SKZD-392

Slow **K**illing **Z**ombie **D**isease Last updated: 24th October 2025
[View in light-theme, print layout, and Google Docs for best view]
[The following document **contains** illustrations of **artistic nudity, mention of death, and sickness**!]

HISTORY

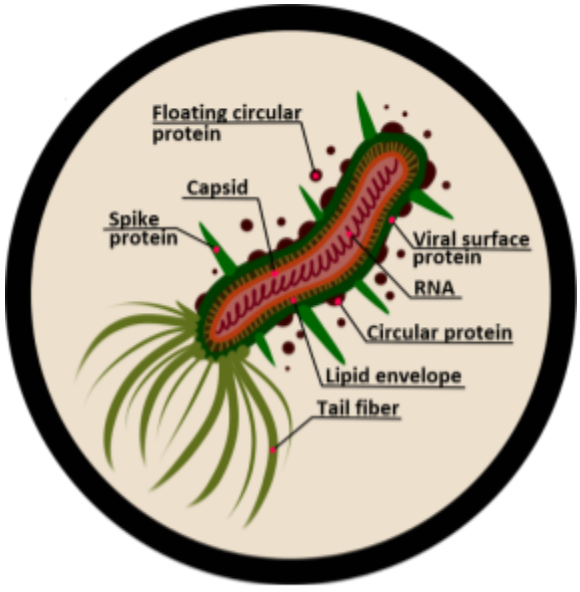
Slow-Killing Zombie Disease (SKZD), also known as *Tardus Interfectorem* ("slow killer", TI), is a Lentivirus from the retrovirus family that infects only humans. It is characterized by limited modes of transmission and a capacity to enhance regenerative processes and cause physiological mutations in infected hosts.

The SKZD virus was first synthesized in **1948 in Berlin, Germany**, by **M.Sc. DDDr. med. Kastellan Scharfstein**.[1] Human trials commenced in 1956, with later refinement of the virus by Dr. med. Louis Wilhelm Strasse in 2005.[2] Developed under laboratory conditions, its structure was altered to prevent transmission via common pathways such as aerosol, bodily fluids, and direct contact.[3]

Natural transmission is **restricted** to **diaplacental infection** during pregnancy. Maternal infection carries a 25% chance of fetal infection, while paternal infection has a 10% transmission probability. If both parents are infected, the child has a 1% chance of being born uninfected.[4] Infection during pregnancy results in miscarriage in all cases.[5]

Scharfstein stated that the virus was **engineered to manipulate human physiology** by augmenting regenerative abilities and took a decade to stabilize before human infection trials.[6]

PATIENT ZERO



A SKZD-Virus illustration by ©AdmiralToxic

The **first known infected individua**l was **Domenico Giotto Sartori** (b. 12 January 1937), an Italian tailor who specialized in military uniforms for the VDASF-Military.[7] Diagnosed with **terminal pancreatic cancer** at age 24, Sartori consented to infection via cerebrospinal fluid injection.[8]

After 28 days, Sartori died but subsequently reanimated, with full regeneration of damaged tissues and a permanent mutation resulting in a second pair of arms. The procedure **caused irreversible paralysis of his lower body**. This case marked a key milestone in the virus's development.[9]

STRUCTURE

SKZD exhibits a **worm-like morphology** uncommon to viruses, with tail fibers, spike proteins, and surrounding circular proteins.[10] Unlike typical viruses, it cannot autonomously infect new hosts and requires direct cerebrospinal fluid injection for transmission.[11]

TRANSMISSION

The virus's only natural transmission mode is vertical diaplacental transfer during pregnancy. Other transmission vectors, including aerosol, bodily fluids, skin contact, sexual transmission, oral ingestion, and environmental exposure, are ineffective. Infection necessitates direct injection into the cerebrospinal fluid.[12]

DIAGNOSIS

Disease progression includes three primary phases:

- **Pre-Infection:** Candidates typically have terminal or rapidly fatal conditions such as cancer, liver cirrhosis, mesenteric infarction, heart attack, pulmonary edema, or rabies.[13]
- **Post-Infection:** The virus initiates immediately after injection, progressing through seven sub-stages with increasing physiological and psychological symptoms. Viral neutralization is possible only in the first sub-stage.[14]
- **Death and Reanimation:** Reanimation generally occurs 14–28 days post-infection. Advanced stages present a 7–9% risk of death without reanimation. Post-mortem infection does not result in reanimation.[15]

Informed consent regarding all risks is mandatory before infection.[16]

STAGE	DURATION	SYMPTOMS	RARE SYMPTOMS	PHYSICAL CHANGES
Stage I	2-4 days	stuffy nose, sneezing, coughing, sore throat	rashes or hives, dizziness	no changes
Stage II	2-4 days	hyperthermia, mild muscle pains, fatigue, "feeling sick", nausea	tachycardia or bradycardia	no changes
Stage III	2-4 days	refusal of food and liquid, jaw pain and muscle pain, stiffness in extremities, bradycardia	loss of smell and/or taste, hair loss	no changes
Stage IV	2-4 days	paleness, cyanosis in extremities,	coughing blood,	pale skin, skin turns blue

		hypothermia, bradypnea	inspiratory and/or expiratory noises	from lack of oxygen (cyanosis)
Stage V	2-4 days	severe muscle pains, tooth loss, muscle cramping, spasms, and blood circulation issues	seizures, bleeding out of bodily openings, and early permanent death	mild apathy
Stage VI	2-4 days	Necrosis in extremities, decay on the living body, eyes becoming milky and glassy, a new set of teeth, severe hypothermia, and a feeling of impending doom	visual problems, hallucinations, and early permanent death	extremities begin to necrotize, the body may lose skin and fall apart (pieces have to be reattached)
Stage VII	2-4 days	possible mutations, death	early permanent death	The body may alter, with black spikes, extra limbs, or other mutations
Post Death	Immediately	reanimation, instant regeneration	no reanimation	Life returns, the body stabilizes

Chart of stages, duration, possible symptoms, and visible changes

STAGE	DURATION	PSYCHOLOGICAL SYMPTOMS
Stage I	unknown	none
Stage II	unknown	anxiety, panic
Stage III	unknown	depressive episode
Stage IV	unknown	paranoia, insomnia, or hypersomnia
Stage V	unknown	depersonalization, derealisation, amnesia, or memory loss
Stage VI	unknown	hallucinations, psychosis, feelings of impending doom
Stage VII	unknown	catatonia, apathy

Chart of possible psychological symptoms during the stages.

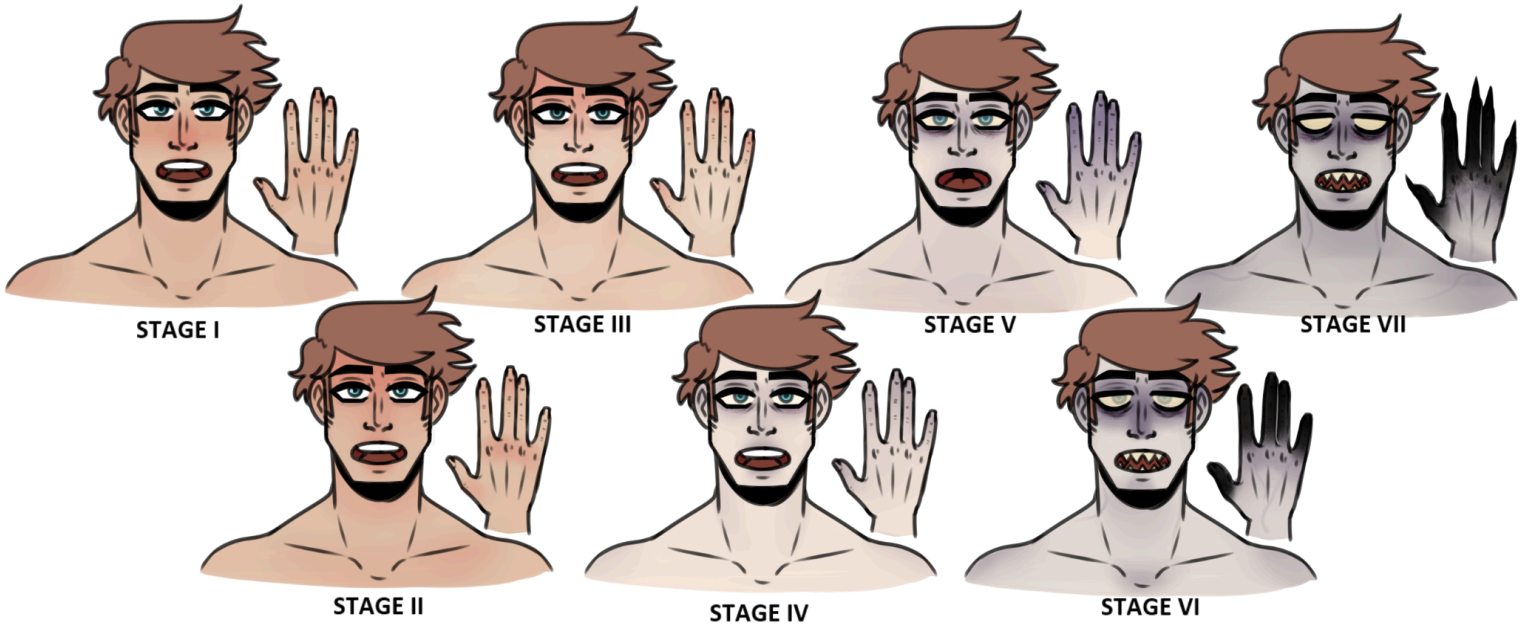
Every registered SKZD-infected person has a biohazard tattoo somewhere on their body (most commonly, shoulder, arm, back, or hip), including a **small microchip** underneath the skin that holds a **registration number** and information of the patient. This procedure is merely to keep track of the patients and for future research. This way of tracking is discussed before the injection is given. **Patients must sign a contract** to show their lawfully given consent. People who refuse the

registration will not be accepted by the authorities and will not be given the injection.

Registration is an important process for the **VDASF research institute** that specializes in virology, to keep track of possible undocumented ways of mutation or spreading among the civilization. SKZD-infected people who have been born or have been infected by the virus without being previously registered will be immediately registered after they have been found. Every SKZD-infected person will be scanned at every doctor, ambulance, or hospital visit, and they **must show their ID**. Refusing to show the ID will result in the information of the police and the research institute. Wrongfully causing unnecessary actions will result in a fine between 2.000 to 13.000 EUR

ANATOMICAL CHANGES

SKZD-infected people will go through seven intensely painful and physically altering stages until they depart from life. Their skin will have a severe discoloration that looks similar to a corpse's.



Simplified illustration of the seven SKZD stages. (HAS TO BE UPDATED)

BEHAVIOR CHANGES

An SKZD-infected person post-death **does not only changes their physical appearance permanently** but also **their behavior**. The most noticeable behavior change might be their **increased metabolism and hunger**. Since their body have altered, their need for nutrients has increased and changed.

Their body now requires an **almost constant digestion of food**. If this is not given, the SKZD-infected person will fall into **four different stages of hunger** based on how recently and how much they have eaten. The stages of hunger have **a potentially dangerous aspect**, as

the SKZD-infected person **may lose the mental, emotional, and physical control** of their body and fall into **a violent hunger-deprived rampage** where they will **not be able to tell apart friends, family, loved ones, strangers, or animals**. Everything in their way will **be killed and feasted upon until their hunger stage has reached its satisfaction,** so that they can return to their original state.
That is why it is recommended for an SKZD-infected person to remain on a permanent diet that suggests at **least 3-5 meals per day.** Those meals must include meat of any kind. (ex., pork, chicken, human, lamb, fish, etc.)

A rather **helpful aspect** that an SKZD-infected person receives is the **resistance to any possible kind of natural food contaminants** in nourishment that may cause food poisoning or other health issues. This includes bacteria, viruses, toxins, parasites, etc. That means even rotten meat can be easily digested without any following issues by the SKZD-infected person. Note that rotten meat does not possess the same nutrients as raw or cooked meat.

One significant observation is that SKZD-infected individuals undergo notable physical alterations resembling predatory adaptations as they approach starvation. Their overall body mass increases, musculature expands, and skeletal structures may distort or elongate, resulting in a more aggressive and attack-oriented morphology.

CAVE: An SKZD-infected person **who doesn't consume meat within 3-4 days will starve**, despite eating vegetables, fruits, or any other kind of food. A vegan lifestyle is **impossible** for an
SKZD-infected person.

STAGES	HOURS SINCE LAST FOOD INTAKE	BEHAVIOR	SOLUTION	MEAT TYPE
Stage 1	8-10 hours	nervousness, fidgety, concentration issues, vibrant eye discoloration	Meat consumption: average amounts	Any, cooked or raw
Stage 2	12-15 hours	agitation, increased saliva production, unable to concentrate, intensified desire for food consumption	Meat consumption: large amounts	Any, cooked or raw
Stage 3	18-22 hours	Primitive instincts set in, foaming mouth, reddish eye coloration	Meat consumption: human flesh required	Human flesh, cooked or raw
Stage 4	26-30 hours	Temporary uncontrolled mutation, intensified eye color, severe aggressive behavior, and natural killing instinct set in	Meat consumption: large amounts of raw human flesh are required	Human flesh; raw
DEATH	30-72 hours	[STARVATION OCCURED]	[STARVATION OCCURED]	[STARVATIO N

[redacted]				OCCURED]

Chart of an SKZD's hunger stages.

SKZD-infected people have started developing different traits and effects on their physical and mental appearance. Researchers have registered that the common number of effects that an SKZD-infected person carries lies between 3 negative and 4 positive traits. There has also been as well research about how common a specific trait is among the groups. An SKZD-infected person can't have all the listed effects.

NEGATIVE EFFECTS	RARITY	NEUTRAL/POSITIVE EFFECTS	RARITY
Decreased intelligence	common	Increased libido	common
Increased hunger	common	Taste sensitivity	common
Unpleasant body odor	common	Smell sensitivity	common
Aggression Increase	common	Less sleep required	uncommon
Emotional sensitivity	uncommon	Super strength	uncommon
Emotional instability	uncommon	Increases intelligence and memory	uncommon
Mania / Hypomania Episodes or Symptoms	uncommon	Instantaneous regeneration	rare
Emotional intensity	uncommon	Controlled mutation	very rare
Fatigue	uncommon	Night vision	very rare
Depression	rare	Heat vision	very rare
Regenerative issues	very rare		
Uncontrollable mutation	very rare		
Physical decay [Decreased lifespan]	very rare		

Chart of permanent possible changes of an SKZD-infected person. **The common amount is 3 negative and 4 positive**.

REGISTERED MUTATIONS

Over years of research on the SKZD virus, scientists have carefully tracked its various outcomes and mutations. Their findings reveal that patients often develop distinct traits and genetic variations that set them apart from their SKZD peers. To organize these discoveries,

researchers have compiled a publicly accessible list detailing the identified subtypes, each categorized by name and distinguishing characteristics.

Currently, SKZD subtypes cannot be manually induced, as their mutations appear to occur randomly. However, ongoing studies continue to investigate possible medical, physical, and psychological factors that may influence their development.

REGISTERED SUBTYPES	PHYSICAL TRAITS	ABILITIES AND DIFFERENCES	BRIEF EXPLANATION
Common SKZD	Standard necrotic features such as discolored extremities, dull or cloudy eyes, and pallid skin.	No enhanced abilities or functional differences.	This is the most frequently observed outcome following SKZD infection. Individuals exhibit typical post-reanimation symptoms with no unusual physical or behavioral traits.
Albino SKZD	Necrotic tissue appears white or pale rather than black.	No enhanced abilities; strictly a cosmetic variation.	Albino SKZDs result from a rare genetic mutation affecting pigmentation. Though functionally identical to the common subtype, their tissue lacks melanin, leading to white or light-grey discoloration in necrotic areas. Individuals with albinism are statistically more likely to develop this form.
Blood SKZD (aka "*Vampire Variant*")	Pronounced fangs, elongated teeth, and visible red coloration in necrotic regions of the hands or feet.	Capable of absorbing blood through teeth and extremities.	This subtype possesses vascular mutations enabling hemovorous behavior. Specialized capillaries connect the bloodstream to external tissues, allowing for nutrient intake via blood absorption. Blood SKZDs require more frequent hydration to maintain tissue stability and homeostasis.
Tentaculum SKZD (aka "*Parasitic Variant*")	Presence of retractable tentacle-like growths within or beneath the skin.	No known enhanced functional abilities.	Characterized by internal or external tentacular mutations, this subtype may exhibit visible growths, openings, or subtle bulges under the skin. These appendages are often retractable and vary significantly in size and number. In extreme cases, individuals may develop multiple internal appendages capable of limited movement or reflexive defense.
Cognitive SKZD (aka *"Intellect Variant"*)	No obvious external differences. Occasionally, visible vascular changes near the temples or darkened under-eye	Enhanced cognitive function — faster problem-solving, photographic memory, and	This subtype is the result of neurological optimization. Though intelligence is markedly improved, individuals may experience obsessive behavior or insomnia due to increased neural activity. Often found in high-pressure

	areas due to high brain activity.	heightened pattern recognition.	analysis or engineering roles.
Olfacto-Sensitive SKZD (aka *"Tracker Variant"*)	Slightly enlarged nasal cartilage or subtle cranial ridges (often hidden).	Enhanced olfactory senses — able to detect hormonal shifts, decay, and blood traces.	A rare mutation intensifies the sense of smell, allowing these SKZDs to detect illnesses, emotional states (via pheromones), or concealed injuries. While useful in forensic or medical fields, they may become overstimulated in crowded or polluted environments.
Photophobic SKZD (aka *"Low-Light Variant"*)	Larger-than-normal pupils, frequent use of sunglasses, and occasional light sensitivity.	Night vision and rapid dark adaptation.	Their mutation emphasizes retinal regeneration, granting superior low-light vision. Often employed in surveillance, deep-sea, or subterranean environments. They may appear visually impaired in daylight but operate optimally in darkness.
Living SKZD (aka *"Rosaflesh Variant"*)	Unnaturally pink or flushed skin tone, especially around cheeks, lips, and fingertips; persistent "healthy glow."	Highly efficient thermoregulation and blood flow.	Originally thought to be a cosmetic side-effect, the rosy tone is a result of amplified capillary activity. These SKZDs appear warm and alive, which helps them pass completely unnoticed in human populations. Some of them do not even possess necrotized body parts.
Pallor SKZD (aka *"Ivory Variant"*)	Translucent or pale skin, slight "waxiness," with occasionally prominent bone outlines in the face and hands.	Extremely slow aging and cellular decay post-infection.	Considered aesthetically unnerving, this subtype appears eerily preserved, like a living marble statue. Despite their unsettling look, they possess superior tissue longevity and healing capacity, aging at less than half the rate of other subtypes.
Strider SKZD (aka *"Joint-Extended Variant"*)	Slightly longer arms or fingers than average; double-jointed appearance.	Silent, agile movement with extended reach and stability.	Designed for traversal and reconnaissance. Their gait is strange, fluid but unnatural. Occasionally used in industrial maintenance or confined rescue spaces.
Pulse SKZD ("*Sync Variant*")	Veins pulse visibly in rhythmic waves when the heart rate rises.	Can synchronize heartbeat and respiration with nearby beings or machinery to reduce detection.	Used in stealth and espionage, these SKZDs seem eerily calm even under stress. If multiple are together, they may unconsciously sync up, breathing and moving as one.
Verdant SKZD (aka "*Bio-Reactive Variant*")	Slight greenish tint in veins or nails; skin fluoresces faintly	Converts limited sunlight into metabolic energy.	Result of a lab attempt to create more self-sustaining lifeforms. Verdant SKZDs can survive longer without food

	under sunlight.		but require light exposure.
Aether SKZD (aka "*Breathless Variant*")	Cool-toned lips and skin; faint condensation around the mouth in any temperature.	Extremely low oxygen requirements.	Modified lungs and cells allow them to survive long periods without breathing. Useful in vacuum or underwater conditions. Appear eerily still when idle.
Lumen SKZD (aka *"Glow Variant"*)	Faint bioluminescence along veins, visible in low light (often blue, green, or amber).	Regulated light emission from subdermal cells; may serve as a mild energy release system.	A visually striking mutation originally designed for visibility in dark environments
Tenebris SKZD (aka *"Palefire Variant"*)	Skin and hair are completely devoid of pigment; eyes glow faintly red or amber.	Immunity to pain and fear responses.	Bred for hazardous operations, Tenebris SKZDs perform with total calm under pressure. However, they often display emotional blunting and avoid social contact.
Carmine SKZD (aka *"Red Vein Variant"*)	Deep crimson veins are visible under pale skin; irises may appear red in certain light.	Blood rich in oxygen-binding proteins; extreme stamina and physical endurance.	These SKZDs rarely fatigue. Used in endurance-based work and emergency response. The red veins, though benign, often spark unease in others.

PATIENT STORIES

[The following content is used to bring you an understanding of how the virus can be used in character-making.]

The following part of the document will bring you closer to the stories of four patients, who voluntarily offered themselves so that their stories will be publicly revealed for public resources. These patients' stories are shared to understand and show the way the SKZD infection has improved their lives significantly and has given them a second chance.

The four patients below have been registered under the numbers #211, #157, #235, and #352.

Four SKZD-infected patients.

Patient Nr. 211

Patient Number	Nr. #211
First name	Freyja
Last name	Kristjándottir
Gender	Female
Occupation	Unemployed
Date of birth	3rd September 1998
Date of infection	17th March 2020
Date of reanimation	2nd April 2020
Nationality/Ethnicity	Icelandic / White European
Original Death Sentence	Severe malnutrition from anorexia nervosa
Medical History	Anorexia nervosa, depression, and borderline personality disorder
Blood Type	AB positive

SKZD Subtype	Common SKZD
Mutation Severity	Mild

Patient Nr. 211 — Clinical Background Report

Overview:
Patient Nr. 211, identified as Freyja Kristjánsdóttir, voluntarily enrolled in the SKZD Medical Advancement Program as part of the second-phase human trials. At the time of admission, the patient exhibited severe physiological deterioration due to anorexia nervosa, accompanied by major depressive disorder and borderline personality disorder. With traditional treatment avenues exhausted, she consented to SKZD exposure as a final medical alternative.

Infection Progression and Pre-Mortem Phase:
Controlled SKZD inoculation was administered on 17 March 2020 under laboratory supervision. Over the following ten days, the patient experienced progressive systemic shutdown typical of early viral integration: muscle atrophy, organ fatigue, and severe metabolic imbalance. Despite physical decline, cognitive faculties remained intact until the final pre-mortem stage. Patient 211 was declared clinically deceased on 2 April 2020, following complete circulatory cessation.

Reanimation and Recovery:
Approximately two hours post-mortem, reanimation occurred spontaneously and without external stimulation. The patient regained motor function with minimal necrotic damage and exhibited mild disorientation and emotional instability. Classified under the Common SKZD subtype with Mild mutation severity, she demonstrated no significant aggression or cognitive degradation. After a two-week observation period, her physiological stability allowed for conditional reintegration into civilian life under medical supervision.

Post-Reanimation Observations:
The patient retains full memory continuity, though reports intermittent emotional detachment and heightened sensitivity to external stimuli. Viral adaptation appears to have compensated for prior nutritional deficiencies, improving metabolic efficiency and physical resilience. Psychological evaluations indicate residual depressive patterns but no escalation of pre-existing disorders.

Researcher Notes:
Patient 211 represents a successful controlled SKZD case with minimal post-reanimation complications. Her recovery trajectory supports the hypothesis that voluntary infections — when managed under monitored clinical conditions — can yield stable, functioning hosts. Continued follow-up is recommended to study long-term emotional regulation and viral equilibrium within previously malnourished physiology.

Patient Nr. 157

Patient Number	Nr. #157

First name	Angelo-Piero
Last name	Baronchelli
Gender	Male
Occupation	Restaurant Owner
Date of birth	13th August 1975
Date of infection	4th July 2010
Date of reanimation	24th July 2010
Nationality/Ethnicity	Italian / White European
Original death sentence	Liver cirrhosis and liver cancer
Medical History	Hypothyroidism, Hepatitis B, Adipositas, Diabetes
Blood Type	A positive
SKZD Subtype	Blood SKZD
Mutation Severity	Low

Patient Nr. 157 — Clinical Background Report

Overview:
Patient Nr. 157, *Angelo-Piero Baronchelli*, was a 34-year-old Italian restaurant owner who voluntarily enrolled in the early-stage SKZD Medical Restoration Program after receiving a terminal diagnosis of *advanced liver cirrhosis* secondary to *liver carcinoma*. The patient's pre-existing medical conditions included *hypothyroidism*, *hepatitis B infection*, *adiposity*, and *type II diabetes mellitus*. Traditional therapeutic interventions had failed, prompting his consent to undergo controlled SKZD exposure as a last-resort regenerative trial.

Infection Progression and Pre-Mortem Phase:
SKZD viral induction took place on **4 July 2010** under medical supervision. Over the following two weeks, the patient's condition progressively deteriorated as hepatic function declined further, accompanied by increasing jaundice, abdominal distension, and systemic weakness. During this pre-mortem phase, blood analyses indicated a gradual replacement of degenerated hepatic cells with viral analog cells — a phenomenon consistent with early "Blood SKZD" subtype activity. The patient was pronounced clinically deceased on **24 July 2010**.

Reanimation and Recovery:
Reanimation occurred spontaneously approximately four hours post-mortem. Upon revival, the patient displayed stabilized metabolic activity and improved peripheral circulation. Tissue necrosis was minimal, and early analysis confirmed a high concentration of viral hematopoietic integration — placing him under the **Blood SKZD subtype** with **Low mutation severity**. Initial disorientation was observed, but cognitive and motor functions normalized within 72 hours.

Post-Reanimation Observations:
Patient 157 exhibited notably enhanced blood oxygenation and glucose regulation compared to his pre-infection baseline, suggesting compensatory viral modulation of metabolic and hepatic processes. Although his skin tone originally had a slight yellow hue, liver enzyme levels stabilized at near-normal parameters, and his skin returned to somewhat normal. Behavioral assessment revealed mild irritability and fatigue during the first post-reanimation week, both of which subsided with nutritional stabilization.

Researcher Notes:
Patient 157 presents one of the earliest recorded instances of Blood SKZD subtype integration, demonstrating partial reversal of hepatic necrosis. The virus's affinity for circulatory and metabolic systems appears to have facilitated selective tissue repair rather than full organ regeneration. His case provides strong evidence that SKZD-mediated reanimation may offer therapeutic potential for end-stage liver disease. Continued observation is recommended to monitor for long-term metabolic drift or vascular anomalies.

Reintegration Status:
Conditionally cleared for civilian reintegration. Placed on a bi-monthly medical evaluation schedule due to prior hepatic instability and active viral hematopoietic presence.

Patient Nr. 235

Patient Number	Nr. #235
First name	Makeda
Last name	Onyejekwe
Gender	Female
Occupation	Police Officer
Date of birth	23rd June 1988
Date of infection	3rd December 2018
Date of reanimation	25th December 2018
Nationality/Ethnicity	Nigerian / Black
Original death sentence	Tuberculous meningitis
Medical History	Asthma, Eye Trauma (left eye)
Blood Type	A negative
SKZD Subtype	Common SKZD
Mutation Severity	low

Patient Nr. 235 — Clinical Background Report

Overview:
Patient Nr. 235, *Makeda Onyejekwe*, voluntarily enrolled in the SKZD Regenerative Immunology Program following her terminal diagnosis of *tuberculous meningitis*. At the time of registration, she was an active police officer in Lagos, Nigeria, temporarily relieved from duty due to progressive neurological symptoms and respiratory complications. Her decision to undergo SKZD infection was based on the experimental program's potential to counteract degenerative conditions deemed incurable by conventional medicine.

Infection Progression and Pre-Mortem Phase:
Controlled SKZD exposure was administered on 3 December 2018. During the first week post-infection, the patient exhibited a gradual decline consistent with the expected viral integration phase: elevated temperature, pulmonary distress due to her pre-existing asthma, and reduced neural responsiveness attributed to meningeal inflammation. Despite medical intervention, deterioration continued over the next two weeks. She was declared clinically deceased on 25 December 2018, following a complete neurological shutdown.

Reanimation and Recovery:
Reanimation occurred within twelve hours of clinical death. The patient regained motor and respiratory function with no apparent structural brain damage. Vision in the left eye — previously impaired by trauma — remained limited but functional. Classified under the Common SKZD subtype with Low mutation severity, she displayed exceptional physical stability and emotional regulation upon revival, showing minimal aggression and full cognitive preservation.

Post-Reanimation Observations:
Patient 235's recovery phase was marked by a noticeable strengthening of respiratory capacity, suggesting the SKZD virus may have partially repaired prior pulmonary scarring. She reported intermittent visual flashes in the damaged eye, hypothesized to result from partial neural regeneration. Behavioral assessments indicate heightened situational awareness and calmness under stress — traits potentially amplified from her prior occupational conditioning as a law enforcement officer.

Researcher Notes:
Patient 235's case provides critical evidence supporting the hypothesis that SKZD viral integration may reverse certain neurological and respiratory degenerations when introduced under controlled conditions. Her professional background and strong psychological discipline contributed to a remarkably stable post-reanimation adaptation. Continued monitoring is advised to evaluate long-term immune compatibility and ocular neural regeneration. She was able to return to her previous job position and continue her career.

Reintegration Status:
Cleared for partial civilian reintegration under medical supervision. Assigned to the SKZD Field Monitoring Unit as a liaison due to stable post-reanimation function and high cognitive performance.

Patient Nr. 352

Patient Number	Nr. #352
First name	Rodney
Last name	Foster
Gender	AFAB / FtM Transgender
Occupation	Nurse
Date of birth	12th January 1994
Date of infection	7th May 2022
Date of reanimation	29th May 2022
Nationality/Ethnicity	Canadian / White American
Original death sentence	Severe motorcycle accident
Medical History	Hormone therapy, Mastectomy, Hysterectomy
Blood Type	0 Positive
SKZD Subtype	Common SKZD
Mutation Severity	low

Patient Nr. 352 — Clinical Background Report

Overview:
Patient Nr. 352, *Rodney Foster*, is a 28-year-old trans male nurse from Ontario, Canada, who voluntarily participated in the SKZD Rehabilitation and Trauma Recovery Program following a severe motorcycle collision that resulted in multiple organ ruptures and irreversible internal bleeding. Despite surgical intervention, long-term survival was deemed unlikely. Having previous medical familiarity through his occupation, the patient consented to controlled SKZD infection as an alternative regenerative treatment option.

Infection Progression and Pre-Mortem Phase:
Inoculation occurred on **7 May 2022** under full clinical supervision. Initial response was stable, and the patient tolerated the viral presence for approximately two weeks with mild fever and fatigue. During the third week, the virus entered an aggressive reconstructive phase, initiating systemic metabolic restructuring. Despite strong vital signs, the patient's cardiovascular system entered acute overcompensation — a known side effect of SKZD cellular assimilation. Clinical

death was confirmed on **29 May 2022**, attributed to **viral system overload** rather than trauma-related complications.

Reanimation and Recovery:
Reanimation occurred spontaneously approximately eight hours post-mortem. Upon revival, the patient exhibited stable vital signs, rapid wound closure, and near-complete restoration of damaged musculature. Classified under the **Common SKZD subtype** with **Low mutation severity**, he retained full cognitive function and emotional coherence, with minimal necrotic evidence. Early reanimation phases were marked by disorientation and temporary tachycardia, both of which resolved within 48 hours.

Post-Reanimation Observations:
Patient 352 demonstrated notable adaptability and self-awareness, likely supported by his medical background and familiarity with clinical procedures. Physical rehabilitation was completed within ten days, during which he exhibited above-average tissue recovery and enhanced reflex responses. No aggression, disassociation, or sensory distortions were observed. The patient reported heightened proprioception and improved pain tolerance. Hormone balance remained stable post-reanimation, with no interference observed between viral metabolic regulation and ongoing testosterone therapy.

Researcher Notes:
Patient 352's case illustrates SKZD's potential application in trauma recovery and structural tissue regeneration without major behavioral side effects. His background as a medical professional contributed to exceptional compliance during post-reanimation adjustment. The stable coexistence of viral metabolism with endocrine modulation (hormone therapy) marks this case as a valuable reference for future studies concerning SKZD compatibility with hormonal and surgical physiology.

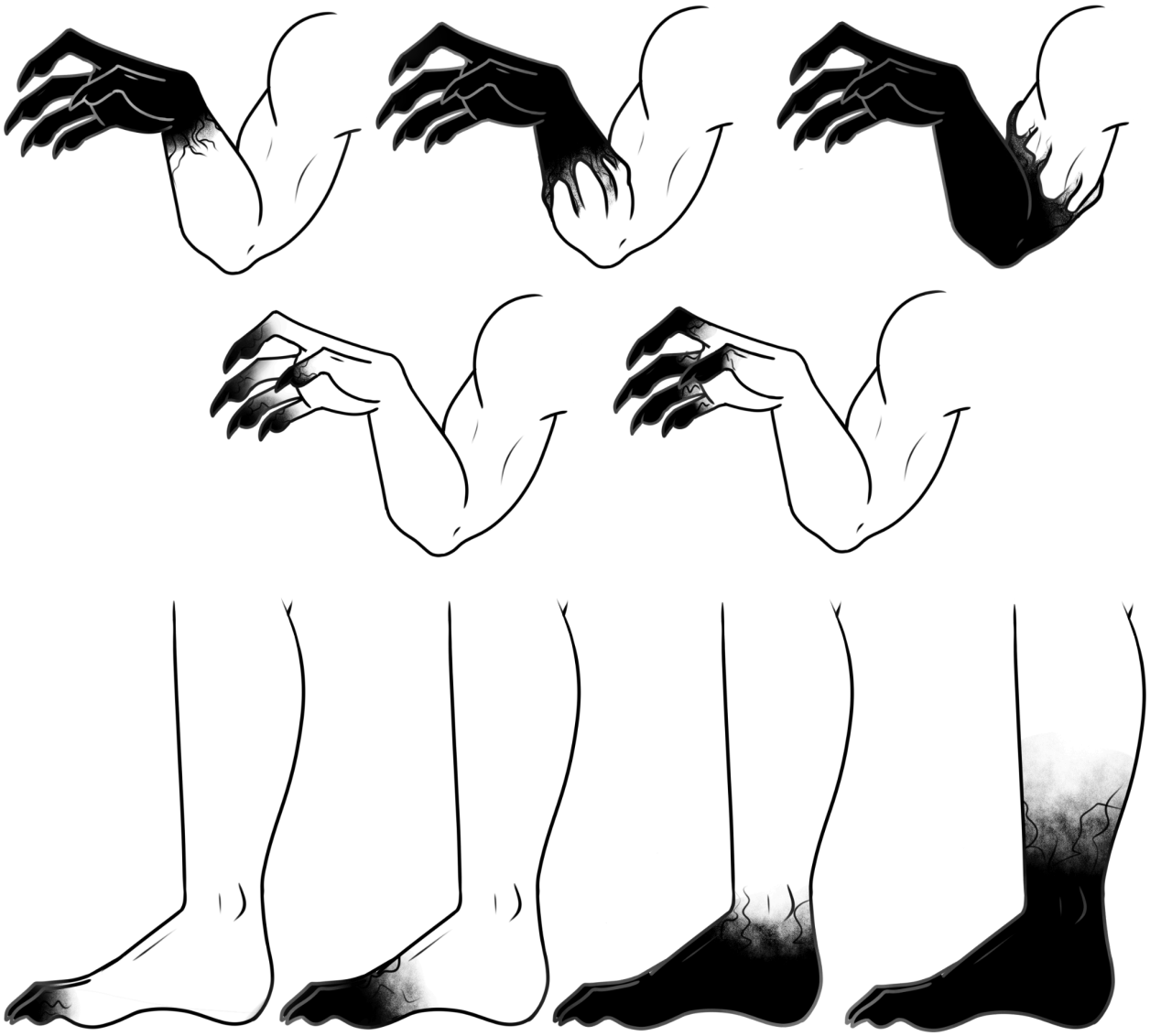
Reintegration Status:
Cleared for limited civilian reintegration and re-employment within the SKZD medical monitoring division. Scheduled for quarterly physiological assessments to track long-term viral stability and tissue regeneration rates.

ADDITIONAL INFORMATION

This species is an open species, just for fun, created by IG:@/admiral_toxic / TH:AdmiralToxic.
Please credit me in case you make a character of this species.
Reminder: I do not copyright any commonly used traits (ex., black arms with claw hands, etc.)
Before you make **adoptables of this species, please ask for my permission**! I'd appreciate that!!
The official social media hashtag is #SKZD392
Thank you for reading, and enjoy!

IMAGE REFERENCES

The following images are all references to create a proper SKZD character. Please note that the basic layouts may change depending on the subtype of SKZD. The subtype differences are listed above in “Registered Mutations.



Types of arms and legs for SKZD characters. The necrosis can go up even further.

Some skin color examples of an SKZD-infected person. These are just some examples of how lifeless their skin color might become.

SKZD CHARACTER LINKS [TOYHOUSE]

The following links lead to characters that are from the SKZD virus species; the links are merely for some help with creation!

- Character 1 (Credit: AdmiralToxic) - Tentaculum SKZD
- Character 2 (Credit: AdmiralToxic) - Common SKZD
- Character 3 (Credit: AdmiralToxic) - Blood SKZD
- Character 4 (Credit: AdmiralToxic) - First SKZD - Common SKZD
- Character 5 [Centimares x SKZD] (Credit: AdmiralToxic) - Hybrid of an SKZD and a Centimares
- Character 6 (Owner: TheSecretSketches) - Albino SKZD