Please complete the full Registry Data Form as soon as possible

Please refer to the ELSO Registry Data Definitions for COVID-19 for Details

Unique ID: _______________________

**COVID Co-Morbidity (Select all that apply)**

- [ ] Cancer
- [ ] Immunocompromised
- [ ] Chronic lung disease (excluding asthma)
- [ ] Chronic Renal Insufficiency
- [ ] Obesity (BMI >30 kg/m²)
- [ ] Pregnancy
- [ ] Chronic heart disease
- [ ] Asthma
- [ ] Diabetes
- [ ] Frailty

**COVID Co-Infection (Select all that apply)**

- [ ] Co-viral infection confirmed with reverse transcriptase polymerase chain reaction (RT PCR)
- [ ] Bacterial pneumonia
- [ ] Blood stream infection
- [ ] Urinary tract infection

  - [ ] Culture confirmed
  - [ ] Suspected

**Acute Co-Diagnoses (Select all that apply)**

- [ ] ARDS
- [ ] Septic Shock
- [ ] Heart Failure
- [ ] Pneumothorax
- [ ] Pneumonia
- [ ] Myocarditis
- [ ] Acute Renal Failure

**COVID Pre-Intubation Respiratory Support (Select all that apply)**

- [ ] BiPAP
- [ ] CPAP
- [ ] High Flow Nasal Cannula

Renal Replacement Therapy Required on ECMO?  [ ] Yes  [ ] No

**COVID Immunomodulator Therapies (Select all that apply)**

- [ ] Steroids: Systemic Glucocorticosteroids
- [ ] IVIG: Intravenous Immunoglobulin
- [ ] Selective cytokine blockade (Anakinra or Tocilizumab)
- [ ] Lopinavir/Ritonavir (Kaletra)

  - [ ] JAK inhibition
  - [ ] Chloroquine
  - [ ] Remdesivir

**COVID Blood Testing**

<table>
<thead>
<tr>
<th>Day of Intubation: (within 24 hours of intubation)</th>
<th>CRP level: _______</th>
<th>Procalcitonin: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-ECLS Start: (within 24 hours and/or closest to and before ECLS start)</td>
<td>CRP level: _______</td>
<td>Procalcitonin: _______</td>
</tr>
</tbody>
</table>