Biomarker Data Collection Tool

DOD ID:	Exam findings	Exam findings/comments
Patient name:	GCS eye:	
DOB:	GCS motor:	
	GCS verbal:	
Requesting physician:		
LATBI test location:	High risk red flags	
NIPR or SIPR phone:	\square Dec LOC or GSC drop ≥ 2	
Email:	☐ Combative/agitated	
Other contact info:	☐ 2+ episode vomiting	
Lacal Airea of in itum u	☐ Witnessed seizure	
Local time of injury:	☐ Focal neurologic deficit	
Date of injury:		
	Moderate risk red flags	
Local time of blood draw:	☐ Double vision	
Date of blood draw:	☐ Increased restlessness	
	$\square \ge 2$ vomiting	
Clinical history (including <u>mechanism</u>)	☐ Subjective lateralizing	
Age:	neuro Sx, no focal deficits	MACE results:
Drugs/EtoH?	☐ Severe, persistent or	
Mechanism:	worsening headaches	Cog: /30
☐ Blunt	☐ Age >60 years	Neurological:+ / -
□ Blast	_ :	Symptom: + / -
□ GWS	☐ Drugs/EtOH	Hx: + / -
☐ Other	☐ PTA>30 minutes	VOMS: + / - defer
	☐ Worrisome mechanism	VOIVIS. + / - detei
Signs and Symptoms	LATBI test results	
Signs and Symptoms	☐ Elevated	
☐ Headache (Severe? Persistent? Worsening?		
□ Dizziness	☐ Not elevated	
☐ Memory problems	☐ Invalid	
☐ Balance problems	GFAP:pg/mL	
□ Nausea	UCH1:pg/mL	
☐ Vomiting (#of times)	Disposition	
☐ Difficulty concentrating	Evacuation?	
☐ Irritability	☐ Routine ☐ Priority	
☐ Visual disturbances	CT Scan findings: ☐ Negative ☐ Positive	
☐ Double vision	Describe injury type, location, volume:	
☐ Ringing in the ears	bescribe injury type, location,	volunie.
☐ Subjective weakness/tingling		
- Location:		
□ Seizure	Consultant name:	
☐ AOC at time of injury – duration:	Consultant role:	
	□ NSGY □ TMD □ Other:	
☐ LOC at time of injury – duration:	Consultant notes:	
☐ Decreasing LOC or GCS?		
☐ PTA at time of injury – duration:		
☐ Other – describe:		

Submit to: DHA.JBSA.j-3.List.JTS-PIPS@mail.mil