

Clinical Tracking of mNGS Results

[To be filled in by CRC]

Metadata:

Patient name: _____

MRN: _____

Date test sent: _____

Indication:

Ordering clinician/Ordering team: _____

mNGS result: _____

[To be filled in by clinician]

Questions:

1. Did this mNGS result change your management? (Yes/No) _____
2. What do you/your team think the final diagnosis was in this case? [Free text] _____
3. Did you start a new antibiotic[s] based on the mNGS result? [Yes/No] _____
 - If so, which? [Free text] _____
4. Did you stop antibiotic[s] based on the mNGS result? [Yes/No] _____
 - If so, which? [Free text] _____
5. Did this mNGS result change the length of stay of the patient? [Yes/No] _____
 - Please estimate change in length of stay [Free text] _____
6. Did the mNGS result change the need for any procedures? [Yes/No] _____
 - Please describe [Free text] _____