



## CARE Checklist (2013) of information to include when writing a case report



Topic	Item	Checklist item description	Reported on Page Number
<b>Title</b>	<b>1</b>	The words “case report” should be in the title along with the area of	<b>1</b>
<b>Key Words</b>	<b>2</b>	2 to 5 key words that identify areas covered in this case	<b>4</b>
<b>Abstract</b>	<b>3a</b>	Introduction—What is unique about this case? What does it add to the medical literature? . . . . .	<b>4</b>
	<b>3b</b>	The main symptoms of the patient and the important clinical findings . . . . .	<b>4</b>
	<b>3c</b>	The main diagnoses, therapeutics interventions, and outcomes . . . . .	<b>4</b>
	<b>3d</b>	Conclusion—What are the main “take-away” lessons from this case? . . . . .	<b>4</b>
<b>Introduction</b>	<b>4</b>	One or two paragraphs summarizing why this case is unique with references . . . . .	<b>6</b>
<b>Patient Information</b>	<b>5a</b>	De-identified demographic information and other patient specific information . . . . .	<b>6</b>
	<b>5b</b>	Main concerns and symptoms of the patient . . . . .	<b>6</b>
	<b>5c</b>	Medical, family, and psychosocial history including relevant genetic information (also see timeline). . .	<b>6</b>
	<b>5d</b>	Relevant past interventions and their outcomes . . . . .	<b>6</b>
<b>Clinical Findings</b>	<b>6</b>	Describe the relevant physical examination (PE) and other significant clinical findings. . . . .	<b>6</b>
<b>Timeline</b>	<b>7</b>	Important information from the patient’s history organized as a timeline . . . . .	
<b>Diagnostic Assessment</b>	<b>8a</b>	Diagnostic methods (such as PE, laboratory testing, imaging, surveys). . . . .	<b>6-7</b>
	<b>8b</b>	Diagnostic challenges (such as access, financial, or cultural) . . . . .	<b>7</b>
	<b>8c</b>	Diagnostic reasoning including other diagnoses considered . . . . .	<b>7</b>
	<b>8d</b>	Prognostic characteristics (such as staging in oncology) where applicable . . . . .	<b>7</b>
<b>Therapeutic Intervention</b>	<b>9a</b>	Types of intervention (such as pharmacologic, surgical, preventive, self-care) . . . . .	<b>7</b>
	<b>9b</b>	Administration of intervention (such as dosage, strength, duration) . . . . .	<b>7</b>
	<b>9c</b>	Changes in intervention (with rationale) . . . . .	<b>7</b>
<b>Follow-up and Outcomes</b>	<b>10a</b>	Clinician and patient-assessed outcomes (when appropriate) . . . . .	
	<b>10b</b>	Important follow-up diagnostic and other test results . . . . .	<b>7</b>
	<b>10c</b>	Intervention adherence and tolerability (How was this assessed?) . . . . .	<b>7</b>
	<b>10d</b>	Adverse and unanticipated events . . . . .	<b>7</b>
<b>Discussion</b>	<b>11a</b>	Discussion of the strengths and limitations in your approach to this case . . . . .	<b>7-10</b>
	<b>11b</b>	Discussion of the relevant medical literature. . . . .	<b>7-10</b>
	<b>11c</b>	The rationale for conclusions (including assessment of possible causes) . . . . .	<b>7-10</b>
	<b>11d</b>	The primary “take-away” lessons of this case report . . . . .	<b>10-11</b>
<b>Patient Perspective</b>	<b>12</b>	When appropriate the patient should share their perspective on the treatments they received . . . . .	
<b>Informed Consent</b>	<b>13</b>	Did the patient give informed consent? Please provide if requested . . . . .	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>