_\_ (mm-dd-yyyy or enter "-99" if unknown)

Primary indication for cardiac catheterization (choose all that apply)

- Diagnostic/evaluate extent of coronary aneurysm(s)
- Chest pain with exertion
- Syncope with exertion
- Concerns for myocardial infarction
- Decreased ventricular function
- Pre-transplant evaluation
- Other

Specify other primary indication for cardiac catheterization

\_\_\_\_\_

Specify other procedure(s) performed during the hospitalization

---

### Labs and Images During Hospital Readmission

Labs and images performed during hospital readmission (choose all that apply)

- Labs
- Echocardiogram(s)
- ECG
- Cardiac MRI
- Exercise Test
- Cardiac CT
- Chest CT
- Chest X-Ray
- Brain MRI
- Brain CT
- None of the above were performed
- Unknown if any of the above were performed

For the Labs, ECG, Cardiac MRI, Exercise Test, Cardiac CT, Chest CT, and/or Chest X-Ray, please complete the test-specific data form, i.e., Laboratory Values, Electrocardiogram, Cardiac MRI, Exercise Test, Cardiac CT, Chest CT, and/or Ambulatory Monitoring. These forms are in the Repeating Forms section.

Additionally, if an echo during readmission has RCA or LAD z-max, the worst LV ejection fraction, or demonstrated the worst echocardiographic findings compared to the prior, please complete the Local Echocardiogram Form, and submit the echo to the Core Lab.

If multiple ECGs were obtained, please complete a form for the one with the worst/most abnormal findings.

If multiple Chest X-Rays were obtained, please complete a form for the one with the worst/most abnormal findings.

Acknowledged

How many echocardiograms were performed?

---

Were there any new or worse findings on the echocardiogram(s) obtained during the readmission compared to echo prior to readmission? Worse is defined as

- Coronary artery z-score increase by more than 1 unit
- Ejection fraction drop below 55% and a decrease by more than 5% from prior echo
- Increase in valve regurgitation to moderate or greater
- Increase in pericardial effusion size by more than 1 ordinal category

Yes    No    Unknown

### Medications

Was the participant on any medications at the time of readmission?

Yes    No

Were medications given during the hospitalization?

Yes    No

Please add or update the Medications Before and After Hosp. This form is located in the Repeating Forms section.

Acknowledged

**Additional Associated Findings**

**Please note any cardiac and non-cardiac associated findings and/or events that occurred during the readmission that were not already noted above, along with the associated code and date of occurrence (see Associated Findings and Events Code List).**

Were there associated findings and events since initial hospital discharge or last study visit, that are not already detailed in the cardiac or non-cardiac organ systems review above (see Associated Findings and Events Code List)?

Yes  No

**Associated Finding/Event 1**

Was this event cardiovascular in nature?

Yes  No

## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Findings/Event

---

Date of Occurrence

\_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

---

**Associated Finding/Event 2**

---

Was this event cardiovascular in nature?

- Yes    No    Not applicable, no further events

## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)



## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizure



## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizure



## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures





## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures



## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures



## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed}
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures





## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures



## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures



## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)



## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

---

Specify Findings/Event

---

Date of Occurrence

\_\_\_\_\_

\_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

# End of Study

---

Participant ID \_\_\_\_\_

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

---

Were any of the data derived from the Medical Record?  Yes  No

---

Is the participant alive?  Yes  No  
(If the participant has passed away, please complete the death form)

---

End of study reason

- Study completed
- Physician decision to withdraw
- Participant decision to withdraw
- Waiver of consent initially obtained but later when participant was approached for consent, he/she declined
- Lost to follow-up
- Site closed
- Study closed
- Other (please explain below in comments)

---

End of study date \_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

---

Please add comments about the end of study

\_\_\_\_\_

---

## Consent withdraw for the biospecimen

---

Was biospecimen consent withdrawn?  Yes  No

---

Reason for withdrawing biospecimen consent

\_\_\_\_\_

---

Date biospecimen consent was withdrawn \_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

# Heart Transplant

---

Participant ID \_\_\_\_\_

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

**INSTRUCTIONS: Complete this form 5 years after MIS-C diagnosis, or at any end of study disposition including withdrawal, or at cardiac transplant**

---

Were any of the data derived from the Medical Record?  Yes  No

---

Has the participant undergone a heart transplant?  Yes  No

---

Date of heart transplant

\_\_\_\_\_  
(mm-dd-yyyy or enter "-99" if unknown)

# Death

---

Participant ID

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

---

WARNING: The End of Study form does NOT indicate that this participant has died. Please check the End of Study form and ensure that it is complete with consistent information

Acknowledged

---

## Please answer the following questions if the participant has died

If the participant has died, date death known?  Yes  No

---

Date of death

---

(mm-dd-yyyy or enter "-99" if unknown)

---

Was an autopsy performed?  Yes  No

---

Could the cause of death potentially be related to MIS-C/COVID-19 complications/health related issues?  Yes  No

---

If no, cause of death  Trauma  
 Following surgery, unrelated to MIS-C/COVID-19  
 Other

---

Specify other

---

If yes, could the primary cause of death be attributed to any of the following

- Cardiovascular-related
- VTE-related fatal PE
- VTE-related fatal non-hemorrhagic stroke
- VTE-related fatal MI
- Fatal bleeding
- Respiratory failure-related
- Infection other than COVID-19
- Malignancy
- CNS-related
- Withdrawal of support
- Drug toxicity
- Other organ failure (specify below)
- Other (specify below)

---

Narrative about cause of death

---

# Protocol Deviation

---

Participant ID

---

---

**Instructions: Please complete a new form for each Protocol Deviation**

---

Date of protocol deviation

(mm-dd-yyyy or enter "-99" if unknown)

---

Please select the visit where the deviation occurred

- Day 1
- Hospital Discharge
- 2 Weeks Post Discharge
- 6 Weeks Post Discharge
- 3 Months Post Discharge
- 6 Months Post Discharge
- 1 Year Post Discharge
- 2 Years Post Discharge
- 3 Years Post Discharge
- 4 Years Post Discharge
- 5 Years Post Discharge
- Other

(If deviations occurred at more than one visit, please enter additional deviation pages to record the ones that occurred at other visits)

---

Please select type of protocol deviation (if applicable) and explain in more detail below:

- ICF not signed/Dated appropriately
- One or more of the inclusion/exclusion criteria was not met
- Assessment/Procedure not completed
- Assessment/Procedure done incorrectly
- Adverse events not reported within protocol defined time frame
- HIPAA violation
- Other (please describe below)

---

Please select all the inclusion/exclusion criteria that were not met (choose all that apply):

- Age < 21 years.
- Fever above or equal to 38 degrees Celsius for at least 24 hours, or report of subjective fever lasting at least 24 hours.
- Laboratory evidence of inflammation, including, but not limited to, one or more of the following: an elevated CRP, ESR, fibrinogen, procalcitonin, d-dimer, ferritin, LDH, or IL-6, elevated neutrophils, reduced lymphocytes and low albumin.
- Evidence of clinically severe illness requiring hospitalization, with multisystem (2 or more) organ involvement, based on clinical judgment from record review, discharge diagnosis, laboratory or diagnostic tests. Organ system involvement includes but is not limited to cardiac, renal, respiratory, hematologic including coagulopathy, gastrointestinal including liver, dermatologic or neurological.
- Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the 4 weeks prior to the onset of symptoms.
- No plausible alternative diagnosis, such as bacterial sepsis, murine typhus, staphylococcal or streptococcal shock syndromes.

---

Please select the assessment that was not completed:

- Demographics
- Medical History (may include baseline health, clinical presentation, SARSCOV2 and respiratory panel testing, bacterial or fungal testing, clinical course, discharge, or any follow up medical history)
- Family History at post-discharge follow-up visit
- Clinical Laboratory Values
- PROMIS Scale
- Information about Medications
- Echocardiogram
- EKG
- Cardiac MRI (if early LV dysfunction) required at Month 3
- Exercise Test (required at Month 3 if early LV dysfunction)
- Other imaging
- Research biorepository specimen  
(If more than one was not done, please enter one protocol deviation page for each)

---

If applicable, please explain why the biospecimen was not collected. Please keep in mind that if the participant declined to provide a sample or withdrew, this is not a protocol deviation

---

---

Please select the assessment that was not completed correctly per protocol

- Demographics
  - Medical History (may include baseline health, clinical presentation, SARSCOV2 and respiratory panel testing, bacterial or fungal testing, clinical course, discharge, or any follow up medical history)
  - Family History at post-discharge follow-up visit
  - Clinical Laboratory Values
  - PROMIS Scale
  - Information about Medications
  - Echocardiogram
  - EKG
  - Cardiac MRI (if early LV dysfunction) required at Month 3
  - Exercise Test (required at Month 3 if early LV dysfunction)
  - Other imaging
  - Research biorepository specimen
- (If more than one was not done correctly, please enter one protocol deviation page for each)

---

Please provide additional details regarding the deviation

---



# Adverse Event Initial Report

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

**INSTRUCTIONS: Please check this information from the protocol prior to entering an Adverse Event to ensure that the event meets the definition of an AE for this study:**

**"Because this MIS-C study is observational, we do not anticipate that serious adverse events related to this study will occur. The minor potential risks to study participation are described in detail in Section 10, Human Subjects [of the study protocol]. Any complication during a study evaluation, or change in function occurring within 24 hours of a study evaluation, will be considered an adverse event and reported as described below. An AE is any untoward medical occurrence experienced by a study subject. An event can be any unfavorable and unintended sign, symptom, laboratory abnormality, or disease associated with study participation" (Long-Term Outcomes after the Multisystem Inflammatory Syndrome In Children: MUSIC Protocol Version 2: August 27, 2020, pp. 26-27).**

Adverse event number (e.g., 1, 2, 3) \_\_\_\_\_

Date of adverse event onset \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

Time event started/was diagnosed \_\_\_\_\_

(HH:MM 24 hour clock)

Date site became aware of event \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

Adverse event occurrence

Inpatient  Outpatient

Is this AE related to a separately reported AE that occurred prior to this one?

Yes  No

If yes, what is the AE number of the previous AE? \_\_\_\_\_

Please explain how this AE is related to the previous AE: \_\_\_\_\_

Briefly describe the event from start to resolution \_\_\_\_\_

---

Adverse Event term

---

Was this event cardiovascular in nature?

Yes  No

---

Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010
- Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in aneurysm
- B-0018: Non-occlusive coronary artery thrombus in aneurysm
- B-0019: Coronary artery aneurysm (z-score above or equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring electrical cardioversion
- B-0022: Ventricular tachycardia requiring electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical cardioversion
- B-0024: Atrial flutter requiring electrical cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring adenosine
- B-0028: Supraventricular tachycardia requiring electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

Specify other \_\_\_\_\_

**Treatment/Intervention**

Were any labs, tests, or studies done to diagnose/evaluate this event?  Yes  No

Was medication administered to treat this event?  Yes  No

Enter the number of medications here. Complete the Additional Medications form to list each medication and include the AE number from this form. \_\_\_\_\_

Was participant placed on extracorporeal membrane oxygenation (ECMO) in relation to this event?  Yes  No

Was participant intubated or placed on mechanical ventilation in relation to this event?  Yes  No

Did participant receive cardiopulmonary resuscitation in relation to this event?  Yes  No

Was another treatment administered or intervention performed for this event?  Yes  No

If yes, specify \_\_\_\_\_

**Expected/Related**

Was this event related to the obtaining research study samples or tests?  Not Related  Possibly Related  Probably Related

Expectedness  Expected  Unexpected

SAE	
Seriousness of event	<input type="radio"/> Grade 1 Mild <input type="radio"/> Grade 2 Moderate <input type="radio"/> Grade 3 Severe <input type="radio"/> Grade 4 Life-threatening or disabling <input type="radio"/> Grade 5 Death (Please complete Death or Transplant form, if applicable.)
Is this a Serious Adverse Event (SAE)?	<input type="radio"/> Yes <input type="radio"/> No (If yes, at least one criteria 1-6 below must be yes)
1. Resulted in death	<input type="radio"/> Yes <input type="radio"/> No (If yes, the SAE question above should be "Yes")
How is this AE related to the cause of death?	_____
If death, date of death	_____
	(mm-dd-yyyy or enter "-99" if unknown)
2. Is life-threatening (the participant was, in the view of the Principal Investigator, in immediate danger of death from the event as it occurred)	<input type="radio"/> Yes <input type="radio"/> No (If yes, the SAE question above should be "Yes")
3. Requires inpatient hospitalization or prolongation of existing hospitalization	<input type="radio"/> Yes <input type="radio"/> No (If yes, the SAE question above should be "Yes")
Hospitalization date	_____
	(mm-dd-yyyy or enter "-99" if unknown)
Has the participant been discharged?	<input type="radio"/> Yes <input type="radio"/> No
Discharge date	_____
	(mm-dd-yyyy or enter "-99" if unknown)
4. Results in persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions	<input type="radio"/> Yes <input type="radio"/> No (If yes, the SAE question above should be "Yes")
5. Is a congenital anomaly/birth defect in the offspring of a participant	<input type="radio"/> Yes <input type="radio"/> No (If yes, the SAE question above should be "Yes")
6. Is an Important Medical Event that may jeopardize the participant or may require medical/surgical intervention to prevent one of the serious adverse event outcomes	<input type="radio"/> Yes <input type="radio"/> No (If yes, the SAE question above should be "Yes")



# Adverse Event Follow Up Report

---

Participant ID

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

---

Adverse event number (e.g., 1, 2, 3)

---

## Adverse Event Follow Up Details

Did anything change since the initial form was completed? If yes, please update ONLY information below that has changed since the initial report

Yes  No

---

Date of adverse event onset

---

(mm-dd-yyyy or enter "-99" if unknown)

---

Time event started/was diagnosed

---

(HH:MM 24 hour clock)

---

Date site became aware of event

---

(mm-dd-yyyy or enter "-99" if unknown)

---

Adverse event occurrence

Inpatient  Outpatient

---

Is this AE related to a separately reported AE that occurred prior to this one?

Yes  No

---

If yes, what is the AE number of the previous AE?

---

---

Please explain how this AE is related to the previous AE:

---

---

Briefly describe the event from start to resolution

---

---

Adverse Event term

---

---

Was this event cardiovascular in nature?

Yes  No

## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)



## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

Specify Other \_\_\_\_\_

**Treatment/Intervention**

Were any labs, tests, or studies done to diagnose/evaluate this event?  Yes  No

Was medication administered to treat this event?  Yes  No

Enter the number of medications here. Complete the Additional Medications form to list each medication and include the AE number from this form. \_\_\_\_\_

Was participant placed on extracorporeal membrane oxygenation (ECMO) in relation to this event?  Yes  No

Was participant intubated or placed on mechanical ventilation in relation to this event?  Yes  No

Did participant receive cardiopulmonary resuscitation in relation to this event?  Yes  No

Was another treatment administered or intervention performed for this event?  Yes  No

If yes, specify \_\_\_\_\_

**Expected/Related**

Was this event related to the obtaining research study samples or tests?  Not Related  Possibly Related  Probably Related

Expectedness  Expected  Unexpected

SAE	
Seriousness of event	<input type="radio"/> Grade 1 Mild <input type="radio"/> Grade 2 Moderate <input type="radio"/> Grade 3 Severe <input type="radio"/> Grade 4 Life-threatening or disabling <input type="radio"/> Grade 5 Death (Please complete Death or Transplant form, if applicable.)
Is this a Serious Adverse Event (SAE)?	<input type="radio"/> Yes <input type="radio"/> No (If yes, at least one criteria 1-6 below must be yes)
1. Resulted in death	<input type="radio"/> Yes <input type="radio"/> No (If yes, the SAE question above should be "Yes")
How is this AE related to the cause of death?	_____
If death, date of death	_____
	(mm-dd-yyyy or enter "-99" if unknown)
2. Is life-threatening (the participant was, in the view of the Principal Investigator, in immediate danger of death from the event as it occurred)	<input type="radio"/> Yes <input type="radio"/> No (If yes, the SAE question above should be "Yes")
3. Requires inpatient hospitalization or prolongation of existing hospitalization	<input type="radio"/> Yes <input type="radio"/> No (If yes, the SAE question above should be "Yes")
Hospitalization date	_____
	(mm-dd-yyyy or enter "-99" if unknown)
Has the participant been discharged?	<input type="radio"/> Yes <input type="radio"/> No
Discharge date	_____
	(mm-dd-yyyy or enter "-99" if unknown)
4. Results in persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions	<input type="radio"/> Yes <input type="radio"/> No (If yes, the SAE question above should be "Yes")
5. Is a congenital anomaly/birth defect in the offspring of a participant	<input type="radio"/> Yes <input type="radio"/> No (If yes, the SAE question above should be "Yes")
6. Is an Important Medical Event that may jeopardize the participant or may require medical/surgical intervention to prevent one of the serious adverse event outcomes	<input type="radio"/> Yes <input type="radio"/> No (If yes, the SAE question above should be "Yes")



# Medical Monitor Review

---

Participant ID

---

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

---

**Instructions: This form is only to be completed by the medical monitor**

---

Adverse Event number as reported by site

---

Adverse Event term as reported by site

---

Adverse Event onset date as reported by site

---

Review date

---

Do you agree with the AE term assigned by the site?

Yes  No

If No, specify event name

---

In your opinion, was this event cardiovascular in nature?

Yes  No

## Cardiovascular event code

- B-0001: Peripheral (non-cardiac) Aneurysms
- B-0002: Angina
- B-0003: Arrhythmia
- B-0004: Cardiac arrest
- B-0005: Cardiac catheterization
- B-0006: Cardiogenic shock
- B-0007: Chest pain not likely to be cardiac
- B-0008: Chest pain cardiac related
- B-0009: Congestive Heart Failure (CHF) B-0010  
Dizziness complaints of
- B-0011: Exercise intolerance (by history)
- B-0012: Gallop
- B-0013: Hypertension (SBP>95th percentile)
- B-0014: Hypotension (SBP< 5th percentile)
- B-0015: Myocardial infarction
- B-0016: Myocardial ischemia
- B-0017: Occlusive coronary artery thrombus in  
aneurysm
- B-0018: Non-occlusive coronary artery thrombus in  
aneurysm
- B-0019: Coronary artery aneurysm (z-score above or  
equal to 2.5)
- B-0020: Intracardiac thrombus
- B-0021: Ventricular fibrillation requiring  
electrical cardioversion
- B-0022: Ventricular tachycardia requiring  
electrical cardioversion
- B-0023: Atrial fibrillation requiring electrical  
cardioversion
- B-0024: Atrial flutter requiring electrical  
cardioversion
- B-0025: Palpitations
- B-0026: Shock
- B-0027: Supraventricular tachycardia requiring  
adenosine
- B-0028: Supraventricular tachycardia requiring  
electrical cardioversion
- B-0029: Syncope
- B-9999: Other cardiac specify  
(See CTCAE-MedDRA Code List for more details)

## Non-cardiovascular event code

- A-0001: Abdominal pain
- A-0002: Acne
- A-0003: Anaphylaxis
- A-0004: Anemia (Hct < 30 mg/dl)
- A-0005: Anterior Uveitis (documented by ophthalmology exam)
- A-0006: Arthralgia
- A-0007: Arthritis, proximal interphalangeal (PIP) joints
- A-0008: Arthritis, distal interphalangeal (DIP) joints
- A-0009: Arthritis, ankles
- A-0010: Arthritis, elbows
- A-0011: Arthritis, hips
- A-0012: Arthritis, knees
- A-0013: Arthritis, shoulders
- A-0014: Arthritis, wrists
- A-0015: Aseptic meningitis (confirmed by Lumbar Puncture)
- A-0016: Beau's lines
- A-0017: Blurred vision
- A-0018: Bulbar conjunctivitis
- A-0019: Cervical lymphadenopathy (>1.5 cm)
- A-0020: Complication of IV line
- A-0021: Cough
- A-0022: Cyanosis
- A-0023: Death
- A-0024: Desquamation, genitourinary area
- A-0025: Desquamation, lips
- A-0026: Diabetes Insipidus
- A-0027: Diarrhea
- A-0028: Dyspnea
- A-0029: Dysuria
- A-0030: Elevated liver function tests (>2x normal)
- A-0031: Encephalitis
- A-0032: Erythema, palms
- A-0033: Erythema, soles
- A-0034: Eczema
- A-0035: Fluid retention/Edema
- A-0036: Flushing
- A-0037: Headache
- A-0038: Hearing loss
- A-0039: Hemolytic anemia
- A-0040: Hives
- A-0041: Hydrops of gall bladder (documented by ultrasound)
- A-0042: Hyperglycemia (glucose>150 mg/dl)
- A-0043: Increased appetite
- A-0044: Insomnia
- A-0045: Irritability
- A-0046: Mood changes
- A-0047: Nervousness
- A-0048: Pancreatitis
- A-0049: Periungual desquamation hands
- A-0050: Periungual desquamation feet
- A-0051: Pneumonia (documented on chest x-ray)
- A-0052: Pseudotumor cerebri
- A-0053: Psoriasis
- A-0054: Pustular psoriasis
- A-0055: Rash new onset
- A-0056: Rash hives
- A-0057: Rash eczema
- A-0058: Rash pustular-psoriasis
- A-0059: Renal failure (Creatinine >1.5 mg/dL)
- A-0060: Rhinorrhea
- A-0061: Rigors
- A-0062: Sepsis suspected (not confirmed)
- A-0063: Sepsis (confirmed by blood cultures)
- A-0064: Seizures

- A-0065: Small bowel obstruction
- A-0066: Sterile pyuria
- A-0067: Strawberry tongue
- A-0068: Strep throat (confirmed by throat culture)
- A-0069: Sudden increase in fever
- A-0070: Torticollis
- A-0071: Vomiting
- A-0072: Weakness
- A-9999: Other non-cardiac specify  
(See CTCAE-MedDRA Code List for more details)

Specify Other \_\_\_\_\_

**Expected/Related**

In your opinion, was this event related to the obtaining research study samples or tests?

- Not Related
- Possibly Related
- Probably Related

In your opinion, is this event expected (nature or severity is consistent with information in the protocol, consent form, or Investigator brochure)?

- Expected
- Unexpected

In your opinion, what was the intensity/grade of this event? (select one):

- Grade 1 Mild
- Grade 2 Moderate
- Grade 3 Severe
- Grade 4 Life-threatening or disabling
- Grade 5 Death  
(Please complete Death or Transplant form, if applicable.)

**SAE**

In your opinion, is this an SAE?

- Yes
- No  
(If yes, at least one criteria 1-6 below must be yes)

**Which (if any) of the following criteria were met with this event? (answer all questions)**

1. Resulted in death

- Yes
- No  
(If yes, the SAE question above should be "Yes")

2. Is life-threatening (the participant was, in the view of the Principal Investigator, in immediate danger of death from the event as it occurred)

- Yes
- No  
(If yes, the SAE question above should be "Yes")

3. Requires inpatient hospitalization or prolongation of existing hospitalization

- Yes
- No  
(If yes, the SAE question above should be "Yes")

4. Results in persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions

- Yes
- No  
(If yes, the SAE question above should be "Yes")

5. Is a congenital anomaly/birth defect in the offspring of a participant

- Yes
- No  
(If yes, the SAE question above should be "Yes")



---

6. Is an Important Medical Event that may jeopardize the participant or may require medical/surgical intervention to prevent one of the serious adverse event outcomes

Yes  No  
(If yes, the SAE question above should be "Yes")

---

Provide a brief summary of your review of this event

---

# Additional Informed Consent

Participant ID \_\_\_\_\_

WARNING: The eligibility form does NOT indicate that this participant is eligible. Please do not complete this form until the participant is eligible according to the Eligibility Form

Acknowledged

**Please complete this additional informed consent form ONLY in the following scenario:  
--The participant could not be reached at screening and was enrolled with a waiver, but later was contacted and consented.**

**If the participant was enrolled with a waiver but later contacted for consent and declined to consent, please do NOT complete this form. Instead, go to the End of Study form.**

Was consent obtained from the Participant/Parent/Legal guardian?

Yes  No

Date consent signed \_\_\_\_\_

(mm-dd-yyyy or enter "-99" if unknown)

## Genetic Biorepository Consent

Did the Participant/Parent/Legal guardian agree to genetic biorepository?

Yes  No

Did the participant agree to: "I agree to have my data and samples shared in a central biobank after PHN funding ends for future studies in heart disease and other diseases."

Yes  No

Did the participant agree to: "I agree to be contacted in the future for return of results of my genetic testing."

Yes  No

Did the participant agree to: "I agree to be contacted in the future to collect health information about me and my family and to be offered participation in new studies."

Yes  No

## Health Plan Claims Data

RELEASE OF HEALTH PLAN CLAIMS DATA (for use only for those insured by an Anthem Health Plan - US Only)

Not Applicable  Yes  
 No

Name of Health Plan \_\_\_\_\_