Form Approved
OMB No. 0920-0666
Exp. Date: 11/30/2019
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Laboratory-identified MDRO or CDI Event for LTCF

*required for saving Facility ID:	Event #:
*Resident ID:	Social Security #:
Medicare number (or comparable railroad insurance number):	
Resident Name, Last: First: Middle:	
*Gender: M F Other	*Date of Birth: ___/___/____
Ethnicity (specify):	Race (specify):

*Resident type: ☐ Short-stay ☐ Long-stay

*Date of First Admission to Facility: __/__/____ *Date of Current Admission to Facility: __/__/____

Event Details

*Event Type: LabID	*Date Specimen Collected: __/__/____

*Specific Organism Type: (check one)

☐ MRSA ☐ MSSA ☐ VRE ☐ *C. difficile* ☐ CephR-*Klebsiella*

☐ CRE-*E. coli* ☐ CRE-*Enterobacter* ☐ CRE-*Klebsiella* ☐ MDR-*Acinetobacter*

*Specimen Body Site/System: *Specimen Source:

*Resident Care Location:

*Primary Resident Service Type: (check one)

☐ Long-term general nursing ☐ Long-term dementia ☐ Long-term psychiatric

☐ Skilled nursing/Short-term rehab (subacute) ☐ Ventilator ☐ Bariatric ☐ Hospice/Palliative

*Has resident been transferred from an acute care facility in the past 4 weeks? Yes No

If Yes, date of last transfer from acute care to your facility: __/__/____

If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility? Yes No

Custom Fields

Label		Label	
_____	____/____/_____	_____	____/____/_____
_____	_____	_____	_____
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Comments