

CryptoNet Case Investigation Form for Cryptosporidiosis Cases

Shaded cells to be completed by CDC staff. All other fields to be completed by state CryptoNet partners.

Please contact Dawn Roellig at iyd4@cdc.gov or 404.718.4134 with any lab questions.

Please contact Michele Hlavsa at acz3@cdc.gov or 404.718.4695 with any epi questions.

Date Specimen Received at CDC	CDC StarLims ID	CryptoNet ID	NORS CDC ID (if applicable)

I. Case Report ID & Investigator Information

State Case Lab ID	
State Case Epi ID	
NNDSS Case ID	
NORS State ID (if applicable)	

CryptoNet Submission Date (please use mm/dd/yyyy date format throughout the form):

CryptoNet Lab Coordinator: CryptoNet Epi Coordinator:

Email: Email:

Phone: Phone:

II. Case-Patient's Demographics

Residence (county): Residence (state):

DOB: Age: (choose one) years/months/days Sex: ☐ Female ☐ Male

Race (check all that apply): ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American

☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other Race (specify):

☐ Unknown

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unknown

III. Laboratory Information

Was specimen tested for *Cryptosporidium*? ☐ Yes (if yes, complete table below) ☐ No

Specimen Collection Date	Specimen Type*	Specimen Status [†]	Test Type [§]	Fixative [¶]	Test Brand(s) [§]	Lot No.	Test Result(s) (+/-)

* Specimen types include: human stool, animal stool, other (specify).

[†] Specimen status includes: fresh, frozen, fixed.

[§] Test types include: acid-fast, DFA, EIA, GI or Enteric Panel, IC, PCR, other (specify), or unknown. Test type and brand information available at www.cdc.gov/dpdx/diagnosticProcedures/stool/antigenDetection.html.

[¶] Fixatives include: Cary-Blair, Formalin, KCr₂O₇ (potassium dichromate), PVA-Cu (modified polyvinyl alcohol fixative-copper), PVA-LV (low viscosity polyvinyl alcohol fixative), PVA-Zn (modified polyvinyl alcohol fixative-zinc), TotalFix.

IV. Symptom Onset & Exposure History

Symptom Onset Date:

Health Outcome: ☐ Recovery ☐ Death

Health Outcome Date:

In 14 days before symptom onset, did the case-patient:

	Yes	No	Unknown	Location of Exposure
Travel (outside of the area where he/she lives or works/goes to school)				
Internationally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Domestically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swim in, play in, wade in, or enter a/an				
Ocean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Natural hot spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lake, pond, river, or stream?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waterpark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming pool or kiddie/wading pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water playground, interactive fountain, splash pad, or spray park?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hot tub, spa, whirlpool, or Jacuzzi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consume water from				
Municipal/public supply (i.e., does case-patient receive water bill from public or private utility)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private well (e.g., used by 1 household)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Common well (e.g., used by >1 household)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bottled water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spring, lake, creek, river, stream, or cistern (i.e., untreated surface water)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consume raw/unpasteurized milk or dairy products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consume raw/unpasteurized fruit or vegetable juice or cider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(note: place purchased, what consumed)
Attend any large gatherings (e.g., wedding, party/picnic, festival/fair, or sports event)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(note: place purchased, what consumed)
Have contact with child/ren in a childcare setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have contact with diapered children or adult(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visit, work, or live on farm, ranch, petting zoo, or other setting that has farm animals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have contact with animal manure, pet feces, or compost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have contact with a				
Cow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Calf (baby cow)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sheep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lamb (baby sheep)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

