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