

CTS COVID-19 SERUM STUDY

PRE-TX SARS-CoV-2-SPECIFIC QUESTIONNAIRE

RECIPIENT (Last Name, First Name or Center ID) _____

TRANSPLANT DATE _____ (Day/Month/Year)

DATE OF SARS-CoV-2 SYMPTOM ONSET _____ (Day/Month/Year)

SARS-CoV-2-ASSOCIATED MORBIDITIES AT TIME OF TRANSPLANT

Cerebrovascular Yes No

Cardiovascular Yes No

Lung disease Yes No

Kidney failure Yes No

Thromboembolic complications Yes No

Dermatologic Yes No

Psychiatric Yes No

Other morbidities _____

Specify

COURSE OF SARS-CoV-2 INFECTION

Hospitalization Yes No

ICU or high dependency unit admission Yes No

Invasive ventilation (any) Yes No

Extracorporeal (ECMO) support Yes No

Transplant Center

Date

Completed by

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