Table XX. Instructions for Completion of the NH Laboratory-identified (LAB ID) MDRO or CDI Event form (CDC 57.138) (**Tables of Instructions List**)

Data Field	Instructions for Form Completion
Facility ID	The NHSN-assigned facility ID number will be auto-entered by the computer.
Event #	Event ID number will be auto-entered by the computer.
Resident ID	Required. Enter the alphanumeric resident ID. This is the resident identifier assigned by the hospital and may consist of any combination of numbers and/or letters. This should be an ID that remains the same for the resident across all visits and admissions.
Social Security #	Required. Enter the 9-digit numeric resident Social Security Number.
Medicare number	Optional. Enter the resident Medicare number or comparable railroad insurance number
Resident Name, Last First, Middle	Optional. Enter the name of the resident. If available, data will be auto-entered from Resident Form.
Gender	Required. Select M (Male) or F (Female) to indicate the gender of the resident.
Date of Birth	Required. Record the date of the resident birth using this format: MM/DD/YYYY.
Ethnicity (specify)	Optional. Enter the resident's ethnicity: • Hispanic or Latino • Not Hispanic or Not Latino
Race (specify)	Optional. Enter the resident's race: Select all that apply. • American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White
Event Details	
Resident type	Required. Select either short-stay (less than 90 days) or long-stay (greater than 90 days) to indicate the resident type
Date of first admission to Facility	Required. The date of first admission is the date the resident first entered the facility and stayed without a break greater than 15 consecutive months using this format: MM/DD/YYYY
Date of current admission to Facility	Required. Record the current (i.e. the most recent) date the resident was re-admitted to this LTCF using this format: MM/DD/YYYY Example: If the resident was transferred to an acute care facility and then re-admitted to your facility 4 days later (a re-entry) the date of re-entry is considered the current admission date. If the resident has not been discharged or transferred out of your facility, then the date of current admission would be the same as the date of first admission to facility.
Event Type	Required. Event type = LabID.
Date Specimen Collected	Required. Enter the date the specimen was collected for this event using format: MM/DD/YYYY
Specific Organism Type	Required. Check the pathogen identified for this specimen for one of the following laboratory-identified MDRO types: *C. difficile* , MRSA, VRE, MDR-*Klebsiella*, or MDR-

	Acinetobacter. If multiple MDROs being reported were identified in the same culture, create a new event report for each one (i.e., 1 form for each pathogen).
Specimen Body Site	Required. Enter the main body site from which the specimen was taken using the description that is most specific. (e.g., respiratory system, GU system, etc)
Specimen Source	Required. Enter the specific anatomic site from which the specimen was taken using the source description that is most accurate from the available choices (e.g., sputum, urine, etc.)

Data Field	Instructions for Form Completion
Resident care location	Required. Enter the care location where the where the resident was assigned when the laboratory-identified MDRO or *C. difficile* event specimen was collected
Primary resident service type	Required. Check just one of the primary resident services types that best represents the type of service the resident is receiving at the time of the event. • Long-term general nursing • Long-term dementia • Long-term psychiatric • Skilled nursing/short-term rehab (subacute) • Ventilator • Bariatric • Other (check only if not one of the previously listed service types)
Has resident been transferred from an acute care facility in the past 3 months?	Required. Select "Yes" if the resident has been an inpatient of an acute care facility and transferred to your facility in the past three months, otherwise select "No".
If yes, date of last transfer from acute care to your facility	Conditionally Required. If the resident was transferred from acute care to your facility in the past 3 months, enter the most recent date of transfer from acute care to this facility. Use format: MM/DD/YYYY
If yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility?	Conditionally Required. If the resident was on antibiotic therapy for this specific organism type at the time of transfer to your facility select "Yes", otherwise select "No".
Documented prior evidence of infection or colonization with this specific organism type from a previously reported laboratory ID event?	"Yes" or "No" will be auto-filled by the system only, depending on whether there is prior LabID Event entered for the same organism and same resident. Cannot be edited by user. If there is a previous LabID event for this organism type entered in NHSN in a prior month, the system will auto-populate with a "Yes."
Custom Fields	

Labels	Optional. Up to two date fields, 2 numeric and 10 alphanumeric fields that may be customized for local use. **NOTE:** Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.
Comments	Optional.