



Topic	Item	Checklist item description	Reported on Line
Title	1	The diagnosis or intervention of primary focus followed by the words “case report”	<input checked="" type="checkbox"/>
Key Words	2	2 to 5 key words that identify diagnoses or interventions in this case report, including “case report” . . .	<input checked="" type="checkbox"/>
Abstract (no references)	3a	Introduction: What is unique about this case and what does it add to the scientific literature?	<input checked="" type="checkbox"/>
	3b	Main symptoms and/or important clinical findings	<input checked="" type="checkbox"/>
	3c	The main diagnoses, therapeutic interventions, and outcomes	<input checked="" type="checkbox"/>
	3d	Conclusion—What is the main “take-away” lesson(s) from this case?	<input checked="" type="checkbox"/>
Introduction	4	One or two paragraphs summarizing why this case is unique (may include references)	<input checked="" type="checkbox"/>
Patient Information	5a	De-identified patient specific information.	<input checked="" type="checkbox"/>
	5b	Primary concerns and symptoms of the patient.	<input checked="" type="checkbox"/>
	5c	Medical, family, and psycho-social history including relevant genetic information	<input checked="" type="checkbox"/>
	5d	Relevant past interventions withoutcomes	<input checked="" type="checkbox"/>
Clinical Findings	6	Describe significant physical examination (PE) and important clinical findings.	<input checked="" type="checkbox"/>
Timeline	7	Historical and current information from this episode of care organized as a timeline	<input checked="" type="checkbox"/>
Diagnostic Assessment	8a	Diagnostic testing (such as PE, laboratory testing, imaging, surveys).	<input checked="" type="checkbox"/>
	8b	Diagnostic challenges (such as access to testing, financial, or cultural)	<input checked="" type="checkbox"/>
	8c	Diagnosis (including other diagnoses considered)	<input checked="" type="checkbox"/>
	8d	Prognosis (such as staging in oncology) where applicable	<input checked="" type="checkbox"/>
Therapeutic Intervention	9a	Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care).	<input checked="" type="checkbox"/>
	9b	Administration of therapeutic intervention (such as dosage, strength, duration)	<input checked="" type="checkbox"/>
	9c	Changes in therapeutic intervention (with rationale)	<input checked="" type="checkbox"/>
Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (if available)	<input checked="" type="checkbox"/>
	10b	Important follow-up diagnostic and other test results	<input checked="" type="checkbox"/>
	10c	Intervention adherence and tolerability (How was this assessed?)	<input checked="" type="checkbox"/>
	10d	Adverse and unanticipated events	<input checked="" type="checkbox"/>
Discussion	11a	A scientific discussion of the strengths AND limitations associated with this case report	<input checked="" type="checkbox"/>
	11b	Discussion of the relevant medical literature with references	<input checked="" type="checkbox"/>
	11c	The scientific rationale for any conclusions (including assessment of possible causes)	<input checked="" type="checkbox"/>
	11d	The primary “take-away” lessons of this case report (without references) in a one paragraph conclusion	<input checked="" type="checkbox"/>
Patient Perspective	12	The patient should share their perspective in one to two paragraphs on the treatment(s) they received	
Informed Consent	13	Did the patient give informed consent? Please provide if requested	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>