

# Undetermined cause of *Serratia marcescens* infections - Multiple States, 2018

Record ID

\_\_\_\_\_  
 (NOTE: This is autogenerated by REDCap and does not need to be completed on paper forms.)

Form Approved

OMB Control No. 0920-XXXX

Exp. date: XX/XX/XXXX

For information on locating lot/catalog numbers for BD products, please click the PDF below. (If using PDF chart abstraction form, flip to last page.)

[Attachment: "lotnumbers.pdf"]

CDC epi ID

\_\_\_\_\_  
 (CDC will complete)

CDC lab ID number

\_\_\_\_\_  
 (CDC will complete)

State epi ID

\_\_\_\_\_  
 (Please ensure this ID matches any previously communicated information on this patient.)

State lab ID number

\_\_\_\_\_  
 (Please ensure this ID matches any previously communicated information on this patient.)

Data chart abstraction completed

Case type

- \_\_\_\_\_  
 Confirmed  
 Probable

Specimen date

\_\_\_\_\_  
 (Date the (+) culture was drawn. If multiple (+) cultures, include only the first one that matches an outbreak strain by PFGE.)

Specimen type

- Blood  
 Urine  
 Sputum  
 Stool  
 Tracheal aspirate  
 Other (specify)  
 (If more than one specimen type, check the one(s) corresponding to the PFGE results below.)

Specify other specimen type

Result

\_\_\_\_\_  
 (Pathogen identified - may list more than one pathogen. If multiple specimen types reported above, please specify which types were (+) for which pathogen(s).)

Public reporting burden of this collection of information is estimated to average 2 hours 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

PFGE

(PFGE pattern designated by the lab)

State

- AL
- AK
- AZ
- AR
- CA
- CO
- CT
- DE
- DC
- FL
- GA
- HI
- ID
- IL
- IN
- IA
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MS
- MO
- MT
- NE
- NV
- NH
- NJ
- NM
- NY
- NC
- ND
- OH
- OK
- OR
- PA
- PR
- RI
- SC
- SD
- TN
- TX
- UT
- VT
- VA
- WA
- WV
- WI
- WY

Facility ID (primary facility where patient was receiving care prior to bacteremia diagnoses)

(Unique ID assigned by state (CDC does not collect facility names))

Public reporting burden of this collection of information is estimated to average 2 hours 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

Facility unit type

- Acute care facility for pediatric patients
- Acute care facility for adult patients
- Acute care facility for both pediatric and adult patients
- Outpatient only (including home health, outpatient clinic, or infusion center)
- Other (specify)

Specify other facility type or outpatient setting

\_\_\_\_\_

((e.g., infusion center))

Facility location

\_\_\_\_\_

(Location in facility where patient located when culture drawn (e.g., ER, floor, NICU, PICU, etc.))

Prior to the bacteremia diagnosis did the patient receive infusions or line care at an additional facility?

- Yes
- No

Facility ID number of second facility

\_\_\_\_\_

Facility unit type

- Acute care facility for pediatric patients
- Acute care facility for adult patients
- Acute care facility for both pediatric and adult patients
- Outpatient only (including home health, outpatient clinic, or infusion center)
- Other (specify)

Specify other facility type or outpatient setting

\_\_\_\_\_

((e.g., infusion center))

Age (years)

\_\_\_\_\_

(Patient age at date of positive culture)

Sex

- Male
- Female
- Other

Primary diagnosis (non-Serratia)

\_\_\_\_\_

(Patient's primary diagnosis prior to becoming infected with Serratia)

Other diagnoses

\_\_\_\_\_

(Other medical/surgical diagnoses)

Immunocompromised?

- Yes
- No

(e.g. was the patient on chemotherapy or high dose steroids, was there a diagnosis of an immune disorder such as HIV/AIDS)

What was the patient's outcome?

- Died
- Still hospitalized
- Discharged alive

CVC

- Yes
- No

(Was a central venous catheter present within 2 days of (+) culture being drawn)

CVC insertion/change date

\_\_\_\_\_

(Most recent line insertion/change prior to symptom onset/(+) culture, whichever was first)

CVC type

- Tunneled central line
- Non-tunneled central line
- Implanted port
- PICC
- Midline
- Umbilical
- Other
- Unknown

Specify other CVC type

\_\_\_\_\_

Report any other indwelling vascular access in additional to the central line.

\_\_\_\_\_

POA/inpatient

- Present on admission
- Inpatient  
(Was the bacteremia present on admission or did the patient develop this while an inpatient?)

For information on locating lot/catalog numbers for BD products, please click the PDF below. (If using PDF chart abstraction form, flip to last page.)

[Attachment: "lotnumbers.pdf"]

Public reporting burden of this collection of information is estimated to average 2 hours 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

**This section asks about specific BD SALINE products. If additional saline products were administered, please add them in the next section.**

	Adminis- tered to patient < 48 hours prior to (+) culture	Adminis- tered to patient 48 hours - 7 days prior to (+) culture	Unable to determi- ne if adminis- tered to patient	Product adminis- tered inside facility	Product adminis- tered outside facility	Product availabl- e on the patient unit prior to (+) culture	Product availabl- e in the facility prior to (+) culture	Product currentl- y in stock at time of public health investig- ation	Product adminis- tered by hand	Product adminis- tered by pump
(A) BD™ Pre-Filled Normal Saline Syringe Volume 10mL; Diameter 10mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) BD™ Pre-Filled Normal Saline Syringe Volume 5mL; Diameter 5mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) BD™ Pre-Filled Normal Saline Syringe Volume: 3mL; Diameter 10mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) BD™ Pre-Filled Normal Saline Syringe Volume: 5mL; Diameter 5mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) BD™ Pre-Filled Normal Saline Syringe Volume: 3mL; Diameter 5mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) BD™ Pre-Filled Normal Saline Syringe Volume: 3mL; Diameter 3mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(G) BD™ Pre-Filled Normal Saline Syringe Volume: 2mL; Diameter 3mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(H) BD™ Pre-Filled Normal Saline Syringe with Blunt Plastic Cannula Volume: 10mL; Diameter: 10mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(I) BD™ Pre-Filled Normal Saline Syringe with Blunt Plastic Cannula Volume: 5mL; Diameter: 10mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public reporting burden of this collection of information is estimated to average 2 hours 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

(J) BD™ Pre-Filled Normal Saline Syringe with Blunt Plastic Cannula  
Volume: 5mL; Diameter: 5mL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

(K) BD™ Pre-Filled Normal Saline Syringe with Blunt Plastic Cannula  
Volume: 3mL; Diameter: 3mL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Catalog (REF) number

(If multiple products checked above, specify which catalog number corresponds to which formulation, e.g., Catalog (REF) number, A = 306507, B = 306508; Lot number, A = 705311B, B = 706211B, etc.)

Lot number

(If multiple products checked above, specify which lot number corresponds to which formulation, e.g., A = 762323; B = 921412; etc.)

---

**Were additional saline products administered within 7 days of the (+) culture? If so, enter the information below (for up to 3 additional saline products).**

Saline flush name

(Name of saline flush product used on this patient to include manufacturer, sterile field or non-sterile field)

When was this product used?

- < 48 hours prior to (+) culture  
 48 hours - 7 days prior to (+) culture

Was this product administered inside the facility or outside the facility?

- Inside facility  
 Outside facility  
 Both

Was this product administered by hand or using a pump?

- By hand  
 Pump  
 Other (specify)

Specify how saline product was administered.

\_\_\_\_\_

Saline flush concentration

(e.g., 0.9%)  
\_\_\_\_\_

Saline syringe size

(e.g., 10ml)  
\_\_\_\_\_

Saline volume in the syringe

(e.g., 5ml (this would be the total volume of liquid product in syringe))  
\_\_\_\_\_

Provide catalog (REF) number:

\_\_\_\_\_

Saline flush lot #

(Lot # if known)  
\_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 2 hours 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

Does this lot # correspond what was administered to this patient, available on the patient unit within the 48 hours prior to symptom onset, available in the facility within the 48 hours prior to symptom onset, or currently in stock at the time of public health investigation?

- Administered to patient
  - Available on the patient unit within the 48 hours prior to symptom onset
  - Available in the facility within 48 hours prior to symptom onset
  - Currently in stock at the time of public health investigation
- (Please check the most specific option (i.e., if used on this specific patient and used on the unit, check "used on this patient."))

Saline flush name 2

\_\_\_\_\_  
(Name of saline flush product used on this patient to include manufacturer, sterile field or non-sterile field)

When was this product used?

- < 48 hours prior to (+) culture
- 48 hours - 7 days prior to (+) culture

Was this product administered inside the facility or outside the facility?

- Inside facility
- Outside facility
- Both

Was this product administered by hand or using a pump?

- By hand
- Pump
- Other (specify)

Specify how saline was administered.

\_\_\_\_\_

Saline flush concentration 2

\_\_\_\_\_  
(e.g., 0.9%)

Saline syringe size 2

\_\_\_\_\_  
(e.g., 10ml)

Saline volume in the syringe 2

\_\_\_\_\_  
(e.g., 5ml (this would be the total volume of liquid product in syringe))

Provide catalog (REF) number:

\_\_\_\_\_

Saline flush lot # 2

\_\_\_\_\_  
(Lot # if known)

Does this lot # correspond to what was administered to this patient, available on the patient unit within the 48 hours prior to symptom onset, available in the facility within the 48 hours prior to symptom onset, or currently in stock at the time of public health investigation?

- Administered to patient
  - Available on the patient unit within the 48 hours prior to symptom onset
  - Available in the facility within 48 hours prior to symptom onset
  - Currently in stock at the time of public health investigation
- (Please check the most specific option (i.e., if used on this specific patient and used on the unit, check "used on this patient."))

Public reporting burden of this collection of information is estimated to average 2 hours 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

Saline flush name 3

\_\_\_\_\_  
(Name of saline flush product used on this patient to include manufacturer, sterile field or non-sterile field)

When was this product used?

- < 48 hours prior to (+) culture  
 48 hours - 7 days prior to (+) culture

Was this product administered inside the facility or outside the facility?

- Inside facility  
 Outside facility  
 Both

Was this product administered by hand or using a pump?

- By hand  
 Pump  
 Other (specify)

Specify how saline was administered.

\_\_\_\_\_

Saline flush concentration 3

\_\_\_\_\_  
(e.g., 0.9%)

Saline syringe size 3

\_\_\_\_\_  
(e.g., 10ml)

Saline volume in the syringe 3

\_\_\_\_\_  
(e.g., 5ml (this would be the total volume of liquid product in syringe))

Provide catalog (REF) number:

\_\_\_\_\_

Saline flush lot # 3

\_\_\_\_\_  
(Lot # if known)

Does this lot # correspond to what was administered to this patient, available on the patient unit within the 48 hours prior to symptom onset, available in the facility within the 48 hours prior to symptom onset, or currently in stock at the time of public health investigation?

- Administered to patient  
 Available on the patient unit within the 48 hours prior to symptom onset  
 Available in the facility within 48 hours prior to symptom onset  
 Currently in stock at the time of public health investigation  
(Please check the most specific option (i.e., if used on this specific patient and used on the unit, check "used on this patient."))

For information on locating lot/catalog numbers for BD products, please click the PDF below. (If using PDF chart abstraction form, flip to last page.)

[Attachment: "lotnumbers.pdf"]



**This section asks about specific BD HEPARIN products. If additional heparin products were administered, please add them in the next section.**

	Adminis- tered to patient < 48 hours prior to (+) culture	Adminis- tered to patient 48 hours - 7 days prior to (+) culture	Unable to determi- ne if adminis- tered to patient	Product adminis- tered inside facility	Product adminis- tered outside facility	Product availabl- e on the patient unit prior to (+) culture	Product availabl- e in the facility prior to (+) culture	Product currentl- y in stock at time of public health investig- ation	Product adminis- tered by hand	Product adminis- tered by pump
(A) BD PosiFlush™ Heparin Lock Flush Syringe 10units/mL Volume: 6mL; Diameter: 10mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) BD PosiFlush™ Heparin Lock Flush Syringe 10units/mL Volume: 5mL; Diameter: 10mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) BD PosiFlush™ Heparin Lock Flush Syringe 10units/mL Volume: 3mL; Diameter: 10mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) BD PosiFlush™ Heparin Lock Flush Syringe 10units/mL Volume: 5mL; Diameter: 5mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) BD PosiFlush™ Heparin Lock Flush Syringe 10units/mL Volume: 3mL; Diameter: 3mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) BD PosiFlush™ Heparin Lock Flush Syringe with Blunt Plastic Cannula 10 units/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(G) BD PosiFlush™ Heparin Lock Flush Syringe 100 units/mL Volume: 5mL; Diameter: 10mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(H) BD PosiFlush™ Heparin Lock Flush Syringe 100 units/mL Volume: 3mL; Diameter: 10mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public reporting burden of this collection of information is estimated to average 2 hours 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

(I) BD PosiFlush™ Heparin Lock Flush Syringe 100 units/mL Volume: 5mL; Diameter: 5mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(J) BD PosiFlush™ Heparin Lock Flush Syringe 100 units/mL Volume: 3mL; Diameter: 5mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(K) BD PosiFlush™ Heparin Lock Flush Syringe 100 units/mL Volume: 3mL; Diameter: 3mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(L) BD PosiFlush™ Heparin Lock Flush Syringe 100 units/mL Volume: 2mL; Diameter: 3mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(M) BD PosiFlush™ Heparin Lock Flush Syringe with Blunt Plastic Cannula 100 units/mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Catalog (REF) number

\_\_\_\_\_  
 (If multiple products checked above, specify which catalog number corresponds to which formulation, e.g., Catalog (REF) number, A = 306507, B = 306508; Lot number, A = 705311B, B = 706211B, etc.)

Lot number

\_\_\_\_\_  
 (If multiple products checked above, specify which lot number corresponds to which formulation, e.g., A = 762323; B = 921412; etc.)

---

**Were additional heparin products administered within 7 days of (+) culture? If so, enter the information below (for up to 3 additional heparin products).**

Heparin flush name

\_\_\_\_\_  
 (name and of the heparin product to include manufacturer, sterile field or not, etc.)

When was this product used?

- < 48 hours prior to (+) culture  
 48 hours - 7 days prior to (+) culture

Was this product administered inside the facility or outside the facility?

- Inside facility  
 Outside facility  
 Both

Was this product administered by hand or using a pump?

- By hand  
 Pump  
 Other (specify)

Specify how heparin was administered.

\_\_\_\_\_

Heparin concentration

\_\_\_\_\_  
 (typically given in units/ml such as 10u/ml or 100u/ml)

Public reporting burden of this collection of information is estimated to average 2 hours 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

Heparin syringe size \_\_\_\_\_  
(e.g., 10ml)

Heparin volume in syringe \_\_\_\_\_  
(total volume of liquid product in the syringe in ml)

Provide catalog (REF) number: \_\_\_\_\_

Heparin flush lot # \_\_\_\_\_  
(Lot # if known)

Does this lot # correspond to what was administered to this patient, available on the patient unit within the 48 hours prior to symptom onset, available in the facility within the 48 hours prior to symptom onset, or currently in stock at the time of public health investigation?

- Administered to patient
- Available on the patient unit within the 48 hours prior to symptom onset
- Available in the facility within 48 hours prior to symptom onset
- Currently in stock at the time of public health investigation

(Please check the most specific option (i.e., if used on this specific patient and used on the unit, check "used on this patient."))

---

---

Heparin flush name 2 \_\_\_\_\_  
(name and of the heparin product to include manufacturer, sterile field or not, etc.)

When was this product used?

- < 48 hours prior to (+) culture
- 48 hours - 7 days prior to (+) culture

Was this product administered inside the facility or outside the facility?

- Inside facility
- Outside facility
- Both

Was this product administered by hand or using a pump?

- By hand
- Pump
- Other (specify)

Specify how heparin was administered. \_\_\_\_\_

Heparin concentration 2 \_\_\_\_\_  
(typically given in units/ml such as 10u/ml or 100u/ml)

Heparin syringe size 2 \_\_\_\_\_  
(e.g., 10ml)

Heparin volume in syringe 2 \_\_\_\_\_  
(total volume of liquid product in the syringe in ml)

Provide catalog (REF) number: \_\_\_\_\_

Heparin flush lot # 2 \_\_\_\_\_  
(Lot # if known)

Public reporting burden of this collection of information is estimated to average 2 hours 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

Does this lot # correspond to what was administered to this patient, available on the patient unit within the 48 hours prior to symptom onset, available in the facility within the 48 hours prior to symptom onset, or currently in stock at the time of public health investigation?

- Administered to patient
  - Available on the patient unit within the 48 hours prior to symptom onset
  - Available in the facility within 48 hours prior to symptom onset
  - Currently in stock at the time of public health investigation
- (Please check the most specific option (i.e., if used on this specific patient and used on the unit, check "used on this patient."))

Heparin flush name 3

\_\_\_\_\_  
(name and of the heparin product to include manufacturer, sterile field or not, etc.)

When was this product used?

- < 48 hours prior to (+) culture
- 48 hours - 7 days prior to (+) culture

Was this product administered inside the facility or outside the facility?

- Inside facility
- Outside facility
- Both

Was this product administered by hand or using a pump?

- By hand
- Pump
- Other (specify)

Specify how heparin was administered.

\_\_\_\_\_

Heparin concentration 3

\_\_\_\_\_  
(typically given in units/ml such as 10u/ml or 100u/ml)

Heparin syringe size 3

\_\_\_\_\_  
(e.g., 10ml)

Heparin volume in syringe 3

\_\_\_\_\_  
(total volume of liquid product in the syringe in ml)

Provide catalog (REF) number:

\_\_\_\_\_

Heparin flush lot # 3

\_\_\_\_\_  
(Lot # if known)

Does this lot # correspond to what was administered to this patient, available on the patient unit within the 48 hours prior to symptom onset, available in the facility within the 48 hours prior to symptom onset, or currently in stock at the time of public health investigation?

- Administered to patient
  - Available on the patient unit within the 48 hours prior to symptom onset
  - Available in the facility within 48 hours prior to symptom onset
  - Currently in stock at the time of public health investigation
- (Please check the most specific option (i.e., if used on this specific patient and used on the unit, check "used on this patient."))

Regardless of the answers to the above questions, did this patient receive any compounded medications prepared with a BD heparin or saline flush?

- Yes
- No

If yes to the above, specify what the patient received.

\_\_\_\_\_  
(Include as much information as possible, e.g. lot number, catalog number, volume, diameter, etc.)

If yes to the above, what was the date(s) of administration?

\_\_\_\_\_

---

---

### Additional exposure questions

Other line products used

\_\_\_\_\_  
(Within the 7 days prior to symptom onset, eg. Chlorhexadine, antibiotics, alcohol scrub, line caps, dressing change kit; please be as specific as possible to include manufacturers, description, lot #, etc.)

Location where line products used

\_\_\_\_\_  
(e.g., acute care facility type, outpatient location, etc.)

List the steps, in order, for the normal line flush and heplock procedures.

\_\_\_\_\_

Other common non-line product exposures and locations

\_\_\_\_\_  
(Free text notes on whatever other common exposure might exist among cases - please note which other cases have the exposure listed. Please include exposures from home health care, outpatient healthcare visits, dialysis, etc. and provide as much detail as possible (but do not include actual names of facilities/agencies).)

Any additional concerning exposures that are outside the 7 day window?

\_\_\_\_\_

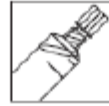
Public reporting burden of this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

# Medical Device Recall Catalog (Ref) and Lot Numbers Identification Sample:

## Example for Saline:

### Case Label:

#### 0.9% Sodium Chloride Injection, USP



10 mL in a  
10 mL Syringe  
8290-306500

#### BD Pre-Filled Normal Saline Flush Syringe

- This product is not made with natural rubber latex or preservatives.
- Sterile Solution, Single Use Only.
- Store at 20-25°C (68-77°F); excursions permitted to 15-30°C (59-86°F); do not freeze.
- CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.
- See package insert for additional information.
- Do Not Place Syringe on a Sterile Field.
- For Flushing Only.

Manufactured by BD, Becton, Dickinson and Company, 1 Becton Drive,  
Franklin Lakes, NJ 07417 USA Made in USA [www.bd.com](http://www.bd.com)  
© 2016 BD. BD and the BD Logo are trademarks of Becton, Dickinson and Company.

120(4 x 30)

REF 306500



(17)123456(10)123456(03)120



(01)30382903065000

Exp. YYYY-MM-DD

LOT 1234567

Catalog (REF) Number

Lot Number

### Shelf Box Label:

#### 0.9% Sodium Chloride Injection, USP



10 mL in a  
10 mL Syringe  
8290-306500

#### BD Pre-Filled Normal Saline Flush Syringe

- This product is not made with natural rubber latex or preservatives.
- Sterile Solution, Single Use Only.
- Store at 20-25°C (68-77°F); excursions permitted to 15-30°C (59-86°F); do not freeze.
- CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.
- See package insert for additional information.
- Do Not Place Syringe on a Sterile Field.
- For Flushing Only.

Manufactured by BD, Becton, Dickinson and Company, 1 Becton Drive,  
Franklin Lakes, NJ 07417 USA Made in USA [www.bd.com](http://www.bd.com)  
BD and BD Logo are trademarks of Becton, Dickinson and Company.

30

REF 306500



(17)123456(10)123456(03)30



(01)30382903065000

Exp. YYYY-MM-DD

LOT 1234567

Catalog (REF) Number

Lot Number

### Unit Label:



#### 0.9% SODIUM CHLORIDE INJECTION, USP

10mL Single Use, Sterile Solution, Normal Saline, For Flushing Only.

This product is not made with natural rubber latex or preservatives.

Lot Number



(01)00382903065004

YYYY-MM-DD

LOT 1234567

BD  
Franklin Lakes, NJ 07417  
8290-306500  
REF 306500  
DG173108 500029050  
[bd.com/symbols-glossary](http://bd.com/symbols-glossary)

Catalog (REF) Number