

**Michigan Interim 2019 Novel Coronavirus (2019-nCoV)  
Patient Under Investigation (PUI) Cover Sheet  
January 2020**

Please use the attached **CDC Interim 2019 novel coronavirus (2019-nCoV) patient under investigation (PUI) form**. Specimens must be approved by the Michigan Department of Health & Human Services (MDHHS) Communicable Disease Division **(517) 335-8165** prior to submission to the MDHHS Bureau of Laboratories (BOL). **The completed CDC PUI Form with intact cover sheet (with patient identifiers below) should be faxed to the MDHHS Communicable Disease Division at (517) 335-8263.**

(This cover sheet with patient identifiers will be removed by MDHHS before sending the PUI Form to the CDC.)

**Patient Information:**

First name \_\_\_\_\_ Last name \_\_\_\_\_

MDSS ID number (MDHHS use): \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex: Female Male

Street address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

Patient phone number(s): \_\_\_\_\_

Healthcare Facility Name: \_\_\_\_\_ Hospital ID (Medical Record) number \_\_\_\_\_

For additional information about 2019 Novel Coronavirus, please see:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

**PROVIDERS: DO NOT TEAR OFF THIS COVER SHEET  
PLEASE KEEP ATTACHED TO THE CDC PUI FORM when you fax to  
MDHHS Communicable Disease Division at 517-335-8263**



**Internal use**  
CDC nCoV ID \_\_\_\_\_

## Interim 2019 novel coronavirus (2019-nCoV) patient under investigation (PUI) form

Today's date \_\_\_\_\_  
 State patient MDSS ID \_\_\_\_\_ NNDSS ID \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_  
 Interviewer's name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Physician's name \_\_\_\_\_ Phone \_\_\_\_\_ Pager or Email \_\_\_\_\_  
 Sex  M  F Age \_\_\_\_\_ yr  mo Residency  US resident  Non-US resident, country \_\_\_\_\_

*PUI Criteria*

Date of symptom onset \_\_\_\_\_  
**Does the patient have the following signs and symptoms (check all that apply)?**

Fever<sup>1</sup>  Cough  Sore throat  Shortness of breath

**In the 14 days before symptom onset, did the patient:**

Spend time in Wuhan City, China?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Does the patient live in Wuhan City?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Date traveled to Wuhan City _____ Date traveled from Wuhan City _____ Date arrived in US _____	
Have close contact <sup>2</sup> with a person who is under investigation for 2019-nCoV while that person was ill?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Have close contact <sup>2</sup> with a laboratory-confirmed 2019-nCoV case while that case was ill?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown

*Additional Patient Information*

Is the patient a health care worker?  Y  N  Unknown  
 Have history of being in a healthcare facility (as a patient, worker, or visitor) in Wuhan City, China?  Y  N  Unknown  
 Is patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which nCoV is being evaluated?  Y  N  Unknown

**Does the patient have these additional signs and symptoms (check all that apply)?**

Chills  Headache  Muscle aches  Vomiting  Abdominal pain  Diarrhea  Other, Specify \_\_\_\_\_

**Diagnosis (select all that apply):** Pneumonia (clinical or radiologic)  Y  N Acute respiratory distress syndrome  Y  N

**Comorbid conditions (check all that apply):**  None  Unknown  Pregnancy  Diabetes  Cardiac disease  Hypertension

Chronic pulmonary disease  Chronic kidney disease  Chronic liver disease  Immunocompromised  Other, specify \_\_\_\_\_

**Is/was the patient: Hospitalized?**  Y, admit date \_\_\_\_\_  N **Admitted to ICU?**  Y  N

**Intubated?**  Y  N **On ECMO?**  Y  N **Patient died?**  Y  N

**Does the patient have another diagnosis/etiology for their respiratory illness?**  Y, Specify \_\_\_\_\_  N  Unknown

**Respiratory diagnostic results**

Test	Pos	Neg	Pending	Not done
Influenza rapid Ag <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza PCR <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. metapneumovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parainfluenza (1-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test	Pos	Neg	Pending	Not done
Rhinovirus/enterovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronavirus (OC43, 229E, HKU1, NL63)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>M. pneumoniae</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>C. pneumoniae</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Specimens for 2019-nCoV testing**

Specimen type	Specimen ID	Date collected	Sent to CDC?
NP swab			<input type="checkbox"/>
OP swab			<input type="checkbox"/>
Sputum			<input type="checkbox"/>
BAL fluid			<input type="checkbox"/>
Tracheal aspirate			<input type="checkbox"/>

Specimen type	Specimen ID	Date collected	Sent to CDC?
Stool			<input type="checkbox"/>
Urine			<input type="checkbox"/>
Serum			<input type="checkbox"/>
Other, specify _____			<input type="checkbox"/>
Other, specify _____			<input type="checkbox"/>

<sup>1</sup> Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations  
<sup>2</sup> Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.