**ANAMNESIS**
Age (At COVID diagnosis)
Sex F/M
Smoker: never, current, former (>1year)
Height (cm) Weight(kg) BMI (automatically calculated)

Blood type ABO

**Comorbidities: all Y/N/Unknown**

If YES:

COPD (FEV1 and FVC if known),

DM (type I/II)

Hypertension

History of ischemic heart disease

History of cerebrovascular disease

Chronic renal insufficiency

History of viral hepatitis B

History of viral hepatitis C

History of tuberculosis

Active autoimmune disease + free text which one

Inactive autoimmune disease + free text which one

Concomitant medications: free text (cave: NSAID, steroids, immunosuppressive drugs, ACE, ASA, anticoagulants)

Other if yes specify

**Cancer Diagnosis**

Type of tumor NSCLC, SCLC, MPM, TET
Date of first histological diagnosis
Stage of disease at diagnosis I, II, III,IV
Liver metastases Y/N
Lung metastases Y/N

Brain metastases Y/N
ECOG PS (as assessed at last visit)
Date of last oncological treatment

Date of the last follow up

Stage of disease at COVID diagnosis I, II, III,IV
At last follow up NED, PD, SD, RP, RC
Treatment type in the last 3 months (detailed) : choose among: first line immunotherapy, first line chemoimmunotherapy, first line chemotherapy, first line target therapy (if yes specify)), second line chemotherapy, second line immunotherapy, second line target therapy (if yes specify)third line chemotherapy, third line immunotherapy, third line target therapy (if yes specify), palliative care

Treatment type in the last month (detailed) : free text

**Concomitant medications:**
ACE inhbitors (yes/no)
Sartan (yes/no)
NSAID (yes/no)
Steroids (>10 mg of prednisone or equivalent): yes/no
Other chronic and domiciliary therapy: specify

**COVID**

Date of diagnosis (date of swab if any; date of symptoms if any; date of radiological signs if any) (multiple correct answers are allowed, please signs every right answers)

Diagnostic test : (cave RT-PCR, serology) Others:

Symptoms at diagnosis: dyspnoea, dry cough, fever >37.5 °C, nasal congestion, conjunctival congestion, diarrhea, myalgia, otitis, anosmia, dysgeusia, headache, fatigue (yes/no for each)

**SETTING OF CARE**
Date of hospitalization

Hospitalization; Y/N

Duration (days):

ICU Y/N

Duration (days):

LAB  at diagnosis (when available)

**SUGGESTED COVID PROFILE**

Hemoglobin, White blood cell count (neutrophils, lymphoctes, monocytes, eosinophils, basophils, neutrophil to lymphocyte ratio calculated by CRF), Platelets, C reactive protein, procalcitonin, IL-6, ferritin, albumin, azotemia, creatinine, Na, K, Ca, tryglicerides, glycemia, ALT, AST, LDH, bilirubin, GGT, CPK, D-dimer, PT/INR, fibrinogen, troponin

 Arterial blood gas analysis (PaO2/FiO2)

Saturation by pulse oximetry (SpO2)

Respiratory frequency

 Heart rate,

Mean blood pressure

**RADIOLOGY FINDINGS**Ground glass Y/N

Bilateral Y/N

Consolidation Y/N

Bilateral Y/N

Interstitial abnormalities Y/N

 Vascular thickening Y/N

If possibile upload of main significant images

**COMPLICATIONS**
pneumonia Y/N

ARDS Y/N

Sepsis Y/N

Coagulopathy Y/N

Secondary infections Y/N

Arrhythmia Y/N

Heart failure Y/N

**TREATMENTS** **RECEIVED FOR COVID INFECTIONS (if available)**
Antibiotics (yes/no)

 Antivirals (yes/no) and specify kind

Antifungals (yes/no) and specify kind

Steroids (yes/no) and specify kind

Chloroquine (yes/no) and specify kind

Anti IL-6 (yes/no) and specify kind

Ventilation (invasive/non invasive) (yes/no)

Vasoconstrictive agents (yes/no) and specify

Others (yes/no) and specify

**CLINICAL OUTCOME**
Discharge, death, recovery
Delay of planned oncologic treatment Y/N

Numbers of days of delay

If death specify if in intensive care Unit

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