



Date of this report mo ___/day ___/yr ___

VA SARS **Follow Up** Report Form
Suspect or Probable Cases

1. Name of person at VA Facility to contact about this report:
2. Phone number: _____ Email address: _____
3. Name of person at VISN to contact about this report:
4. Phone number: _____ Email address: _____
5. Patient's Unique Identifying Number: ____/____/____
6. Disposition of case: SARS ruled out _____ probable SARS—remains under outpatient care _____ probable SARS—remains hospitalized _____ probable SARS— recovered _____ probable SARS—deceased _____
7. Was SARS acute serology obtained? yes _____ no _____
8. SARS acute serology result: positive _____ negative _____ pending _____
9. Was SARS convalescent serology obtained? yes _____ no _____ not yet _____
10. SARS convalescent serology result: positive _____ negative _____ pending _____

Instructions:

VA Facilities ®
VISNs ®

Fax or email these reports to your VISN office. Do not report directly to 10N or 13.
Fax or email this report to:

1. Office of Public Health and Environmental Hazards (13), Public Health Strategic Care Group (13B)

Email address: victoria.davey@hq.med.va.gov

Fax numbers: (202) 273-6243 or (202) 273-9078

Phone numbers for questions: (202) 273-8590 or (202) 273-8567

When to send this report: Follow up reports are made at two-week intervals after the initial report, until the case is ruled out, results of the convalescent serology are returned, and/or the case is clinically resolved.