

Laboratory-identified MDRO Event

* Required for saving

** Required for completion

Facility ID#: _____

Event #: _____

*Patient ID#: _____

Social Security #: _____

Secondary ID#: _____

Patient Name: Last: _____

First: _____

Middle: _____

*Gender: ___F ___M

*Date of Birth: ___/___/___

Ethnicity (specify): _____

Race (specify): _____

*MDRO Type: _____

*Outpatient ___Y ___N

*Event Date: ___/___/___

*Specimen Source: _____

*Date Admitted to Facility: ___/___/___

*Location: _____

*Evidence of previous LIME at your facility for MDRO category in the 3 months before Admission Date? _____Y ___N

**Date of most recent LIME: ___/___/___

*Has patient been discharged from your facility in the past 3 months? ___Y ___N

**Date of most recent discharge from your facility: ___/___/___

Custom Fields

Label		Label	
_____	___/___/___	_____	___/___/___
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____

Comments

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-79, Atlanta, GA 30333, ATTN: PRA (0920-0666).