



# BioFire® FilmArray® Respiratory Panels

Thank you for sharing your case with BioFire! Please fill out to the best of your ability. At the end of the form, provide your electronic signature, and the submit button will populate an email for submission to [marketingassistants@biofire.com](mailto:marketingassistants@biofire.com).

## Patient demographics

Geographical location (List state only) \_\_\_\_\_

Male     Female                       Urban     Community

Age \_\_\_\_\_

## Relevant medical history

Co-morbidities (Please list)

Current illness (Chief complaints and observations)

Physical exam (Include abnormal findings, vital signs, if known)

Heart rate \_\_\_\_\_ Blood pressure \_\_\_\_\_

Temperature \_\_\_\_\_ spO2 \_\_\_\_\_

Respiratory rate \_\_\_\_\_ Abnormal findings \_\_\_\_\_

CURB-65 score \_\_\_\_\_ SOFA score \_\_\_\_\_

Other imaging  Yes  No \_\_\_\_\_

**Legend:**

Y=yes

N=no

UNK=unknown

P=positive

N=negative

**Imaging** (If applicable)

**BioFire RP Panel results** (Check all that were detected)

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Adenovirus       | <input type="checkbox"/> Human metapneumovirus        | <input type="checkbox"/> Influenza A/H3        | <input type="checkbox"/> Parainfluenza virus 4           | <input type="checkbox"/> <i>Mycoplasma pneumoniae</i> |
| <input type="checkbox"/> Coronavirus 229E | <input type="checkbox"/> Human rhinovirus/enterovirus | <input type="checkbox"/> Influenza B           | <input type="checkbox"/> Respiratory syncytial virus     |   |
| <input type="checkbox"/> Coronavirus HKU1 | <input type="checkbox"/> Influenza A                  | <input type="checkbox"/> Parainfluenza virus 1 | <input type="checkbox"/> <i>Bordetella parapertussis</i> |   |
| <input type="checkbox"/> Coronavirus NL63 | <input type="checkbox"/> Influenza A/H1               | <input type="checkbox"/> Parainfluenza virus 2 | <input type="checkbox"/> <i>Bordetella pertussis</i>     |   |
| <input type="checkbox"/> Coronavirus OC43 | <input type="checkbox"/> Influenza A/H1-2009          | <input type="checkbox"/> Parainfluenza virus 3 | <input type="checkbox"/> <i>Chlamydia pneumoniae</i>     |   |

**Other diagnostics ordered and results**

**Impression** (Including 1–3 differential diagnoses)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Treatment**

Empiric antimicrobial regimen: \_\_\_\_\_

Steroid therapy initiated  Yes  No

Was antimicrobial therapy initiated prior to availability of BioFire RP Panel results?  Yes  No

Initiation/alteration of initial therapy based on BioFire RP Panel result (if applicable): \_\_\_\_\_

Initiation/alteration of therapy based on other test (if applicable): \_\_\_\_\_

## Infection control

- Was patient placed in isolation before BioFire RP Panel result?  Yes  No Duration \_\_\_\_\_
- Was patient placed in isolation after BioFire RP Panel result?  Yes  No Duration \_\_\_\_\_
- Was patient removed from isolation based on BioFire RP Panel result?  Yes  No Duration \_\_\_\_\_
- Other infection control protocols changed based on BioFire RP Panel?  Yes  No Explain: \_\_\_\_\_

## Outcomes (Length of stay, patient discharge, etc.)

Please give a description of the patient's progression or clinical courses given.

Did the BioFire RP Panel result impact patient care? If so, please explain.

## Facility description (Check all that apply that best describes your facility)

- Tertiary care hospital  Teaching hospital  University hospital
- Community hospital  Urgent care center  Emergency center
- Clinic  Physician office  Other \_\_\_\_\_
- Adults/pediatrics  Adults only  Pediatrics only

Facility size (Number of beds) \_\_\_\_\_

Location (List state only) \_\_\_\_\_

**Legal authorization to provide non-PHI data** (Data use: check all that are permitted)

Case report for BioFire internal training purposes only

Case report for BioFire customer-facing materials

Please list any other restrictions: \_\_\_\_\_

Can we use geographical region of facility:  Yes  No

If yes, please select from the following US regions:

Northeast  Mid-Atlantic  Southeast

Midwest  Gulf States  Southwest

Pacific Northwest  Other (specify) \_\_\_\_\_

Would you be interested in presenting your case as a poster with a short presentation?  Yes  No

Where? \_\_\_\_\_

Would you be interested in publishing your case?  Yes  No

What journal? \_\_\_\_\_

By providing this information, I and my institution agree that the information contained in this Case Report Form may be used by BioFire Diagnostics, LLC (BioFire) for marketing purposes, subject to the following limitations (if any):

Please omit the following information from any marketing use by BioFire:

Physician specialty

Type of hospital/facility (Size, teaching hospital, etc.)

Year of case

Location (List state only)

I also represent and warrant that I have the authority to permit BioFire to use the information contained herein. I understand that all identifying patient information will be removed prior to submission of this form to BioFire.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_