

**SPANISH/EUROPEAN REGISTRY OF PATIENTS INFECTED BY COVID-19  
IN NEPHROLOGY SERVICES**

**1. Hospital and patient data**

1. Identification data

Center (Hospital or Dialysis Center)

Initials (or other identification):

Gender: male / female

Date of birth:

Renal function replacement treatment: center HD / HDD / DP / TxR

Start date of the current renal function replacement therapy:

**2. Infection data**

Known contact with the virus: yes / no

Incubation period (if possible):

Date of diagnosis:

Was the diagnostic test previously denied? Yes/ no

Symptom:

- fever: yes / no
- respiratory clinic (cough expectoration, runny nose): yes / no
- dyspnea: yes / no
- gastrointestinal (nausea, vomiting, diarrhea): yes / no
- asymptomatic: yes / no

Pneumonia development: yes / no

Lymphopenia: yes / no

Hospitalization: yes / no

If the patient has been admitted to the hospital:

ICU admission: yes / no

Were the patient refused for ICU admission even in need (for comorbidities)? yes / no

Need for mechanical respiration: yes / no

Were the patient refused for mechanical breathing still needing it? yes / no

Total days of hospitalization:

Treatment applied:

- Kaletra (lopinavir / ritonavir): yes / no

- Hydroxychloroquine: yes / no

- Interferon: yes / no

- Tocilizumab: yes / no

- Corticosteroids: yes / no

- Other: yes / no

- nothing: yes / no

If "Other", write here:

Was patient under ACE inhibitors therapy? Yes/no

Was patient under ARA2 therapy? yes/ no

Was the patient treated with NSAIDs the previous days? yes/ no

### 3. Completion of the process

Healing: yes / no

Healing date:

Death: yes / no

Date of death: