

## **Case evaluation form**

Case evaluation	
1.Final diagnosis:	
2. Total doses of antidote used:	
3. First contact by requesting physician to National Focal Point	Date:
	Time:
4. First contact by National Focal point to RPC	Date:
	Time:
5.RPC confirmed shipment of antidote	Date:
	Time:
6. Receiving Facility confirmed receiving antidote	Date:
	Time:
7. Poisoned patient received antidote	Date:
	Time:
8. Medical outcome (choose one):	
☐ a. Survived without sequelae	
☐ b. Survived with sequelae	
☐ c. Death	