CASE REPORT FORM

BioFire® FilmArray®
Pneumonia Panel

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@biofiredx.com.

Patient demographics

Geographical location (List state only) _____

☐ Male ☐ Female ☐ Urban ☐ Community

Age _____

Relevant medical history

Co-morbidities (Please list)

Where they presented

Current illness (Chief complaints and observations)

Duration of symptoms: _____

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

Heart rate _____ Blood pressure _____

Temperature _____ Apache II _____

Respiratory rate _____ spO2 _____

Abnormal findings _____ SOFA _____

Curb-65 score _____ Other _____

Legend:
Y=yes
N=no
UNK=unknown
P=positive
N=negative

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Imaging (If applicable)

Sample type:

○ sputum ○ endotracheal aspirate ○ bronchoalveolar lavage ○ other

BioFire PN Panel results

◉	10^4	○	10^5	○	10^6	○	$\geq 10^7$	*Acinetobacter calcoaceticus-baumannii* complex
○	10^4	○	10^5	○	10^6	○	$\geq 10^7$	*Enterobacter cloacae* complex
○	10^4	○	10^5	○	10^6	○	$\geq 10^7$	*Escherichia coli*
○	10^4	○	10^5	○	10^6	○	$\geq 10^7$	*Haemophilus influenzae*
○	10^4	○	10^5	○	10^6	○	$\geq 10^7$	*Klebsiella aerogenes*
○	10^4	○	10^5	○	10^6	○	$\geq 10^7$	*Klebsiella oxytoca*
○	10^4	○	10^5	○	10^6	○	$\geq 10^7$	*Klebsiella pneumoniae* group
◉	10^4	○	10^5	○	10^6	○	$\geq 10^7$	*Moraxella catarrhalis*
○	10^4	○	10^5	○	10^6	○	$\geq 10^7$	*Proteus* spp.
○	10^4	○	10^5	○	10^6	○	$\geq 10^7$	*Pseudomonas aeruginosa*
○	10^4	○	10^5	○	10^6	○	$\geq 10^7$	*Serratia marcescens*
○	10^4	○	10^5	○	10^6	○	$\geq 10^7$	*Staphylococcus aureus*
○	10^4	○	10^5	○	10^6	○	$\geq 10^7$	*Streptococcus agalactiae*
○	10^4	○	10^5	○	10^6	○	$\geq 10^7$	*Streptococcus pneumoniae*
○	10^4	○	10^5	○	10^6	○	$\geq 10^7$	*Streptococcus pyogenes*

☐ *Chlamydia pneumoniae*	☐ Human rhinovirus/enterovirus	☐ IMP	☐ VIM
☐ *Legionella pneumophila*	☐ Influenza A	☐ KPC	☐ CTX-M
☐ *Mycoplasma pneumoniae*	☐ Influenza B	☐ NDM	☐ *mecA/C* and MREJ (MRSA)
☐ Adenovirus	☐ Parainfluenza virus	☐ OXA-48-like	
☐ Coronavirus	☐ Respiratory syncytial virus		
☐ Human metapneumovirus			

Other diagnostics ordered and results

Gram stain results: _____

Bacterial culture results: _____

Other testing conducted for pathogen identification: _____

Treatment

Initial antimicrobial therapy: _____

Describe the rational for therapy (e.g. risk factors for MRSA):

Steroid therapy initiated ○ Yes ○ No

Was antimicrobial therapy initiated prior to sample collection? ○ Yes ○ No

Change to antimicrobial therapy: _____

Describe the rationale for the change (e.g. change in clinical picture or diagnostic results):

Infection control

Was patient placed in isolation before BioFire PN Panel result? ○ Yes ○ No Duration _____

Was patient placed in isolation after BioFire PN Panel result? ○ Yes ○ No Duration _____

Was patient removed from isolation based on BioFire PN Panel result? ○ Yes ○ No Duration _____

Outcomes Please provide a description of the patient's initial outcomes.

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

Did the results of the BioFire PN Panel have any other impact on patient management? 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: _____

SUBMIT FORM

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