

## Additional file 4

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Patients' form (Keep this page in the hospital – private information)

Name doctor: \_\_\_\_\_

Hospital: \_\_\_\_\_

Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_\_

### Section I: Patient identification

Hospital code:

Patient label:

Name patient: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Zip code: \_\_\_\_\_

Place of residence: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Telephone number contact person: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Patients' form (send a copy of the respective page(s) to NIMPE after every consultation together with the blood sample if applicable)

### Checklist 1<sup>st</sup> consult (C1)

Hospital code:

Patient label:

Date:

Activities 1 <sup>st</sup> consult	Performed Yes/No (circle the applicable answer)	Comment
Informed Consent	Y / N: why not?	
Questionnaire	Y / N: why not?	
Information and prevention leaflet about toxoplasmosis	Y / N: why not?	
Patient anamnesis	Y / N	
Clinical examination	Y / N	
Ultrasound	Y / N	
Blood sample for serology	Y / N: why not?	
Blood sent to NIMPE	Y / N: why not?	

#### Patient anamnesis

1. Age: \_\_\_\_\_
2. Place of residence/ Zip code: \_\_\_\_\_
3. Gestational weeks: \_\_\_\_\_
4. Number of previous pregnancies: \_\_\_\_\_
5. Previous stillbirths: No  Yes  please specify \_\_\_\_\_

6. Did the patient have any of the following conditions during the current pregnancy? (Checking more than one checkbox is possible)

- Mononucleosis like symptoms (e.g. bilateral, non-tender cervical or axillary lymphadenopathy, flu-like syndrome like fever, malaise, myalgia, hepatosplenomegaly, and pharyngitis)

Please specify:

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- Chorioretinitis (e.g. ocular pain, blurred vision, blindness)

Please specify:

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- Central nervous system abnormalities (e.g. headache, altered mental status, seizures, coma, fever, focal neurologic deficits, such as motor or sensory loss, cranial nerve palsies, visual abnormalities, and focal seizures)

Please specify:

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- None of the above

7. Did the patient have any other conditions during the current pregnancy?

- No  
 Yes - Please Specify:

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8. Did the patient have any lab results during the current pregnancy?

- No  
 Yes - Please Specify:

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### Clinical information 1<sup>st</sup> consult (C1)

➤ Clinical examination results 1<sup>st</sup> consult:

- Normal  
 Abnormal - Please Specify:

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➤ Ultrasound result 1<sup>st</sup> consult:

- Normal  
 Abnormal - Please Specify:

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Outcome 1<sup>st</sup> consult (C1)

Patient label:

Date:

Outcome 1 <sup>st</sup> consult	Pos/Neg or Y/N <i>(circle the applicable answer)</i>		Comment
IgG	Positive(+)	Negative(-)	Titer:
IgM	Positive(+)	Negative(-)	ISAGA index:
Serology result communicated to the patient?	Y / N	Why not?	
Recommendation for follow up communicated to the patient?	Y / N	<input type="checkbox"/> IgG - & IgM - <input type="checkbox"/> IgG + & IgM +  <input type="checkbox"/> IgG - & IgM +  <input type="checkbox"/> IgG + & IgM -  <input type="checkbox"/> Other - please specify:	Seronegative - Primary prevention very important! Suspicious – Avidity test will be conducted and outcome will be communicated to you by NIMPE Follow-up: Take 2 <sup>nd</sup> blood sample 3-4 weeks later (at 2 <sup>nd</sup> consult C2)  Suspicious – Follow-up Take 2 <sup>nd</sup> blood sample 3-4 weeks later (at 2 <sup>nd</sup> consult C2)  If < 18 weeks gestation, Seropositive – Immune No follow-up needed

➤ Other Comments 1<sup>st</sup> consult:

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Patients' form (send a copy of the respective page(s) to NIMPE after every consultation together with the blood sample if applicable)

**Checklist 2<sup>nd</sup> consult (C2) – 3 to 4 weeks after first consult**

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Patient label:

Date:

**Checklist 2<sup>nd</sup> consult (C2) – 3 to 4 weeks after first consult**

Activities 2 <sup>nd</sup> consult	Performed Yes/No <i>(circle the applicable answer)</i>	Comment
Clinical examination	Y / N	
Ultrasound	Y / N	
Blood sample for serology if IgM positive at first consult	Y / N: why not?	
Blood sent to NIMPE	Y / N: why not?	

**Clinical information 2<sup>nd</sup> consult (C2) – 3 to 4 weeks after first consult**

➤ Clinical examination results 2<sup>nd</sup> consult:

- Normal
- Abnormal - Please Specify:

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➤ Ultrasound result 2<sup>nd</sup> consult:

- Normal
- Abnormal - Please Specify:

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Outcome 2<sup>nd</sup> consult (C2) – 3 to 4 weeks after first consult

Date:

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Outcome 2 <sup>nd</sup> consult	Pos/Neg or Y/N <i>(circle the applicable answer)</i>		Comment
IgG	Positive(+)	Negative(-)	Titer:
IgM	Positive(+)	Negative(-)	ISAGA index:
Serology result communicated to the patient?	Y / N	Why not?	
Recommendation for follow up communicated to the patient?	Y / N	<p><b>If 1st blood sample result was IgG + &amp; IgM + And the 2<sup>nd</sup> sample result is the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IgG + &amp; IgM - If &lt; 18 weeks gestation and high avidity: Seropositive – Immune No follow-up needed</li> <li><input type="checkbox"/> IgG + &amp; IgM + Suspicious – Depending on the outcome of the avidity test thorough follow-up including ultrasound and if desired amniocentesis (&gt;18 weeks of gestation and &gt;8 weeks after seroconversion)</li> <li><input type="checkbox"/> Other - please specify:</li> </ul> <p><b>If 1st blood sample result was IgG – &amp; IgM + And the 2<sup>nd</sup> sample result is the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IgG - &amp; IgM - Seronegative - Primary prevention very important!</li> <li><input type="checkbox"/> IgG - &amp; IgM + Suspicious – Take 3<sup>rd</sup> blood sample 3-4 weeks later</li> <li><input type="checkbox"/> IgG + &amp; IgM - Seroconversion – Thorough follow-up including ultrasound and if desired amniocentesis (&gt;18 weeks of gestation and &gt;8 weeks after seroconversion)</li> <li><input type="checkbox"/> IgG + &amp; IgM + Seroconversion – Thorough follow-up including ultrasound and if desired amniocentesis (&gt;18 weeks of gestation and &gt;8 weeks after seroconversion)</li> </ul>	
Other laboratory results?	Y / N	Please specify:	
Treatment?	Y / N	Please specify:	

➤ Other Comments 2<sup>nd</sup> consult:

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Patients' form (send a copy of the respective page(s) to NIMPE after every consultation together with the blood sample if applicable)

Checklist 3<sup>rd</sup> consult (C3) – 6 to 8 weeks after first consult

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Patient label:

Date:

Checklist 3<sup>rd</sup> consult (C3) – 6 to 8 weeks after first consult

Activities 3 <sup>rd</sup> consult	Performed Yes/No <i>(circle the applicable answer)</i>	Comment
Clinical examination	Y / N	
Ultrasound	Y / N	
Blood sample for serology if IgG negative & IgM positive at first and second consult	Y / N: why not?	
Blood sent to NIMPE	Y / N: why not?	

Clinical information 3<sup>rd</sup> consult (C3) – 6 to 8 weeks after first consult

➤ Clinical examination results 3<sup>rd</sup> consult:

- Normal
- Abnormal - Please Specify:

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➤ Ultrasound result 3<sup>rd</sup> consult:

- Normal
- Abnormal - Please Specify:

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Outcome 3<sup>rd</sup> consult (C3) – 6 to 8 weeks after first consult

Date:

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Outcome 3 <sup>rd</sup> consult	Pos/Neg or Y/N <i>(circle the applicable answer)</i>		Comment
IgG	Positive(+)	Negative(-)	Titer:
IgM	Positive(+)	Negative(-)	ISAGA index:
Serology result communicated to the patient?	Y / N	Why not?	
Recommendation for follow up communicated to the patient?	Y / N	<p><b>If 2<sup>nd</sup> blood sample result was IgG – &amp; IgM + And the 3<sup>rd</sup> sample result is the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IgG - &amp; IgM - Seronegative - Primary prevention very important!</li> <li><input type="checkbox"/> IgG - &amp; IgM + Seronegative - Primary prevention very important!</li> <li><input type="checkbox"/> IgG + &amp; IgM - Seroconversion – Thorough follow-up including ultrasound and if desired amniocentesis (&gt;18 weeks of gestation and &gt;8 weeks after seroconversion)</li> <li><input type="checkbox"/> IgG + &amp; IgM + Seroconversion – Thorough follow-up including ultrasound and if desired amniocentesis (&gt;18 weeks of gestation and &gt;8 weeks after seroconversion)</li> </ul>	
Other laboratory results?	Y / N	<input type="checkbox"/>	
Treatment?	Y / N	<input type="checkbox"/>	

➤ Other Comments 3<sup>rd</sup> consult:

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Patients' form (send a copy of the respective page(s) to NIMPE after every consultation together with the blood sample if applicable)

Checklist consult mid gestation (Vmid)

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Patient label:

Date:

Checklist consult mid gestation (Vmid)

Activities mid gestation	Yes/No (circle the applicable answer)	Comment
Did you give the information and prevention leaflet again to women who were seronegative	Y / N: why not?	



Patients' form (send the respective page(s) to NIMPE after every consultation together with the blood sample if applicable)

### Checklist consult post natal (N1) – Only in case of suspicion of primary infection during pregnancy

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Name doctor:

Hospital: \_\_\_\_\_

Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_\_

#### Section I: Patient identification

Hospital code:

Patient label:

Name Mother: \_\_\_\_\_

Age: \_\_\_\_\_

Name Newborn: \_\_\_\_\_

Address: \_\_\_\_\_

Zip code: \_\_\_\_\_

Place of residence: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Telephone number contact person: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date:

/ /
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### Checklist consult post natal (N1)

Activities post natal	Yes/No ( <i>circle the applicable answer</i> )	Comment
Clinical examination mother	Y / N	
Clinical examination newborn	Y / N	
Blood sample from newborn for serology	Y / N: why not?	
Blood sent to NIMPE	Y / N: why not?	
Routine laboratory diagnostics including haematology and liver functioning tests	Y / N: why not?	
Ultrasound/MRI/CT brain	Y / N: why not?	
Eyefundus	Y / N: why not?	
Hearing screening	Y / N: why not?	

### Clinical information consult post natal (N1)

➤ Clinical examination results **mother** post natal:

Normal

Abnormal - Please Specify:

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➤ Clinical examination results **newborn** post natal:

Normal

Abnormal - Please Specify:

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Outcome consult post natal (N1)

Patient label:

Date:

Outcome 2 <sup>nd</sup> consult	Pos/Neg or Y/N <i>(circle the applicable answer)</i>		Comment
IgG	Positive(+)	Negative(-)	
IgM	Positive(+)	Negative(-)	
IgA	Positive(+)	Negative(-)	
Serology result communicated to the mother?	Y / N	Why not?	
Recommendation for follow up communicated to the patient?	Y / N	<b>See Protocol</b>	
Treatment initiated?	Y / N	Please specify:	

➤ Result of the routine laboratory diagnostics including haematology and liver functioning tests

- Normal
- Abnormal - Please Specify all abnormal test results:

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➤ Result of the ultrasound/MRI/CT brain of the newborn

- Normal
- Abnormal - Please Specify all abnormal test results:

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➤ Result of the eyefundus

- Normal
- Abnormal - Please Specify all abnormal test results:

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➤ Result of the hearing screening

- Normal
- Abnormal - Please Specify all abnormal test results:

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End

This is the end of the patient form. Thank you very much for your cooperation

For all questions and comments you can contact:

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