Malaria required variables are in **bold**. Answers are: Yes, No, Unknown to case
### Pregnancy

**Pregnancy status at time of symptom onset**

- [ ] Pregnant  (Estimated) delivery date ___/___/___  Weeks pregnant at any symptom onset _____
- [ ] Not pregnant

**Outcome of pregnancy**

- [ ] Still pregnant
- [ ] Fetal death (miscarriage or stillbirth)
- [ ] Abortion
- [ ] Other
- [ ] Delivered – full term
- [ ] Delivered – preemie
- [ ] Delivered – Unk

**Travel out of**

- [ ] County/City ______________________
- [ ] State ______________________
- [ ] Country ______________________
- [ ] Other ______________________
- [ ] Destination name ________________

**Start and end dates**

- [ ] _____ to _____

**Hospitalization**

- [ ] Yes
- [ ] No
- [ ] Unk

- [ ] Hospitalized at least overnight for this illness
- [ ] Facility name ______________________

- [ ] Hospital admission date ___/___/___
- [ ] Discharge ___/___/___
- [ ] HRN _____________________

- [ ] Still hospitalized

- [ ] As of ___/___/___

**Risk and Exposure Information**

- [ ] Country ______________________

**Exposure and Transmission Summary**

- [ ] In Washington – county ______________________
- [ ] Other state ______________________

- [ ] Not in US - country ______________________

- [ ] Incident country ______________________

- [ ] Location of death

- [ ] Outside of hospital (e.g., home or in transit to the hospital)

- [ ] Emergency department (ED)

- [ ] Inpatient ward

- [ ] ICU

- [ ] Other ______________________

**International travel related**

- [ ] During entire exposure period
- [ ] During part of exposure period
- [ ] No international travel

**Public Health Issues**

- [ ] Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset or diagnosis

- [ ] Agency and location ______________________

- [ ] Date ___/___/___

**Public Health Interventions/Actions**

- [ ] Notified blood or tissue bank (if recent donation)

**Clinical testing**

- [ ] % Parasitemia ______

**Hospitalization**

- [ ] Still hospitalized

- [ ] As of ___/___/___

**Travel**

- [ ] Setting 1
- [ ] Setting 2
- [ ] Setting 3

**Destination name**

- [ ] County/City ______________________
- [ ] State ______________________
- [ ] Country ______________________
- [ ] Other ______________________

**Start and end dates**

- [ ] _____ to _____

**Risk and Exposure Information**

- [ ] Country ______________________

**Exposure and Transmission Summary**

- [ ] In Washington – county ______________________

- [ ] Other state ______________________

- [ ] Not in US - country ______________________

- [ ] Incident country ______________________

**Public Health Issues**

- [ ] Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset or diagnosis

- [ ] Agency and location ______________________

- [ ] Date ___/___/___

**Public Health Interventions/Actions**

- [ ] Notified blood or tissue bank (if recent donation)

**TREATMENT**

- [ ] Did patient receive prophylaxis/treatment

- [ ] Specify Anti-malarial

**Number of days actually taken ________

**Treatment start date ___/___/___

**Treatment end date ___/___/___

**Were all pills taken as prescribed**

- [ ] Yes
- [ ] No

**Missed doses**

- [ ] No
- [ ] Yes

**Reason for missed doses**

- [ ] Forgot
- [ ] Didn’t think needed
- [ ] Had side effects (specify ______________________)

- [ ] Advised by others to stop
- [ ] Prematurely stopped taking once home

- [ ] Other ______________________

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Malaria required variables are in **bold**. Answers are: Yes, No, Unknown to case
NOTES

LAB RESULTS

Lab report information

Lab report reviewed – LJH
WDRS user-entered lab report note

Submitter
Performing lab for entire report
Referring lab

Specimen
Specimen identifier/accession number
Specimen collection date ___/___/___ Specimen received date ___/___/___
WDRS specimen type
WDRS specimen source site
WDRS specimen reject reason

Test performed and result
WDRS test performed
WDRS test result, coded
WDRS test result, comparator
WDRS result, numeric only (enter only if given, including as necessary Comparator and Unit of measure) _______
WDRS unit of measure ______
Test method ________________
WDRS interpretation code
Test result – Other, specify
WDRS result summary

Test result status
Final results; Can only be changed with a corrected result
Preliminary results
Record coming over is a correction and thus replaces a final result
Results cannot be obtained for this observation
Specimen in lab; results pending

Result date ___/___/___

Upload document

Ordering Provider
WDRS ordering provider ________________________________

Ordering facility
WDRS ordering facility name ________________________________

Malaria required variables are in **bold**. Answers are: Yes, No, Unknown to case