TEXAS Health and Human Services
Texas Department of State Health Services
John Hellerstedt, M.D.
Commissioner

Vaping-Related Lung Illness Case Report Form

Instructions

Complete this form to report cases of lung injury/illness of unclear etiology and a history of e-cigarette or vaping product use within 90 days prior to symptom onset.

Please attach the following medical records (as applicable):

- Face sheet
- History and Physical
- Progress Notes
- Chest X-ray/CT Results
- Lab Results, including:
  - Respiratory Viral Panel
  - Influenza A and B
  - Other Infectious Disease Results
- Discharge Summary

Submit to your local health department or the DSHS Environmental Surveillance and Toxicology Branch (Fax to: 512-776-7249 or 512-776-7222, or encrypted email to epitox@dshs.texas.gov).

Additional Information for Clinicians

If e-cigarette product use, or vaping, is suspected as a possible cause for a patient's symptoms, a detailed history of the substances used, the devices used, and the sources of the devices and substances, should be obtained, as outlined in the CDC Health Alert Network (HAN) released August 30, 2019. Determine if any remaining products or liquids used in vaping devices are available for testing, and ask that these be set aside.

If you are interested in submitting **clinical** (bronchoalveolar lavage, serum, urine, or lung biopsy tissues) or **vaping product** samples for testing, please contact DSHS (512-442-0925 or epitox@dshs.texas.gov) for further instructions after submitting this report form.

Additional recommendations for clinicians are available at www.cdc.gov/lunginjury.

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Vaping-Related Lung Illness Case Report Form

1. REPORTER INFORMATION

Date:

Reported by:

Affiliation:

Phone:

Email:

2. FACILITY INFORMATION

Facility Name:

Facility City:

Provider Name:

Provider Phone:

3. ATTACHED RECORDS

- ☐ Patient Face Sheet
- ☐ History and Physical
- ☐ Progress Notes
- ☐ Chest X-Ray/CT Results
- ☐ Lab Results
  - ☐ Respiratory Viral Panel
  - ☐ Influenza A and B
  - ☐ Other Infectious Disease Results
- ☐ Discharge Summary

4. PATIENT STATUS

Admitted
☐ Yes ☐ No
MM/DD/YYYY

ICU
☐ Yes ☐ No
MM/DD/YYYY

Discharged
☐ Yes ☐ No
MM/DD/YYYY

Deceased
☐ Yes ☐ No
MM/DD/YYYY

5. PATIENT INFORMATION

First Name | **Middle Name** | **Last Name** | **Date of Birth**

Street Address | **City** | **State** | **Zip** | **County**

Phone Number

6. PATIENT DEMOGRAPHICS

Age (*years*)

Sex ☐ Male ☐ Female ☐ Unknown

Race ☐ American Indian or Alaska Native ☐ Asian or Pacific Islander ☐ Black or African American ☐ White ☐ Other ☐ Unknown

Hispanic Ethnicity ☐ Yes ☐ No ☐ Unknown

7. LABORATORY SPECIMEN

Biological specimen available for testing?
- ☐ Bronchoalveolar lavage (BAL) fluid
- ☐ Lung biopsy tissue (Formalin-fixed (wet) tissues or formalin-fixed paraffin-embedded lung tissue blocks)
- ☐ Other (*describe)*:

E-cigarette/vaping product samples available for testing?
- ☐ Liquids (*e.g.,* cartridges or pods)
- ☐ Device(s)
- ☐ Other (*describe)*:

8. CHEST X-RAY

Chest X-ray completed?
- ☐ Yes
- ☐ No

Infiltrate or opacity present?
- ☐ Yes
- ☐ No

Clinical findings:

9. CT-SCAN

CT scan completed?
- ☐ Yes
- ☐ No

Ground glass opacity present?
- ☐ Yes
- ☐ No

Clinical findings:

10. INFECTIOUS DISEASE (ID) AND RESPIRATORY VIRAL PANEL (RVP)

RVP Results
- ☐ Positive
- ☐ Negative
- ☐ Not Completed

Influenza A
- ☐ Positive
- ☐ Negative
- ☐ Not Completed

Influenza B
- ☐ Positive
- ☐ Negative
- ☐ Not Completed

Additional Infectious Disease Testing Completed?
- ☐ Yes
- ☐ No

Significant Positive ID Findings?
- ☐ Yes
- ☐ No

Infectious Etiology Explains Current Illness?
- ☐ Yes
- ☐ No

Briefly describe clinical assessment, including findings from specialist consultations or other diagnostic lab tests:

11. DO OTHER MEDICAL CONDITIONS EXPLAIN PRESENTATION OF ILLNESS?
- ☐ Yes
- ☐ No

Briefly explain clinical reasoning:

12. E-CIGARETTE/VAPING

History of vaping:
- ☐ THC Products
- ☐ Nicotine Products
- ☐ Other

Vaped in 90 days prior to symptom onset:
- ☐ Yes
- ☐ No

Products vaped and history: