Rheum COVID-19 Provider Information

Please only report each individual case once. You may want to confer with your local team.

1) Family name/last name of reporting provider
   * must provide value

2) Given name/first name of reporting provider
   * must provide value

3) Email address
   * must provide value
   Institutional email preferred

4) Role of reporting provider (e.g., physician, nurse, etc.)

5) Specialty of reporting provider

6) Hospital or clinic name
   * must provide value

7) City of hospital/clinic
   * must provide value

Italy has its own registry, please enter all Italian cases here:

L'Italia ha a proprio database, si prega di inserire tutti i casi italiani qua:

https://is.gd/covidrm

Portugal has its own registry, please enter all Portuguese cases here:

Portugal tem a sua própria base de dados, por favor introduza todos os casos portugueses aqui:


8) Country of hospital/clinic
   * must provide value

CLICK HERE TO PROCEED