- ACTIVE BACTERIAL CORE SURVEILLANCE CASE REPORT - Patient's Name:						Phone No.	Phone No.:()	
(Last, First, Ml.) Address: (Number, Street, Apt. No.)						Patient Chart No.:		
	Hospital <u>:</u>							
(City, State)			(Zip Code)					
CENTERS FOR DISEASE CONTROL AND PREVENTION ATLANTA, GA 30333			URVEILLANCE FOR NON-INVASIVE UMOCOCCAL PNEUMONIA (SNIPP) CASE REPORT FORM HADED AREAS FOR OFFICE USE ONLY –				OMB No. 0920-0978	
1. STATE: 2. STAT		DATE FIRST POSITIVE URINE 3b. TYPE OF TEST			4. CRF	Status:		
(Residence of Patient)		ANTIGEN TEST COLLECTED (Date Specimen Collected) Mo. Day Year		1 Binax Now 2 BD Directigen 3 Other (specify) 9 Unknown		1 <u>C</u>	1 Complete 3 Edited & Correct 2 Incomplete 4 Chart unavailable after 3 requests	
5. COUNTY: (Residence of Patient)		6a. HOSPITAL/LAB I.D. WHERE UAT IDENTIFIED:			6b. HOSPITAL I.D. WHERE PATIENT TREATED:			
7. DATE OF BIRTH: Mo. Day Year	8a. AGE:		9. SEX: 1 Male 2 Female	10a. ETHNIC ORIG 1 Hispanic or 2 Not Hispan 9 Unknown	r Latino	1 White 1 Asian		
11a. WHERE WAS THEPATIENT A RESIDENT AT THE TIME OF POSITIVE UAT?: 1 Private residence 3 Long term acute care facility 5 Incarcerated 7 Non-medical ward 9 Unknown 2 Long term care facility 4 Homeless 6 College dormitory 8 Other (specify)								
Mo. Day Year	-	L DISCHARGE DATE hospital, if transferred) y Year	the ICU during I	12c. Was this patient admitted to the ICU during hospitalization? 1 Yes 2 No 9 Unknown		13a. WEIGHT:lbs oz OR kg OR ☐ Unknown 13b. HEIGHT:ft in OR cm OR ☐ Unknown 13c. BMI: · OR ☐ Unknown		
14. OUTCOME: 1 Survived 2 Died 9 Unknown								
15. UNDERYING CAUSES OR PRIOR ILLNESSES: (Check all that apply OR if NONE or CHART UNAVAILABLE, check appropriate box) 1 None 1 Unknown 1 AlDS or CD4 count <200								
If yes, check all that apply from 1 □ Pneumonia/bronchopneu 1 □ Consolidation 1 □ Lobar (NOT interstitial) inf 1 □ Report not available	y/opacity/disease oses were listed	1	If YES, please note which pneumococcal vaccine was received: 1 Prevnar-13®, 13-valent Pneumococcal Conjugate Vaccine (PCV13) 1 Pneumovax®, 23-valent Pneumococcal Polysaccharide Vaccine (PPV23) 1 Vaccine type not specified 17b. If YES, please add date of vaccination: Unknown					
18. WAS THE PATIENT DIAGNOSED WITH PNEUMONIA WITHIN 72 HOURS OF THE POSITIVE UAT?: 1 Yes 2 No 9 Unknown								
19. COMMENTS 20. INITIALS OF S.O								

Public reporting burden of this collection of information is estimated to average 10 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 information, including suggestions for reducing this burden to CDC, CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30329, ATTN: PRA(0920-0978)