Electronic Case Report Form (eCRF) for Standardized Data Collection

Client and Patient Information:

- Client Name: _____
- Address: _____
- Phone: _____
- Email: _____
- Pet Name: _____
- Species: □ Dog □ Cat
- Breed: _____
- Age: _____ Sex: □ Male □ Female □ Neutered
- Body Weight: _____ kg

Clinical Information at Enrollment:

- Diagnosis (Select): □ Canine Parvovirus Gastroenteritis □ Distemper (Dogs)
- □ Rhinotracheitis □ Calicivirus □ Panleukopenia (Cats)
- Date and Time Symptoms Started: _____ (dd/mm/yyyy - hh:mm)
- Severity of Clinical Symptoms at Enrollment (circle):0= Absent , 1= (mild), 2=(moderate), 3 =(severe), 4= (very severe), 5= (critical)

Which treatment group the pet assigned to ; Viroplazin. Viroplazin1

Daily Clinical Symptoms Scoring:

(0 = Absent, 1 = Mild, 2 = Moderate, 3 = Severe 4= Very Severe 5= Critical, 6= Dead)

Clinical Symptoms	Day: __	Date: _____
Fever		
Vomiting frequency		
Diarrhea frequency		
Blood in feces		
Appetite		
Hydration status		
Activity level		
Respiratory signs (cough/ sneeze)		
Nasal/Ocular discharge		
Neurological signs (if any)		
Oral ulcers/drooling		
Leukopenia (Cats)		
Overall Clinical Condition		

Daily Viral Testing (PCR/Antigen test):

Test Type (PCR/ Antigen)	Result (Positive/Negative)	Ct-value (if applicable)

Treatment Information:

- Treatment administered blinded(Viroplazin/Placebo): □ Viroplazin □ Viroplazin 1
- Dose (mg/kg): _____

- Time of administration: _____

Adverse Events (if any):

Adverse Event Description	Severity (mild/moderate/severe)	Action taken

Clinical Remarks:

Form completed by:

- Veterinarian Name: _____
- Signature: _____
- Date: _____

Note: Add an additional eCRF page daily for each day of follow-up to track progression, symptom resolution, viral clearance, and adverse events systematically. Attach any additional test result