Alpha-gal Syndrome Case Report Form

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

CDC# _____

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
☐ Unknown
☐ Refused

6. Hispanic or Latino ethnicity:
◯ 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.

7a. Date of most recent AGS reaction that prompted this report *(mm/dd/yyyy)*: _____

7b. Has the patient had prior AGS reactions?
◯ Yes ◯ No ◯ Unknown

7c. Date of first AGS reaction *(mm/dd/yyyy)*: _____

7d. Date of first AGS diagnosis by a healthcare provider *(mm/dd/yyyy)*: _____

8. Has the patient ever experienced any of the following signs or symptoms of AGS during a reaction? *(Check all that apply)*
☐ 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):

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)*
☐ 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):

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?
☐ Vaccines (specify):
☐ Monoclonal antibodies (specify):
☐ Anti-venom
☐ Heparin
☐ Other (specify):

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)?*
◯ Yes
◯ No
◯ Unknown

12. Was the patient ever hospitalized because of an AGS reaction?
◯ Yes
◯ No
◯ Unknown

If yes, please provide month and year(s): _____

13. Did the patient die because of an AGS reaction?
◯ Yes
◯ No
◯ Unknown

If yes, date *(mm/dd/yyyy)*: _____

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:

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