

Neonatal COVID-19
Case Report Form (Mother version)

Patient name: _____

Address: _____

Phone number: _____

Hospital: _____

Hospitalized ID: _____

Feb 10 2020

Maternal Name initials □□□□	Maternal ID _____
Date:	

A Maternal epidemiological history	
A1. Within 14 days before the onset of the disease, you have been to/live in Wuhan or its surrounding area or the community with confirmed cases	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
A2. Within 14 days before the onset of the disease, contact with people with lab-confirmed COVID-19	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes (to A0) <input type="checkbox"/> 99 unknown
A3. Within 14 days before the onset of the disease, contact with people with fever or respiratory symptoms from Wuhan or people from the community with confirmed cases	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes (to A0) <input type="checkbox"/> 99 unknown
A4. Within 14 days before the onset of the disease, there are activities in public areas with crowded population	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes (to A0) <input type="checkbox"/> 99 unknown
A5. The mother had newborns with confirmed or suspected COVID-19	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes (to A0) <input type="checkbox"/> 99 unknown
A0. The date on contact with individuals with COVID-19 _____mm____dd____yy	
Symptoms :	
A6. Fever (>37.5°C)	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
A7. Respiratory symptoms	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
A8. Leukocytosis	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
A9. Lymphocytosis	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
A10. Pneumonia diagnosed by radiology	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
A11. The severity of COVID-19 disease	<input type="checkbox"/> 1 asymptomatic <input type="checkbox"/> 2 mild <input type="checkbox"/> 3 moderate <input type="checkbox"/> 4 severe <input type="checkbox"/> 5 critical

A Maternal SARS-CoV-2 testing:

A11. Positive RT-PCR for SARS-CoV-2 by respiratory samples

0 No 1 YesNasal swab pharyngeal swabsendotracheal aspirate or bronchoalveolar lavageothers _____

(Sample collecting date(m/d/y):)

(Reagent name: _____ manufacturer: _____)

A12. Positive RT-PCR for SARS-CoV-2 by non-respiratory samples

0 No 1 YesBlood fecal or anus swaburine others _____

(Sample collecting date(m/d/y):)

(Reagent name: _____ manufacturer: _____)

A13. Virus gene sequencing is highly homologous to that of the known 2019-nCoV specimens(respiratory samples).

0 No 1 YesNasal swab pharyngeal swabsendotracheal aspirate or bronchoalveolar lavageothers _____

(Sample collecting date(m/d/y):)

(Reagent name: _____ manufacturer: _____)

A14. Virus gene sequencing is highly homologous to that of the known 2019-nCoV specimens (non-respiratory samples)

0 No 1 YesBlood fecal or anus swaburine others _____

(Sample collecting date(m/d/y):)

(Reagent name: _____ manufacturer: _____)

A15 Breastmilk

0 No 1 Yes

(Sample collecting date(m/d/y):

(Reagent name: _____ manufacturer: _____)

A The maternal basic information
A1.Age(y): _____
A2.The mode of delivery : <input type="checkbox"/> 1 vaginal delivery <input type="checkbox"/> 2 Caeren section
A3. <input type="checkbox"/> 1 singleton <input type="checkbox"/> 2 twins <input type="checkbox"/> 3 multiple
A4.Rupture of membrane: _____H
A5. G__P__
A6. Abnormal placenta: <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
A7. Abnormal amniotic fluid: <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
A8. Abnormal umbilical cord: <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
A9. Coexisting condition: <input type="checkbox"/> diabetes <input type="checkbox"/> hypertension <input type="checkbox"/> hyperthyroidism <input type="checkbox"/> hypothyroidism <input type="checkbox"/> infection disease(except SARS-CoV-2) (_____) <input type="checkbox"/> others: _____

B The maternal clinical findings
B1. The admission date(mm/dd/yy):
B2. Temperature on admission _____ °C
B3. Clinical symptoms: Fever(>37.5°C): <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes rhinorrhea: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes cough: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes vomiting: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes cyanosis: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes diarrhea: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes poor feeding: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes dyspnea: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes

apnea:	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes
arrythmia:	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes
headache:	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes
lethargy:	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes
<input type="checkbox"/> others:	_____	
Asymptomatic:	<input type="checkbox"/> 999	
B4. Clinical diagnosis on admission: _____		
B5. The severity of the COVID-19:		
<input type="checkbox"/> 0 suspected COVID-19 <input type="checkbox"/> 1 asymptomatic <input type="checkbox"/> 2 mild <input type="checkbox"/> 3 moderate <input type="checkbox"/> 4 severe <input type="checkbox"/> 5 critical		
B6 If the units are different, please write them on other unit“_____”。		
B6.1 white blood cell count _____	*10 ⁹ /L	Other unit: _____
B6.2 lymphocyte count _____	*10 ⁹ /L	Other unit: _____
B6.3 lymphocyte percentage _____	%	Other unit: _____
B6.4 IL-6 _____	pg/ml	Other unit: _____
B6.5 PCT _____	ug/L	Other unit: _____
B6.6 Platelet count _____	*10 ⁹ /L	Other unit: _____
B6.7 Hemoglobine _____	g/dL	Other unit: _____
B6.8 Neutrophil count _____	%	Other unit: _____
B6.9 CRP _____	mg/dl	Other unit: _____
B6.10 ALT _____	IU/L	Other unit: _____
AST _____	IU/L	Other unit: _____
TBIL _____	μmol/L	Other unit: _____
DBIL _____	μmol/L	Other unit: _____
B6.11 LDH _____	U/L	Other unit: _____
CK _____	U/L	Other unit: _____
B6.12 PT _____	s	Other unit: _____
APTT _____	s	Other unit: _____
TT _____	s	Other unit: _____
Fib _____	mg/dL	Other unit: _____

	D-dimer _____ mg/L	Other unit: _____
	FDP _____ mg/L	Other unit: _____
B6.13	SPO2 : _____ %	
B6.14	Blood gas: PH _____	
	PaO2 _____ mmHg	Other unit: _____
	PCO2 _____ mmHg	Other unit: _____
	BE _____ mmol/L	Other unit: _____
B6.15	CSF culture: _____	
B6.16	CSF protein: _____ mg/L	Other unit: _____
B6.17	CSF-glucose: _____ mmol/L	Other unit: _____
B6.18	CSF Cl: _____ mmol/L	Other unit: _____
B6.19	Mp-IgM	- <input type="checkbox"/> 0 + <input type="checkbox"/> 1
B6.20	influenza virus type ____ (antibody or nucleic acid)	- <input type="checkbox"/> 0 + <input type="checkbox"/> 1
B6.21	influenza virus type ____ (antibody or nucleic acid)	- <input type="checkbox"/> 0 + <input type="checkbox"/> 1
B6.22	Parainfluenza virus antibody or nucleic acid	- <input type="checkbox"/> 0 + <input type="checkbox"/> 1
B6.23	RSV(antibody or nucleic acid)	- <input type="checkbox"/> 0 + <input type="checkbox"/> 1
B6.24	Adenovirus	- <input type="checkbox"/> 0 + <input type="checkbox"/> 1
B6.25	Rhinovirus	- <input type="checkbox"/> 0 + <input type="checkbox"/> 1
B6.26	Enterovirus	- <input type="checkbox"/> 0 + <input type="checkbox"/> 1
B6.27	Human interstitial pulmonary virus	- <input type="checkbox"/> 0 + <input type="checkbox"/> 1
B6.28	Legionella	- <input type="checkbox"/> 0 + <input type="checkbox"/> 1
B6.29	Bocavirus	- <input type="checkbox"/> 0 + <input type="checkbox"/> 1
B6.30	Metapneumovirus	- <input type="checkbox"/> 0 + <input type="checkbox"/> 1
B6.31	Mycoplasma-IgG	- <input type="checkbox"/> 0 + <input type="checkbox"/> 1
B6.32	Chlamydia-IgG	- <input type="checkbox"/> 0 + <input type="checkbox"/> 1
B6.33	Bacterial testing	- <input type="checkbox"/> 0 + <input type="checkbox"/> 1
B6.34	Fungus testing	- <input type="checkbox"/> 0 + <input type="checkbox"/> 1

B6.35 TB testing

-□0 +□1

C LABORATORY AT DELIVERY

C1.The days after admission ___ d

C2.1 If the units are different, please write them on other unit“_____”。

C2.1.1 white blood cell count _____ *10⁹/L Other unit: _____C2.1.2 lymphocyte count _____ *10⁹/L Other unit: _____

C2.1.3 lymphocyte percentage _____ % Other unit: _____

C2.1.4 IL-6 _____ pg/ml Other unit: _____

C2.1.5 PCT _____ ug/L Other unit: _____

C2.1.6 Platelet count _____ *10⁹/L Other unit: _____

C2.1.7 Hemoglobine _____ g/dL Other unit: _____

C2.1.8 Neutrophil count _____ % Other unit: _____

C2.1.9 CRP _____ mg/dl Other unit: _____

C2.1.10 ALT _____ IU/L Other unit: _____

AST _____ IU/L Other unit: _____

TBIL _____ μmol/L Other unit: _____

DBIL _____ μmol/L Other unit: _____

C2.1.11 LDH _____ U/L Other unit: _____

CK _____ U/L Other unit: _____

C2.1.12 PT _____ s Other unit: _____

APTT _____ s Other unit: _____

TT _____ s Other unit: _____

Fib _____ mg/dL Other unit: _____

D-dimer _____ mg/L Other unit: _____

FDP _____ mg/L Other unit: _____

C2.1.13 SPO2 : _____ %

C2.1.14 Blood gas: PH _____

PaO2 _____ mmHg Other unit: _____

PCO ₂ _____ mmHg	Other unit: _____
BE _____ mmol/L	Other unit: _____
C2.1.15 CSF culture: _____	
C2.1.16 CSF protein: _____ mg/L	Other unit: _____
C2.1.17 CSF-glucose: _____ mmol/L	Other unit: _____
C2.1.18 CSF Cl: _____ mmol/L	Other unit: _____

Neonatal COVID-19
Case Report Form (Infant Version)

Patient name: _____

Address: _____

Phone number: _____

Hospital: _____

Hospitalized ID: _____

Feb 10 2020

Newborn name initials □□□□	Mother ID _____
Date:	

A Neonatal history(on admission or at birth):
A1. Mother was diagnosed with COVID-19. <input type="checkbox"/> 0 No (to A20) <input type="checkbox"/> 1 Yes (to A1.1)
A1.1 The severity of the COVID-19 disease: <input type="checkbox"/> 1 asymptomatic <input type="checkbox"/> 2 mild <input type="checkbox"/> 3 moderate <input type="checkbox"/> 4 severe <input type="checkbox"/> 5 critical

A The neonatal SARS-CoV-2 testing:
A2. Positive RT-PCR for SARS-CoV-2 by respiratory samples <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> Nasal swab <input type="checkbox"/> pharyngeal swabs <input type="checkbox"/> endotracheal aspirate or bronchoalveolar lavage <input type="checkbox"/> others _____ (Sample collecting date(m/d/y):) (Reagent name: _____ manufacturer: _____)
A3. Positive RT-PCR for SARS-CoV-2 by non-respiratory samples <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> Blood <input type="checkbox"/> fecal or anus swab <input type="checkbox"/> urine <input type="checkbox"/> others _____ (Sample collecting date(m/d/y):) (Reagent name: _____ manufacturer: _____)
A4. Virus gene sequencing is highly homologous to that of the known 2019-nCoV specimens(respiratory samples).

0 No 1 Yes

Nasal swab pharyngeal swabs

endotracheal aspirate or bronchoalveolar lavage

others _____

(Sample collecting date(m/d/y):

(Reagent name: _____ manufacturer: _____)

A5. Virus gene sequencing is highly homologous to that of the known 2019-nCoV specimens(non-respiratory samples)

0 No 1 Yes

Blood fecal or anus swab

urine others _____

(Sample collecting date(m/d/y):

(Reagent name: _____ manufacturer: _____)

B The neonatal clinical findings on admission	
B16. The admission date(mm/dd/yy):	
B17. Temperature on admission _____°C	
B18. Clinical symptoms:	
Fever(>37.5°C): <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
rhinorrhea: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
cough: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
vomiting: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
cyanosis: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
diarrhea: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
poor feeding: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
dyspnea: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
apnea: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
arrythmia: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
lethargy: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
<input type="checkbox"/> others: _____	
Asymptomatic: <input type="checkbox"/> 999	
B19. Clinical diagnosis on admission: _____	
B20. The severity of the COVID-19:	
<input type="checkbox"/> 0 suspected COVID-19 <input type="checkbox"/> 1 asymptomatic <input type="checkbox"/> 2 mild <input type="checkbox"/> 3 moderate <input type="checkbox"/> 4 severe <input type="checkbox"/> 5 critical	
A21. Confirmed COVID-19:	
<input type="checkbox"/> 0 No (to B1) <input type="checkbox"/> 1 Yes (to A21.1)	
A21.1 If the units are different, please write them on other unit“_____”。	
A21.1.1 white blood cell count _____*10 ⁹ /L	Other unit: _____
A21.1.2 lymphocyte count _____*10 ⁹ /L	Other unit: _____
A21.1.3 lymphocyte percentage _____%	Other unit: _____
A21.1.4 IL-6 _____pg/ml	Other unit: _____
A21.1.5 PCT _____ug/L	Other unit: _____

A21.1.6 Platelet count _____	*10 ⁹ /L	Other unit: _____
A21.1.7 Hemoglobine _____	g/dL	Other unit: _____
A21.1.12 Neutrophil count _____	%	Other unit: _____
A21.1.13 CRP _____	mg/dl	Other unit: _____
A21.1.14 ALT _____	IU/L	Other unit: _____
AST _____	IU/L	Other unit: _____
TBIL _____	μmol/L	Other unit: _____
DBIL _____	μmol/L	Other unit: _____
A21.1.15 LDH _____	U/L	Other unit: _____
CK _____	U/L	Other unit: _____
A21.1.16 PT _____	s	Other unit: _____
APTT _____	s	Other unit: _____
TT _____	s	Other unit: _____
Fib _____	mg/dL	Other unit: _____
D-dimer _____	mg/L	Other unit: _____
FDP _____	mg/L	Other unit: _____
A21.1.17 SPO2 :	_____ %	
A21.1.18 Blood gas: PH _____		
PaO2 _____	mmHg	Other unit: _____
PCO2 _____	mmHg	Other unit: _____
BE _____	mmol/L	Other unit: _____
A21.1.19 CSF culture:	_____	
A21.1.20 CSF protein:	_____ mg/L	Other unit: _____
A21.1.21 CSF-glucose:	_____ mmol/L	Other unit: _____
A21.1.22 CSF Cl:	_____ mmol/L	Other unit: _____
A21.1.23 Mp-IgM	-□0 +□1	
A21.1.24 influenza virus type _____ (antibody or nucleic acid)		
	-□0 +□1	
A21.1.25 influenza virus type _____ (antibody or nucleic acid)		

	-□0	+□1
A21.1.26 Parainfluenza virus antibody or nucleic acid		
	-□0	+□1
A21.1.27 RSV(antibody or nucleic acid)	-□0	+□1
A21.1.28 Adenovirus	-□0	+□1
A21.1.29 Rhinovirus	-□0	+□1
A21.1.30 Enterovirus	-□0	+□1
A21.1.31 Human interstitial pulmonary virus		
	-□0	+□1
A21.1.32 Legionella	-□0	+□1
A21.1.33 Bocavirus	-□0	+□1
A21.1.34 Metapneumovirus	-□0	+□1
A21.1.35 Mycoplasma-IgG	-□0	+□1
A21.1.36 Chlamydia-IgG	-□0	+□1
A21.1.37 Bacterial testing	-□0	+□1
A21.1.38 Fungus testing	-□0	+□1
A21.1.39 TB testing	-□0	+□1

B The neonatal therapy
B1 Drugs:
B1.1 Antivirus drugs:
(1) name: _____ dosage: _____ starting time: _____ stopping time: _____
(2) name: _____ dosage: _____ starting time: _____ stopping time: _____
(3) name: _____ dosage: _____ starting time: _____ stopping time: _____
B1.2 Antibiotics:
(1) name: _____ dosage: _____ starting time: _____ stopping time: _____
(2) name: _____ dosage: _____ starting time: _____ stopping time: _____
(3) name: _____ dosage: _____ starting time: _____ stopping time: _____
B1.3 Corticosteroids:
(1) name: _____ dosage: _____ starting time: _____ stopping time: _____
(2) name: _____ dosage: _____ starting time: _____ stopping time: _____
B1.4 immunomodulatory medications:
(1) name: _____ dosage: _____ starting time: _____ stopping time: _____
(2) name: _____ dosage: _____ starting time: _____ stopping time: _____
B1.5 The Chinese traditional medication:
(1) name: _____ dosage: _____ starting time: _____ stopping time: _____
(2) name: _____ dosage: _____ starting time: _____ stopping time: _____
(3) name: _____ dosage: _____ starting time: _____ stopping time: _____
B Additional therapies
B2. Additional therapies
<input type="checkbox"/> 0 No (to C1) <input type="checkbox"/> 1 Yes (to B9.1)
B2.1 Therapy 1: _____
starting time: _____ stopping time: _____
B2.2 Therapy 2: _____

starting time: _____ stopping time: _____
B2.3 Therapy 3: _____
starting time: _____ stopping time: _____

C The neonatal clinical course
C1. Hospitalized days: _____ day, T _____ °C
C2. The severity of COVID-19: <input type="checkbox"/> 0 suspected COVID-19 <input type="checkbox"/> 1 asymptomatic <input type="checkbox"/> 2 mild <input type="checkbox"/> 3 moderate <input type="checkbox"/> 4 severe <input type="checkbox"/> 5 criticalcritical
C3. Clinical symptoms:
rhinorrhea: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
cough: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
vomiting: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
cyanosis: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
diarrhea: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
poor feeding: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
dyspnea: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
apnea: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
arrythmia: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
lethargy: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
respiratory failure: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
shock: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
coagulopathy: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
cardiac dysfunction: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
Kidney injury: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
others:

C Radiologic findings
C4. Hospitalized days: _____ day:
C5. Lung ultrasound: <input type="checkbox"/> 0 No (to C6) <input type="checkbox"/> 1 Yes (to C5.1)
C5.1 Findings: Abnormal pleural lines: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes lung consolidation: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes pneumothorax: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes pleural effusion: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes Alveolar interstitial syndrome : <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
C6. Chest X-ray: <input type="checkbox"/> 0 No (to C7) <input type="checkbox"/> 1 Yes (to C6.1)
C6.1 Findings: Location: Opacity or opacities, or densities <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes Infiltrate <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes Consolidation <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes Ground-glass <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes Pneumothorax <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes Effusion <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes Others: _____
C7. Chest CT: <input type="checkbox"/> No (to C8) <input type="checkbox"/> Yes (to C7.1)
C7.1 Findings: Locations: _____ bronchial wall thickening: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes Opacity or opacities, or densities <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes Infiltrate <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes Consolidation <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes

Ground-glass	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
Pneumothorax	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
Effusion	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
Lymph node abnormality(size: mm)	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
Others:	_____

C Laboratory

C8. Hospitalized day _____

C8.1 If the units are different, please write them on other unit“_____”.

C8.1.1 white blood cell count _____ *10⁹/L

Other unit: _____

C8.1.2 lymphocyte count _____ *10⁹/L Other unit: _____

C8.1.3 lymphocyte percentage _____% Other unit: _____

C8.1.4 IL-6 _____ pg/ml Other unit: _____

C8.1.5 PCT _____ ug/L Other unit: _____

C8.1.6 Platelet count _____ *10⁹/L Other unit: _____

C8.1.7 Hemoglobine _____ g/dL Other unit: _____

C8.1.12 Neutrophil count _____% Other unit: _____

C8.1.13 CRP _____ mg/dl Other unit: _____

C8.1.14 ALT _____ IU/L Other unit: _____

AST _____ IU/L Other unit: _____

TBIL _____ μmol/L Other unit: _____

DBIL _____ μmol/L Other unit: _____

C8.1.15 LDH _____ U/L Other unit: _____

CK _____ U/L Other unit: _____

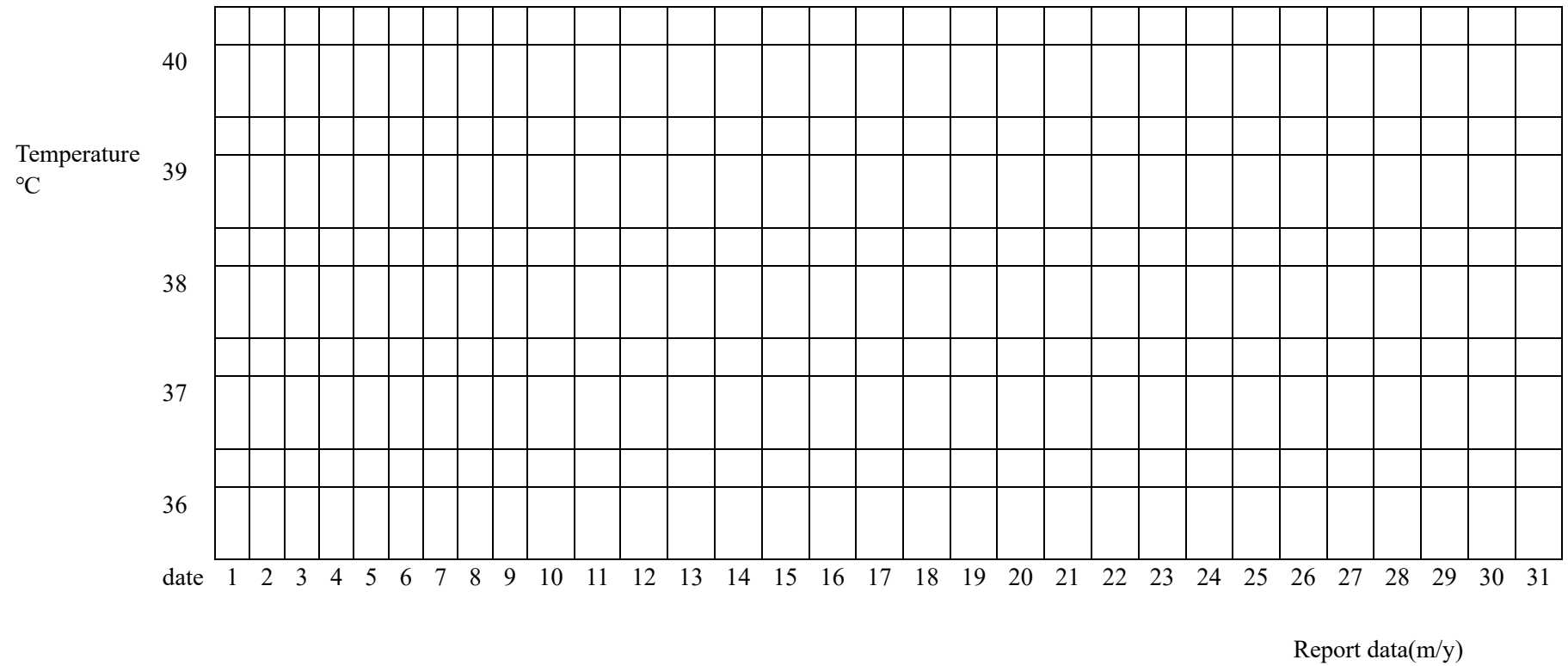
C8.1.16 PT _____ s Other unit: _____

APTT _____ s Other unit: _____

TT _____ s Other unit: _____

Fib _____ mg/dL Other unit: _____

D-dimer _____ mg/L	Other unit: _____
FDP _____ mg/L	Other unit: _____
C8.1.17 SPO ₂ : _____ %	
C8.1.18 Blood gas: PH _____	
PaO ₂ _____ mmHg	Other unit: _____
PCO ₂ _____ mmHg	Other unit: _____
BE _____ mmol/L	Other unit: _____
C8.1.19 CSF culture: _____	
C8.1.20 CSF protein: _____ mg/L	Other unit: _____
C8.1.21 CSF-glucose: _____ mmol/L	Other unit: _____
C8.1.22 CSF Cl: _____ mmol/L	Other unit: _____

Temperature report:

D The neonatal SARS-CoV-2 testing during hospitalization:

D1. Positive RT-PCR for SARS-CoV-2 by respiratory samples

0 No 1 YesNasal swab pharyngeal swabsendotracheal aspirate or bronchoalveolar lavageothers _____

(Sample collecting date(m/d/y):)

(Reagent name: _____ manufacturer: _____)

D2. Positive RT-PCR for SARS-CoV-2 by non-respiratory samples

0 No 1 YesBlood fecal or anus swaburine others _____

(Sample collecting date(m/d/y):)

(Reagent name: _____ manufacturer: _____)

D3. Virus gene sequencing is highly homologous to that of the known 2019-nCoV specimens(respiratory samples).

0 No 1 YesNasal swab pharyngeal swabsendotracheal aspirate or bronchoalveolar lavageothers _____

(Sample collecting date(m/d/y):)

(Reagent name: _____ manufacturer: _____)

D4. Virus gene sequencing is highly homologous to that of the known 2019-nCoV specimens(non-respiratory samples)

0 No 1 YesBlood fecal or anus swaburine others _____

(Sample collecting date(m/d/y):)

(Reagent name: _____ manufacturer: _____)

E The neonatal follow-up information
E1. Follow-up data: __mm __dd __yy
E2. Hospital:
E3. Time of birth(mm/dd/yy):
E4. Gestational age: _____ weeks
E5. Corrected gestation age: _____ weeks
E6. Neurological information:
E6.1 DDST _____
E6.2 further assessment: _____
E7. Growth parameters Weight: _____ cm Length: _____ cm Head circumference: _____ cm