

AOEC CASE REPORT FORM

IDENTIFIER

(1) Clinic # _____

(2) Patient # _____

A report should be submitted whenever you believe there is an association between exposure/hazard and diagnosis, even if the association is uncertain.

However, if the relationship is unlikely, please do not report case.

(3) YEAR OF DIAGNOSIS: _____

(4) YEAR PATIENT BORN: _____

(5) ETHNICITY

____ Asian/Pacific Islander
____ Black
____ Hispanic
____ Native American/
 Aboriginal
____ White
____ Other
____ Unknown

(6) GENDER

__ Male
__ Female

(7) JOB STATUS (check all that apply)

____ Employed
____ Unemployed
____ Sick Leave
____ Restricted Work Duties
____ Temporary Disability
____ Permanent Disability
____ Retired
____ Unknown

(8) PRIMARY DIAGNOSIS

Diagnosis _____ ICD-9 Code (optional) _____

(9) EXPOSURES/HAZARDS

If you believe there is an association between the Exposures/Hazards and Diagnosis, indicate your level of certainty:

➤ **YES** (if you believe the diagnosis is likely to be caused or aggravated by the exposure)

➤ **UNCERTAIN** (if you are uncertain e.g. it is plausible but there is insufficient evidence to be certain)

May list up to three exposures related to diagnosis

Exposure #1 _____ Yes ___ Uncertain ___

Was the exposure Occ. ___ Env. ___ Both ___

Exposure #2 _____ Yes ___ Uncertain ___

Was the exposure Occ. ___ Env. ___ Both ___

Exposure #3 _____ Yes ___ Uncertain ___

Was the exposure Occ. ___ Env. ___ Both ___

IF OCCUPATIONAL EXPOSURE:

(10) Job most relevant to final diagnosis and exposure/hazard _____

(11) Industry most relevant to final diagnosis and exposure/hazard _____

(12) In a union at time of exposure? ___Y ___N ___Unknown/not asked

Union name _____

IF ENVIRONMENTAL EXPOSURE:

(13) Setting most relevant to final diagnosis and exposure/hazard _____

(14) This report is considered ___ Preliminary ___ Final

(15) COMMENTS INCLUDING ADDITIONAL DIAGNOSES (Optional)

FOR MORE INFORMATION CALL: Katherine H. Kirkland, 888-347-2632, kkirkland@aoec.org

Please submit any case for which you believe there is a possible association between the diagnosis and exposure/hazard, even if you are uncertain. Do not submit cases for which you believe there is no association.

- 1) Clinic ID: Your clinic code. (assigned by AOEC staff)
 - 2) Patient ID#: A unique identifier code of your choosing; alpha-numeric up to 10 characters
 - 3) Year of Diagnosis: Year patient diagnosed with occupational/environmental condition in your clinic
 - 4) Year Patient Born: Please use four digit format (e.g. 1951, 2001)
 - 5) Ethnicity: May check multiple categories
 - 6) Gender: If transgendered, the physical gender at time of diagnosis
 - 7) Job Status: May check more than one category
 - 8) Primary Diagnosis: Written description and/or ICD-9 code. If there is more than one diagnosis, you may either write in additional diagnoses in box 15 under comments or complete a separate report.
 - 9) Exposures/hazards: One exposure/hazard is required. Multiple exposures/hazards are optional.
Haz 1, 2, 3: Association between exposure/hazard and diagnosis must be defined as Yes or Uncertain. Must also indicate if exposure/hazard is occupational, environmental, or both.
Yes A hazard/exposure which you believe is likely to be a contributing factor in causing or aggravating the diagnosis.
Uncertain An exposure/hazard which is plausibly related to the diagnosis but for which there is insufficient scientific data to confirm the association. *Caution: The "uncertain" code should be used only for those hazards/exposures that you truly believe are related to the diagnosis. If you believe that the exposure/hazard and diagnosis are not related- do not report the case..*
- If Occupational exposure complete 10, 11 and 12. If Environmental Exposure skip to 13.
- 10) Job most relevant: Enter most specific job title available
 - 11) Industry most relevant: Enter most specific industry information available
 - 12) In a Union at time of exposure? Entered only for occupational exposure/hazard
 - 13) Setting most relevant to environmental exposure: Enter most specific information available
 - 14) Indicate whether the evaluation is final (clinical work-up is complete) or preliminary (assessment is ongoing). If the report is preliminary, AOEC staff will generate a request for a final report in approximately three months.
 - 15) Comments including additional diagnoses (Optional): Space for both additional diagnoses and/or any comments that the clinic wishes to bring to attention of data base administrator (e.g. cluster of cases, more than usual number).