



Alpha-gal Syndrome Case Report Form

CDC# _____

Use for Alpha-gal syndrome (AGS) case reporting. Visit <https://ndc.services.cdc.gov/> for complete case definition.

Patient Name: _____	Date submitted (mm/dd/yyyy): _____
Address: _____	Healthcare provider's name: _____
City: _____	Local Patient ID. (if reported): _____
	Local ID Site State

1. State of residence (postal abbrev.): _____	2. County of residence: _____	3. Sex: Male Female Unknown
4. Patient age (years) at time of case investigation: _____	5. Race (check all that apply): White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Other race	6. Hispanic or Latino ethnicity: Unknown Refused Yes No Unknown

CLINICAL CHARACTERISTICS AND OUTCOMES OF AGS

Enter as much information that is known, with the year (YYYY) at a minimum. For an unknown day or month, that value may be entered as '99'. If no date available, leave blank.

<p>7a. Date of most recent AGS reaction that prompted this report (mm/dd/yyyy): _____</p> <p>7b. Has the patient had prior AGS reactions? Yes No Unknown</p>	<p>7c. Date of first AGS reaction (mm/dd/yyyy): _____</p> <p>7d. Date of first AGS diagnosis by a healthcare provider (mm/dd/yyyy): _____</p>	
<p>8. Has the patient ever experienced any of the following signs or symptoms of AGS during a reaction? (Check all that apply)</p> <ul style="list-style-type: none"> Abdominal pain Nausea Diarrhea Vomiting Heartburn/indigestion Hives Itching Swelling of lips, tongue, throat, face, eyelids, or other associated structures Shortness of breath Cough Wheezing Acute episode of hypotension Other (specify): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> 	<p>9. Has the patient ever experienced signs or symptoms of an AGS reaction within 2–10 hours after consumption of any of the following? (Check all that apply)</p> <ul style="list-style-type: none"> Beef Pork Lamb/mutton Goat Game meat (such as venison, boar, bison, elk, rabbit) Milk or milk products (such as cow's milk, cheese, yogurt, butter, ice-cream) Gelatin/glycerin-containing food products (such as gelatin dessert, pudding, gummy candy, marshmallows) Gel-cap medications 'Red meat', not specified Other food product or additive (specify): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> 	<p>10. Has the patient ever experienced signs or symptoms of an AGS reaction within two hours after receiving any of the following pharmaceutical or medical products intramuscularly, intravenously, or subcutaneously?</p> <p>Vaccines (specify): <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div></p> <p>Monoclonal antibodies (specify): <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div></p> <p>Anti-venom Heparin Other (specify): <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div></p>
<p>11. Has the patient ever experienced anaphylaxis due to an AGS reaction (involvement of two or more organ systems; including symptoms such as severe difficulty breathing, swelling of tongue or throat, drop in blood pressure or shock as diagnosed by a medical provider)?</p> <p>Yes No Unknown</p>	<p>12. Was the patient ever hospitalized because of an AGS reaction?</p> <p>Yes No Unknown</p> <p>If yes, please provide month and year(s): _____</p>	<p>13. Did the patient die because of an AGS reaction?</p> <p>Yes No Unknown</p> <p>If yes, date (mm/dd/yyyy): _____</p>

TICK BITE HISTORY PRIOR TO AGS ONSET OR DIAGNOSIS

14. In the 12 months before an AGS reaction or diagnosis (use earlier date), did the patient notice any tick bites?

Yes No Unknown

LABORATORY

15. Alpha-gal specific Immunoglobulin-E (alpha-gal sIgE) and total IgE testing

Date of specimen collection (mm/dd/yyyy)	Testing laboratory	Alpha-gal sIgE quantitative value	Alpha-gal sIgE result			Total IgE quantitative value
			Reactive	Nonreactive	Unknown	Not performed
			Reactive	Nonreactive	Unknown	Not performed
			Reactive	Nonreactive	Unknown	Not performed
			Reactive	Nonreactive	Unknown	Not performed
			Reactive	Nonreactive	Unknown	Not performed

16a. Skin prick testing for alpha-gal component reactivity:

Reactive
 Nonreactive
 Unknown
 Not performed

16b. Date of test (mm/dd/yyyy):

If additional testing performed, please specify in comments.

17. Case classification:

Confirmed Probable Suspect Not a case Unknown

State Health Department Official who reviewed this report:

Name: _____ Phone number: _____

Title: _____ Email address: _____

Date: _____

Comments: