

## 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:

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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 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:
- 
-

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

Patient label:

Date:

Outcome 1 <sup>st</sup> consult	Pos/Neg or Y/N (circle the applicable answer)		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

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 (circle the applicable answer)	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 (circle the applicable answer)		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> <p><input type="checkbox"/> IgG + &amp; IgM - If &lt; 18 weeks gestation and high avidity: Seropositive – Immune No follow-up needed</p> <p><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)</p> <p><input type="checkbox"/> Other - please specify:</p> <p><b>If 1st blood sample result was IgG – &amp; IgM + And the 2<sup>nd</sup> sample result is the following:</b></p> <p><input type="checkbox"/> IgG - &amp; IgM - Seronegative - Primary prevention very important!</p> <p><input type="checkbox"/> IgG - &amp; IgM + Suspicious – Take 3<sup>rd</sup> blood sample 3-4 weeks later</p> <p><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)</p> <p><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)</p>	
Other laboratory results?	Y / N	Please specify:	
Treatment?	Y / N	Please specify:	

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

**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

Patient label:

Date:

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

Activities 3 <sup>rd</sup> consult	Performed Yes/No (circle the applicable answer)	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 (circle the applicable answer)		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	<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>	
		<input type="checkbox"/> IgG - & IgM - Seronegative - Primary prevention very important!	
		<input type="checkbox"/> IgG - & IgM + Seronegative - Primary prevention very important!	
		<input type="checkbox"/> IgG + & IgM - Seroconversion – Thorough follow-up including ultrasound and if desired amniocentesis (>18 weeks of gestation and >8 weeks after seroconversion)	
		<input type="checkbox"/> IgG + & IgM + Seroconversion – Thorough follow-up including ultrasound and if desired amniocentesis (>18 weeks of gestation and >8 weeks after seroconversion)	
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 ( <i>circle the applicable answer</i> )	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:

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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 (circle the applicable answer)		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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