

Case Record Form

Active Form Groups: COVID-CVD (Serial Lab Tracker) COVID-19 Cardiovascular Registry ± April 22, 2020

Patient ID:				Serial Lab Tracker: # / #	/
Repeat Labs					
Enter a date and then the first lab value collected for the corresponding lab if available in the medical record that day.					
	Date:	____ / ____ / ____			
	Troponin	_____	{ ng/mL	{ ug/L	
	NT-proBNP	_____	{ pg/mL	{ ng/L	
	BNP	_____	{ pg/mL	{ pmol/L	

Serial Labs (Repeat labs):

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CRP	_____	{ mg/L	{ ng/L
Lymphocyte count	_____	{ X10 ⁹	
Procalcitonin	_____	{ µg/L	{ ng/mL
	_____	{ pg/mL	{ ng/mL