***EMERGE*ncy ID NET CRASHED Project**

**Test results and Follow-up Form**

*This form should be completed after the main site sends your participant’s baseline Mpox test results and updated at 45 days. If participant tested positive for Mpox and reported symptoms at 45 days, please update this form again at 90 days.*

|  |  |
| --- | --- |
| 1. **Enrollment test Results**

*(check one box per row)* | **Test result** |
|  | **Specimen not sent to lab** | **Specimen not tested at lab** | **Indeterminate**  | **Negative**  | **Positive**  |
| **Location A:** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Location B:** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**45-Day Follow-up – all participants**

*At approximately Day 45 after enrollment (+/- 10 days), review patient’s EMR and conduct telephone follow-up and answer the following:*

1. Did the participant receive an additional MPox test after enrollment and through the 45-day follow up?

[ ]  No/No records available

[ ]  Yes

2a. If Yes, record result: [ ]  Indeterminate [ ]  Negative [ ]  Positive

 If Yes, record location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Use enrollment form diagram, and if unknown location, write unknown*

1. For participants with a positive Mpox test through 45 days, did the participant receive additional tests and/or health care visits related to their Mpox illness after enrollment?

[ ]  Not applicable - participant does not have a positive Mpox test through Day 45

[ ]  No/No records available

[ ]  Yes

3a. If Yes, how many total visits: \_\_\_\_\_\_\_

 *Complete a healthcare utilization form for each visit*

1. For participants with a positive Mpox test through 45 days, did the participant still report having symptoms?

[ ]  Not applicable – participant does not have a positive Mpox test through Day 45

[ ]  Telephone follow-up not done

[ ]  No

[ ]  Yes (If Yes, complete a 90 day follow-up telephone call and EMR review)

*Note:* *If you checked “not applicable, “telephone follow-up not done,” or “No” to #4, you are done with follow-up for this participant. You can check “not applicable” for #5 below.*

**90 day Follow-up**

*For participants with positive Mpox test who reported symptoms at 45 day phone follow-up (Yes to #4 above), at approximately 90 days (+/- 10 days) review patient’s EMR, and call or text them to ask if they had additional health care visits related to their Mpox infection and answer the following:*

1. Did the participant receive additional tests and/or health care visits after day 45?

[ ]  Not applicable

[ ]  No/No records available or unable to contact at 90 days

[ ]  Yes

3a. If Yes, how many total visits: \_\_\_\_\_\_\_

 *Complete a healthcare utilization form for each visit*

**Comments**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Baseline completed by MM DD YYYY

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45-day follow up completed by MM DD YYYY

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90-day follow up completed by MM DD YYYY