1. PATIENT ID:	2. STATE ID:
3. SPECIMEN ID:	4. Date of incident <i>C. diff</i> + stool collection (DISC)://

Form Approved OMB No. 092-0978

## CLOSTRIDIOIDES DIFFICILE INFECTION (CDI) SURVEILLANCE



OMB NO. 092-0976		EMER	RGING INFECTIONS PE	ROGRAM CASE	REPORT			To the state of th	
Patient's Name					Phor	ne No.:			
		н	lospital:		Cha	art Number:			
(Residence of Patient)	(Residence of F		9. Diagnostic assay for <i>C. diff</i> 9a. EIA			□ 5	□N: .:		
(itesacrice of action)					☐ Positive ☐ Negative ☐ Not tested ☐ Positive ☐ Negative ☐ Not tested				
			9b. GDH				_		
			9c. Cytotoxin	<b>.</b>			_	☐ Not tested	
7. LABORATORY II		8. FACILITY ID WHERE PATIENT TREATED	9d. NAAT (C. diff	•			•	☐ Not tested	
IDENTIFIED	CIMILIA	TAILENT INCAILD	9e. NAAT (GI par				•	e ☐ Not tested	
				9.e.1 If positive, was result su		☐Yes	□ No	Unknown	
			9f. Other (specify):					☐ Not tested	
10. DATE OF BIRT	Н:	12. SEX AT BIRTH:			14. RACE: (C	heck all that appl			
//_			Unknown	Unknown		American Indian or Native Hav			
$\square$ Unknown		$\square$ Transgender						r Pacific Islander	
		13. ETHNIC ORIGIN:			Asian		□White		
<b>11. AGE:</b> (years)		Hispanic or Latino	☐ Not Hispanic or Latin	o 🗆 Unknown	$\square$ Black or $F$	African Ameri	can 🗌 Unkn	own	
		ized on the day of or in th	e 6 calendar days after	the DISC?	Yes No	Unknow	n		
=	=	n://	•						
		cated on the 3 <sup>rd</sup> calendar							
☐ Private Residen	-			☐ Homele	255				
□LTCF		/ ID:							
		/ ID:							
		rred from this hospital?							
LTACH		/ ID:							
17. Location of in	cident <i>C. di</i>	iff+ stool collection		18. HCFO clas	ssification q	uestions:			
$\square$ Outpatient			LTCF				d at least 3 cale	endar	
Facility ID:		Facility ID:	Facility ID:		er the date of CFO - go to 180	hospital adm	ission?		
 ☐ Emergency ro	- nom		LTACH		-		d in an outnati	ent	
☐ Clinic/doctor		□OR	Facility ID:	18b. Was incident C. diff+ stool collected in an outpatient setting for a LTCF resident, or in a LTCF or LTACH?					
☐ Dialysis cente		Radiology	rucincy i.b.	☐ Yes (HCFO - go to 18d) ☐ No					
Surgery			Autopsy	18c. Was the patient admitted from a LTCF or a LTACH?					
☐ Observation/	,		Other (specify):	☐ Yes (HCFO - go to 18d) ☐ No (CO - complete CRF)					
Clinical decis	ion unit			1					
$\square$ Other outpat	ient	[	Unknown	18d. If HCFO, was this case sampled for full CRF?  Yes (Complete CRF) No (STOP data abstraction here)				here)	
				1 2	3 4	5 6	7 8	9 10	
19. Patient Outco	me 🗆	Unknown							
Survived		Jiikiiowii		☐ Died					
19a. Date of disch	narge:	_//	_ Unknown		f death:	_//	'	_ Unknown	
Left against n									
19b. If survived, c									
☐ Private residence	ce								
			Other (specify):					_	
	•		Unknown						
	•								

Public reporting burden of this collection of information is estimated to average 38 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/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0978).

20 5 1 14 1 14 10 1 1	f il Dicc						
20. Exposures to healthcare in the 12 weeks before the DISC							
20a. Previous hospitalization	□Y€	s 🗆 No	Unknown Facility ID:				
20a.1 If yes, date of discharge closest to DISC:							
// 🗆 Unk	nown						
20b. Overnight stay in LTACH	□Y€	s $\square$ No	Unknown Facility ID:				
20c. Overnight stay in LTCF	□Y€	s 🗌 No	Unknown Facility ID:				
20d. Chronic dialysis	□Y€	s No	Unknown				
<b>20d.1 Type</b> Hemodialysis Peritonea	l 🗆 Unknown						
20e. Surgery	Y€	s No	Unknown				
20f. ER visit	□ Ye		Unknown				
20g. Observation/CDU stay	□Ye		Unknown				
21. UNDERLYING CONDITIONS: (Check all that appl							
<b>J</b>	iver disease		egias/Paralysis				
	Chronic liver disease		Hemiplegia				
$\square$ Chronic pulmonary disease	$\square$ Ascites	L	Paraplegia				
Chronic metabolic disease	☐ Cirrhosis		Quadriplegia				
$\square$ Diabetes mellitus	$\square$ Hepatic encephalopathy	Re	nal disease				
☐ With chronic complications	☐ Variceal bleeding		Chronic kidney disease				
Cardiovascular disease	☐ Hepatitis C		Lowest serum creatinine: mg/DL				
□ CVA/Stroke/TIA	☐ Treated, in SVR		Unknown or not done				
☐ Congenital heart disease	☐ Current, chronic	Sk	in condition				
	Malignancy		Burn				
			Decubitus/pressure ulcer				
	Malignancy, hematologic		Surgical wound				
Peripheral vascular disease (PVD)	Malignancy, solid organ (non-metast	acic)	Other chronic ulcer or chronic wound				
	$\square$ Malignancy, solid organ (metastatic)		_				
	leurologic condition	L	Other (specify):				
$\square$ Inflammatory bowel disease	Cerebral palsy	_					
$\square$ Peptic ulcer disease	☐ Chronic cognitive deficit		her				
☐ Short gut syndrome	☐ Dementia		Connective tissue disease				
Immunocompromised condition	☐ Epilepsy/seizure/seizure disorder		Obesity or morbid obesity				
□HIV	Multiple sclerosis		Pregnancy				
			=··-g···-/				
		_					
☐ AIDS/CD4 count < 200	Neuropathy						
☐ AIDS/CD4 count < 200 ☐ Primary immunodeficiency	□ Neuropathy □ Parkinson's disease						
☐ AIDS/CD4 count < 200 ☐ Primary immunodeficiency ☐ Transplant, hematopoietic stem cell	Neuropathy						
☐ AIDS/CD4 count < 200 ☐ Primary immunodeficiency ☐ Transplant, hematopoietic stem cell ☐ Transplant, solid organ	☐ Neuropathy ☐ Parkinson's disease ☐ Other (specify): ————————————————————————————————————						
☐ AIDS/CD4 count < 200 ☐ Primary immunodeficiency ☐ Transplant, hematopoietic stem cell ☐ Transplant, solid organ  22a. Weight	☐ Neuropathy ☐ Parkinson's disease ☐ Other (specify):		22c. BMI				
☐ AIDS/CD4 count < 200 ☐ Primary immunodeficiency ☐ Transplant, hematopoietic stem cell ☐ Transplant, solid organ	☐ Neuropathy ☐ Parkinson's disease ☐ Other (specify):						
☐ AIDS/CD4 count < 200 ☐ Primary immunodeficiency ☐ Transplant, hematopoietic stem cell ☐ Transplant, solid organ  22a. Weight	☐ Neuropathy ☐ Parkinson's disease ☐ Other (specify):		22c. BMI				
☐ AIDS/CD4 count < 200 ☐ Primary immunodeficiency ☐ Transplant, hematopoietic stem cell ☐ Transplant, solid organ  22a. Weight ☐ Ibs ☐ oz OR ☐ kg ☐ Unknot  23. Substance Use	☐ Neuropathy ☐ Parkinson's disease ☐ Other (specify):		<b>22c. BMI</b> Unknown ☐ Unknown				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown	☐ Neuropathy ☐ Parkinson's disease ☐ Other (specify):  22b. Height wn ft in OR		22c. BMI Unknown Unknown  23b. Alcohol abuse:				
☐ AIDS/CD4 count < 200 ☐ Primary immunodeficiency ☐ Transplant, hematopoietic stem cell ☐ Transplant, solid organ  22a. Weight ☐ Ibs ☐ oz OR ☐ kg ☐ Unknot  23. Substance Use	☐ Neuropathy ☐ Parkinson's disease ☐ Other (specify):  22b. Height wn ft in OR		<b>22c. BMI</b> Unknown ☐ Unknown				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknor  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv	☐ Neuropathy ☐ Parkinson's disease ☐ Other (specify):		22c. BMI Unknown Unknown  23b. Alcohol abuse:				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown	☐ Neuropathy ☐ Parkinson's disease ☐ Other (specify):	_ cm □ l	22c. BMI Unknown Unknown  23b. Alcohol abuse:  Yes No Unknown				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv	□ Neuropathy     □ Parkinson's disease     □ Other (specify):     □ 22b. Height     wn	_ cm □ l	22c. BMI Unknown Unknown  23b. Alcohol abuse:  Yes No Unknown  de of delivery: (Check all that apply)				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Delive  23c. Other substances: (Check all that apply) □ Nore □ Marijuana/cannabinoid (other than smoking)	□ Neuropathy     □ Parkinson's disease     □ Other (specify):      22b. Height     wn	_ cm	22c. BMI Unknown Unknown  23b. Alcohol abuse:  Yes No Unknown  de of delivery: (Check all that apply)  DU Skin popping non-IDU Unknown				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv  23c. Other substances: (Check all that apply) □ Nore □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin)	□ Neuropathy □ Parkinson's disease □ Other (specify):  22b. Height wn ft in OR  ery System □ Marijuana e □ Unknown □ Documented Use Disorder (DUD)/Ak □ DUD or Abuse □ DUD or Abuse	_ cm	22c. BMI Unknown Unknown  23b. Alcohol abuse:  Yes No Unknown  de of delivery: (Check all that apply) DU Skin popping non-IDU Unknown  DU Skin popping non-IDU Unknown				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv  23c. Other substances: (Check all that apply) □ Nore □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin) □ Opioid, DEA schedule II-IV (e.g., methadone, oxycon	□ Neuropathy □ Parkinson's disease □ Other (specify):  22b. Height wn ft in OR  ery System □ Marijuana e □ Unknown □ Documented Use Disorder (DUD)/Ab □ DUD or Abuse □ DUD or Abuse done) □ DUD or Abuse	_cm	22c. BMI  Unknown Unknown  23b. Alcohol abuse:  Yes No Unknown  de of delivery: (Check all that apply)  DU Skin popping non-IDU Unknown  DU Skin popping non-IDU Unknown  DU Skin popping non-IDU Unknown				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv  23c. Other substances: (Check all that apply) □ Nore □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin)	□ Neuropathy □ Parkinson's disease □ Other (specify):  22b. Height wn ft in OR  ery System □ Marijuana e □ Unknown □ Documented Use Disorder (DUD)/Ak □ DUD or Abuse □ DUD or Abuse	_cm	22c. BMI Unknown Unknown  23b. Alcohol abuse:  Yes No Unknown  de of delivery: (Check all that apply) DU Skin popping non-IDU Unknown  DU Skin popping non-IDU Unknown				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv  23c. Other substances: (Check all that apply) □ Nore □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin) □ Opioid, DEA schedule II-IV (e.g., methadone, oxycon	□ Neuropathy □ Parkinson's disease □ Other (specify):  22b. Height wn ft in OR  ery System □ Marijuana e □ Unknown □ Documented Use Disorder (DUD)/Ab □ DUD or Abuse □ DUD or Abuse done) □ DUD or Abuse	_cm	22c. BMI  Unknown Unknown  23b. Alcohol abuse:  Yes No Unknown  de of delivery: (Check all that apply)  DU Skin popping non-IDU Unknown  DU Skin popping non-IDU Unknown  DU Skin popping non-IDU Unknown				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv  23c. Other substances: (Check all that apply) □ Nor □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin) □ Opioid, DEA schedule II-IV (e.g., methadone, oxycolopioid, NOS □ Cocaine	□ Neuropathy □ Parkinson's disease □ Other (specify): □ 22b. Height wn	_ cm	22c. BMI Unknown Unknown  23b. Alcohol abuse:  Yes No Unknown  de of delivery: (Check all that apply)  DU Skin popping non-IDU Unknown				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv  23c. Other substances: (Check all that apply) □ Nore □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin) □ Opioid, DEA schedule II-IV (e.g., methadone, oxycound popioid, NOS □ Cocaine □ Methamphetamine	□ Neuropathy □ Parkinson's disease □ Other (specify):  22b. Height wn ft in OR  ery System □ Marijuana  e □ Unknown □ DUD or Abuse	_cm	22c. BMI  Unknown Unknown  23b. Alcohol abuse:  Yes No Unknown  de of delivery: (Check all that apply)  DU Skin popping non-IDU Unknown				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknov  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv  23c. Other substances: (Check all that apply) □ Nore □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin) □ Opioid, DEA schedule II-IV (e.g., methadone, oxycolopioid, NOS □ Cocaine □ Methamphetamine □ Other (specify): □	□ Neuropathy □ Parkinson's disease □ Other (specify):  22b. Height wn ft in OR  ery System □ Marijuana  e □ Unknown □ DUD or Abuse	_cm	22c. BMI  Unknown				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv  23c. Other substances: (Check all that apply) □ Nore □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin) □ Opioid, DEA schedule II-IV (e.g., methadone, oxycolopiod, NOS □ Cocaine □ Methamphetamine □ Other (specify): □ □ Unknown substance	□ Neuropathy □ Parkinson's disease □ Other (specify):  22b. Height wnftin OR  ery System □ Marijuana  e □ Unknown □ DUD or Abuse	_cm	22c. BMI Unknown Unknown  23b. Alcohol abuse:  Yes No Unknown  de of delivery: (Check all that apply)  DU Skin popping non-IDU Unknown				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv  23c. Other substances: (Check all that apply) □ Nore □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin) □ Opioid, DEA schedule II-IV (e.g., methadone, oxycore) □ Opioid, NOS □ Cocaine □ Methamphetamine □ Other (specify): □ Unknown substance During the current hospitalization, did the paties	□ Neuropathy □ Parkinson's disease □ Other (specify):  22b. Height wnftin OR  ery System □ Marijuana  e □ Unknown □ DUD or Abuse	_cm	22c. BMI Unknown Unknown  23b. Alcohol abuse:  Yes No Unknown  de of delivery: (Check all that apply)  DU Skin popping non-IDU Unknown				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv  23c. Other substances: (Check all that apply) □ Nore □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin) □ Opioid, DEA schedule II-IV (e.g., methadone, oxycore) □ Opioid, NOS □ Cocaine □ Methamphetamine □ Other (specify): □ Unknown substance During the current hospitalization, did the patie (MAT) for opioid use disorder?	□ Neuropathy □ Parkinson's disease □ Other (specify):  22b. Height wn ft in OR □  ery System □ Marijuana  e □ Unknown □ DUD or Abuse	_cm	22c. BMI Unknown Unknown  23b. Alcohol abuse:  Yes No Unknown  de of delivery: (Check all that apply) DU Skin popping non-IDU Unknown				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv  23c. Other substances: (Check all that apply) □ Nor □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin) □ Opioid, DEA schedule II-IV (e.g., methadone, oxyco □ Opioid, NOS □ Cocaine □ Methamphetamine □ Other (specify): □ Unknown substance During the current hospitalization, did the patie (MAT) for opioid use disorder?  24. Was CDI a primary or contributing reason	□ Neuropathy □ Parkinson's disease □ Other (specify):  22b. Height wn	_cm	22c. BMI Unknown Unknown  23b. Alcohol abuse:  Yes No Unknown  de of delivery: (Check all that apply) DU Skin popping non-IDU Unknown				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv  23c. Other substances: (Check all that apply) □ Nore □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin) □ Opioid, DEA schedule II-IV (e.g., methadone, oxycore) □ Opioid, NOS □ Cocaine □ Methamphetamine □ Other (specify): □ Unknown substance During the current hospitalization, did the patic (MAT) for opioid use disorder?  24. Was CDI a primary or contributing reason for patient's admission?	□ Neuropathy □ Parkinson's disease □ Other (specify):  22b. Height wn ft in OR □  ery System □ Marijuana  e □ Unknown □ DUD or Abuse	_cm	22c. BMI Unknown Unknown  23b. Alcohol abuse: Yes No Unknown  DU Skin popping non-IDU Unknown  Zes No  M/A (patient not hospitalized or did not have DUD)  10 1 26. Was the patient in an ICU on the day of or in the 6 days after the DISC?				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv  23c. Other substances: (Check all that apply) □ Nor □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin) □ Opioid, DEA schedule II-IV (e.g., methadone, oxyco □ Opioid, NOS □ Cocaine □ Methamphetamine □ Other (specify): □ Unknown substance During the current hospitalization, did the patie (MAT) for opioid use disorder?  24. Was CDI a primary or contributing reason	□ Neuropathy □ Parkinson's disease □ Other (specify):  22b. Height wn	ouse? Moce   III   III	22c. BMI Unknown Unknown  23b. Alcohol abuse:  Yes No Unknown  de of delivery: (Check all that apply) DU Skin popping non-IDU Unknown Tes No M/A (patient not hospitalized or did not have DUD)  1 26. Was the patient in an ICU on the day of or in the 6 days after the DISC?				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv  23c. Other substances: (Check all that apply) □ Nore □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin) □ Opioid, DEA schedule II-IV (e.g., methadone, oxycore) □ Opioid, NOS □ Cocaine □ Methamphetamine □ Other (specify): □ Unknown substance During the current hospitalization, did the patic (MAT) for opioid use disorder?  24. Was CDI a primary or contributing reason for patient's admission?	□ Neuropathy □ Parkinson's disease □ Other (specify):  22b. Height wn ft in OR  ery System □ Marijuana  e □ Unknown □ DUD or Abuse	ouse? Moce   III   III	22c. BMI Unknown Unknown  23b. Alcohol abuse: Yes No Unknown  DU Skin popping non-IDU Unknown  Zes No  M/A (patient not hospitalized or did not have DUD)  10 1 26. Was the patient in an ICU on the day of or in the 6 days after the DISC?				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv  23c. Other substances: (Check all that apply) □ Nore □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin) □ Opioid, DEA schedule II-IV (e.g., methadone, oxycore) □ Opioid, NOS □ Cocaine □ Methamphetamine □ Other (specify): □ Unknown substance During the current hospitalization, did the patic (MAT) for opioid use disorder?  24. Was CDI a primary or contributing reason for patient's admission?	□ Neuropathy □ Parkinson's disease □ Other (specify):  22b. Height wn	_cm	22c. BMI Unknown Unknown  23b. Alcohol abuse:  Yes No Unknown  de of delivery: (Check all that apply)  DU Skin popping non-IDU Unknown  26a. If YES, date of ICU admission:				
□ AIDS/CD4 count < 200 □ Primary immunodeficiency □ Transplant, hematopoietic stem cell □ Transplant, solid organ  22a. Weight □ lbs □ oz OR □ kg □ Unknow  23. Substance Use  23a. Smoking: □ None □ Unknown □ Tobacco □ E-Nicotine Deliv  23c. Other substances: (Check all that apply) □ Nore □ Marijuana/cannabinoid (other than smoking) □ Opioid, DEA schedule I (e.g., heroin) □ Opioid, DEA schedule II-IV (e.g., methadone, oxycore) □ Opioid, NOS □ Cocaine □ Methamphetamine □ Other (specify): □ Unknown substance During the current hospitalization, did the patic (MAT) for opioid use disorder?  24. Was CDI a primary or contributing reason for patient's admission?	□ Neuropathy □ Parkinson's disease □ Other (specify):  22b. Height wn	_cm	22c. BMI Unknown Unknown  23b. Alcohol abuse:  Yes No Unknown  de of delivery: (Check all that apply)  DU Skin popping non-IDU Unknown  26a. If YES, date of ICU admission:				

CS325367 7/19/2021 Page 2 of 4

<b>27. Symptoms</b> (in the 6 calendar days before, the day of, or 1 calendar day after the DISC) (Check all that apply)		<b>28. Fever</b> (in the 2 calendar days before or calendar day of the DISC)					
☐ "Asymptomatic" documented in medical record			Fever >38°C or >100.4°F documented				
☐ Diarrhea by definition (unformed or watery stool, ≥ 3/day for ≥ 1 day)				°C or °F			
Diarrhea documented, but unable to determine if it is by definition			Highest fever documented: °C or				
Nausea			Self-reported fever				
□Vomiting			No fever documented				
□ No diarrhea, nausea, or vomiting documented			☐ Information not available				
Information not available	iting documented						
29. Toxic megacolon and ileus	(in the 6 calendar	days before the day o	for the 6 calendar days af	tor the DISC			
	Gill the 6 Calendar	days before, the day o		ter the Disc)			
29a. Radiographic findings			29b. Clinical findings				
☐Toxic megacolon		oxic megacolon nor ileu			Neither toxic megacolon nor ileus		
□ Ileus	Radiolog	y not performed	□lleus		☐ Information not available		
$\square$ Both toxic megacolon and ile	☐ Both toxic megacolon and ileus ☐ Information not available		☐ Both toxic megacol	on and ileus			
30. Was pseudomembranous colitis listed in the surgical pathology, endoscopy, or autopsy report in the 6 calendar days before, the day of, or the 6 calendar days after the DISC?			31. Colectomy (related	to CDI):	31a. If YES, Date of Procedure:		
			□Yes		//		
☐Yes ☐ Not Done	,5		□No				
□ No □ Information no	ot available		Unknown		Unknown		
32. Were other enteric pathog the DISC?	gens isolated from	stool collected on	33. LABORATORY FINDI or the 6 calendar da	NGS (in the 6 ys after the D	calendar days before, the day of, ISC)		
│ │ ☐ Astrovirus	☐ Sapovirus	•	33a. Albumin ≤ 2.5g/	dl·	33c. White blood cell count		
☐ Campylobacter	•	rin-Producing <i>E.coli</i>	Yes	ui.	≥ 15,000/µl:		
Enteroaggregative <i>E. coli</i> (EA		in-Froducing L.com	□No		□Yes		
Enteropathogenic <i>E. coli</i> (EPE	•	nterocolitica	☐ Not Done		□No		
Enteropatriogenic <i>E. coli</i> (ETEC)			☐ Information not av	/ailable	☐ Not Done		
Norovirus	) 🗀 Other (sp	ecity).			$\square$ Information not available		
_							
l <u> </u>			22h White blood cell		22d Commencations		
Rotavirus	□None		33b. White blood cell	count	33d. Serum creatinine		
l <u> </u>		pathogens tested	33b. White blood cell ≤ 1,000/μl: ☐ Yes	count	> 1.5 mg/dl		
Rotavirus			≤ 1,000/μl:	count			
Rotavirus	$\square$ No other		≤ <b>1,000/μl:</b> ☐ Yes ☐ No ☐ Not Done		> <b>1.5 mg/dl</b> Yes		
Rotavirus	$\square$ No other		≤ <b>1,000/μl:</b> □ Yes □ No		> <b>1.5 mg/dl</b> ☐ Yes ☐ No		
□ Rotavirus □ Salmonella	☐ No other ☐ Unknowr	n	≤ <b>1,000/μl:</b> ☐ Yes ☐ No ☐ Not Done		> <b>1.5 mg/dl</b> Yes  No  Not Done		
☐ Rotavirus ☐ Salmonella  34. MEDICATIONS taken in the	□ No other □ Unknowr e 12 weeks before 1	the DISC:	≤ <b>1,000/μl:</b> ☐ Yes ☐ No ☐ Not Done	vailable	> 1.5 mg/dl  Yes  No  Not Done  Information not available		
☐ Rotavirus ☐ Salmonella  34. MEDICATIONS taken in the 34a. Proton pump inhibitor	□ No other □ Unknowr  e 12 weeks before 1	the DISC: 34b. H2 Blockers	≤ 1,000/µl:  ☐ Yes ☐ No ☐ Not Done ☐ Information not av	vailable <b>34c. Immu</b> i	> 1.5 mg/dl  Yes  No  Not Done Information not available		
☐ Rotavirus ☐ Salmonella  34. MEDICATIONS taken in the	□ No other □ Unknowr  e 12 weeks before 1	the DISC: 34b. H2 Blockers	≤ <b>1,000/μl:</b> ☐ Yes ☐ No ☐ Not Done	vailable <b>34c. Immu</b> i	> 1.5 mg/dl  Yes  No  Not Done  Information not available		
Rotavirus  Salmonella  34. MEDICATIONS taken in the  34a. Proton pump inhibitor (e.g. Omeprazole, Lans Pantoprazole, Rabepra	□ No other □ Unknowr  e 12 weeks before 1	the DISC: 34b. H2 Blockers	≤ 1,000/µl:  ☐ Yes ☐ No ☐ Not Done ☐ Information not av	vailable <b>34c. Immu</b> (Check	> 1.5 mg/dl  Yes  No  Not Done  Information not available  mosuppressive therapy all that apply)		
Rotavirus Salmonella  34. MEDICATIONS taken in the 34a. Proton pump inhibitor (e.g. Omeprazole, Lans Pantoprazole, Rabepra Yes No	□ No other □ Unknowr  e 12 weeks before 1	the DISC:  34b. H2 Blockers (e.g. Famotidine)  Yes  No	≤ 1,000/µl:  ☐ Yes ☐ No ☐ Not Done ☐ Information not av	34c. Immui (Check	> 1.5 mg/dl  Yes  No  Not Done  Information not available  mosuppressive therapy all that apply)		
Rotavirus  Salmonella  34. MEDICATIONS taken in the  34a. Proton pump inhibitor (e.g. Omeprazole, Lans Pantoprazole, Rabepra	□ No other □ Unknowr  e 12 weeks before 1	the DISC:  34b. H2 Blockers (e.g. Famotidine	≤ 1,000/µl:  ☐ Yes ☐ No ☐ Not Done ☐ Information not av	34c. Immur (Check	> 1.5 mg/dl  Yes  No  Not Done Information not available  nosuppressive therapy a all that apply)  herapy gents (specify):		
□ Rotavirus □ Salmonella  34. MEDICATIONS taken in the  34a. Proton pump inhibitor (e.g. Omeprazole, Lans Pantoprazole, Rabepra □ Yes □ No □ Unknown	□ No other □ Unknown  e 12 weeks before to soprazole, szole)	the DISC:  34b. H2 Blockers (e.g. Famotidine)  Yes  No Unknown	≤ 1,000/µl:  ☐ Yes ☐ No ☐ Not Done ☐ Information not av	34c. Immui (Check Steroids Chemoti Other ag None	> 1.5 mg/dl  Yes  No  Not Done Information not available  nosuppressive therapy a all that apply)  herapy gents (specify):		
Rotavirus Salmonella  34. MEDICATIONS taken in the  34a. Proton pump inhibitor (e.g. Omeprazole, Lans Pantoprazole, Rabepra Yes No Unknown  34d. Antimicrobial therapy (C	□ No other □ Unknown  e 12 weeks before 1  r soprazole, szole)  Theck all that apply)	the DISC:  34b. H2 Blockers (e.g. Famotidine)  Yes  No Unknown	≤ 1,000/µl:  ☐ Yes ☐ No ☐ Not Done ☐ Information not av	34c. Immui (Check Steroids Chemoti Other ag None	> 1.5 mg/dl  Yes  No  Not Done  Information not available  nosuppressive therapy a all that apply) herapy yents (specify):		
Rotavirus Salmonella  34. MEDICATIONS taken in the 34a. Proton pump inhibitor (e.g. Omeprazole, Lans Pantoprazole, Rabepra Yes No Unknown  34d. Antimicrobial therapy (C	□ No other □ Unknown  e 12 weeks before 1  coprazole, azole)  Theck all that apply) □ Cefotaxime	the DISC:  34b. H2 Blockers (e.g. Famotidine)  Yes No Unknown  Yes, name unknown	≤ 1,000/µl:  ☐ Yes ☐ No ☐ Not Done ☐ Information not av  . Ranitidine, Cimetidine)  . None ☐ Unknown . Meropenem	34c. Immui (Check Steroids Chemotl Other ag None	> 1.5 mg/dl  Yes  No  Not Done  Information not available  nosuppressive therapy all that apply) herapy yents (specify):  n		
Rotavirus Salmonella  34. MEDICATIONS taken in the 34a. Proton pump inhibitor (e.g. Omeprazole, Lans Pantoprazole, Rabepra Yes No Unknown  34d. Antimicrobial therapy (Coordinate) Amikacin Amoxicillin	□ No other □ Unknown  e 12 weeks before to the soprazole, sizole)  Theck all that apply) □ Cefotaxime □ Cefoxitin	the DISC:  34b. H2 Blockers (e.g. Famotidine)  Yes  No Unknown  Yes, name unknowr Clindamyo	≤ 1,000/µl:	34c. Immui (Check Steroids Chemoti Other ag None Unknow	> 1.5 mg/dl  Yes  No  Not Done Information not available  nosuppressive therapy all that apply) herapy gents (specify):   Telavancin  Tigecycline		
Rotavirus Salmonella  34. MEDICATIONS taken in the 34a. Proton pump inhibitor (e.g. Omeprazole, Rabepra Pantoprazole, Rabepra Yes No Unknown  34d. Antimicrobial therapy (Coordinate) Amoxicillin Amoxicillin Amoxicillin/clavulanic acid	□ No other □ Unknown  e 12 weeks before to the state of	the DISC:  34b. H2 Blockers (e.g. Famotidine)  Yes  No Unknown  Yes, name unknown  Clindamyo Dalbavano Daptomyo	≤ 1,000/µl:	34c. Immui (Check Steroids Chemoti Other ag None Unknow	> 1.5 mg/dl  Yes  No  Not Done Information not available  mosuppressive therapy call that apply)  herapy gents (specify):  Telavancin Tigecycline Tobramycin		
□ Rotavirus □ Salmonella  34. MEDICATIONS taken in the  34a. Proton pump inhibitor (e.g. Omeprazole, Rabepra □ Yes □ No □ Unknown  34d. Antimicrobial therapy (Cool) □ Amikacin □ Amoxicillin □ Amoxicillin/clavulanic acid □ Ampicillin	□ No other □ Unknown  e 12 weeks before 1 coprazole, szole)  check all that apply) □ Cefotaxime □ Cefoxitin □ Cefpodoxime □ Ceftaroline	the DISC:  34b. H2 Blockers (e.g. Famotidine)  Yes  No Unknown  Yes, name unknown  Clindamyo Dalbavano Daptomyo Delafloxao	≤ 1,000/μl:    Yes	34c. Immur (Check	> 1.5 mg/dl  Yes  No  Not Done Information not available  mosuppressive therapy call that apply)  merapy gents (specify):  Telavancin Tigecycline Tobramycin Trimethoprim		
Rotavirus Salmonella  34. MEDICATIONS taken in the 34a. Proton pump inhibitor (e.g. Omeprazole, Rabepra Pantoprazole, Rabepra Yes No Unknown  34d. Antimicrobial therapy (Companies and Companies) Amikacin Amoxicillin Amoxicillin Amoxicillin Ampicillin/sulbactam	No other  Unknown  e 12 weeks before to the state of the	the DISC:  34b. H2 Blockers (e.g. Famotidine)  Yes  No Unknown  Yes, name unknown  Dalbavand Daptomyo Delafloxad Doripener	≤ 1,000/µl:	34c. Immur (Check Steroids Chemoth Other ag None Unknow	> 1.5 mg/dl  Yes  No  Not Done Information not available  nosuppressive therapy call that apply)  nerapy gents (specify):  Telavancin Tigecycline Tobramycin Trimethoprim Trimethoprim/sulfamethoxazole		
□ Rotavirus □ Salmonella  34. MEDICATIONS taken in the  34a. Proton pump inhibitor (e.g. Omeprazole, Rabepra □ Yes □ No □ Unknown  34d. Antimicrobial therapy (Cool) □ Amikacin □ Amoxicillin □ Amoxicillin/clavulanic acid □ Ampicillin	□ No other □ Unknown  e 12 weeks before 1 coprazole, szole)  check all that apply) □ Cefotaxime □ Cefoxitin □ Cefpodoxime □ Ceftaroline	the DISC:  34b. H2 Blockers (e.g. Famotidine)  Yes  No Unknown  Yes, name unknown  Dalbavand Daptomyo Delafloxad Doripener	≤ 1,000/μl:  Yes  No  Not Done Information not av  Ranitidine, Cimetidine)  None Unknown in Meropenem in Meropenem in Metronidazol in Moxifloxacin in Nitrofurantoi ne Omadacyclin	34c. Immur (Check Steroids Chemoth Other ag None Unknow	> 1.5 mg/dl  Yes  No  Not Done Information not available  nosuppressive therapy all that apply)  herapy yents (specify):  Telavancin Tigecycline Tobramycin Trimethoprim Trimethoprim/sulfamethoxazole Vancomycin (IV)		
Rotavirus Salmonella  34. MEDICATIONS taken in the  34a. Proton pump inhibitor (e.g. Omeprazole, Rabepra Pantoprazole, Rabepra Yes No Unknown  34d. Antimicrobial therapy (Cool) Amikacin Amoxicillin Amoxicillin Amoxicillin Ampicillin/sulbactam Azithromycin	No other    No other   Unknown	the DISC:  34b. H2 Blockers (e.g. Famotidine)  Yes No Unknown  Clindamyo Dalbavano Daptomyo Delafloxao Doripener Dactam Doxycyclii	≤ 1,000/µl:    Yes	34c. Immur (Check Steroids Chemoth Other ag None Unknow	> 1.5 mg/dl  Yes  No  Not Done Information not available  nosuppressive therapy call that apply)  nerapy gents (specify):  Telavancin Tigecycline Tobramycin Trimethoprim Trimethoprim/sulfamethoxazole		
Rotavirus Salmonella  34. MEDICATIONS taken in the  34a. Proton pump inhibitor (e.g. Omeprazole, Lans Pantoprazole, Rabepra Yes No Unknown  34d. Antimicrobial therapy (Cool) Amikacin Amoxicillin Amoxicillin Amoxicillin Amoxicillin Ampicillin/sulbactam Azithromycin Aztreonam	No other    No other   Unknown	the DISC:  34b. H2 Blockers (e.g. Famotidine)  Yes No Unknown  Clindamyo Dalbavano Daptomyo Delafloxao Doripener Dactam Doxycyclii	≤ 1,000/μl:    Yes	34c. Immui (Check Steroids Chemoti Other ag None Unknow	> 1.5 mg/dl  Yes  No  Not Done Information not available  nosuppressive therapy all that apply) herapy yents (specify):  Telavancin Tigecycline Tobramycin Trimethoprim Trimethoprim/sulfamethoxazole Vancomycin (IV) Vancomycin (PO for prophylaxis)		
Rotavirus  Salmonella  34. MEDICATIONS taken in the  34a. Proton pump inhibitor (e.g. Omeprazole, Lans Pantoprazole, Rabepra Yes No Unknown  34d. Antimicrobial therapy (Cool) Amikacin Amoxicillin Amoxicillin Amoxicillin Ampicillin/sulbactam Azithromycin Aztreonam Cefadroxil	No other    No other   Unknown	the DISC:  34b. H2 Blockers (e.g. Famotidine)  Yes No Unknown  Clindamyo Dalbavano Daptomyo Delafloxao Doripener Dactam Doxycyclin Eravacyclio	≤ 1,000/μl:    Yes	34c. Immur (Check Steroids Chemoti Unknow Vaborbactam Ie	> 1.5 mg/dl  Yes  No  Not Done Information not available  nosuppressive therapy all that apply) herapy yents (specify):  Telavancin Tigecycline Tobramycin Trimethoprim Trimethoprim/sulfamethoxazole Vancomycin (IV) Vancomycin (PO for prophylaxis)		
□ Rotavirus □ Salmonella  34. MEDICATIONS taken in the 34a. Proton pump inhibitor (e.g. Omeprazole, Lans Pantoprazole, Rabepra □ Yes □ No □ Unknown  34d. Antimicrobial therapy (C □ Amikacin □ Amoxicillin □ Amoxicillin □ Ampicillin/clavulanic acid □ Ampicillin/sulbactam □ Azithromycin □ Aztreonam □ Cefadroxil □ Cefazolin □ Cefajinir □ Cefepime	No other    No other   Unknown	the DISC:  34b. H2 Blockers (e.g. Famotidine)  Yes No Unknown  Clindamyo Dalbavano Daptomyo Delafloxao Doripener Dactam Doxycyclin Eravacycli Dbactam Frosfomyci Gentamici Imipenem	≤ 1,000/μl:    Yes	34c. Immur (Check Steroids Chemoti Unknow Vaborbactam Ie	> 1.5 mg/dl  Yes  No  Not Done Information not available  nosuppressive therapy all that apply) herapy yents (specify):  Telavancin Tigecycline Tobramycin Trimethoprim Trimethoprim/sulfamethoxazole Vancomycin (IV) Vancomycin (PO for prophylaxis)		
□ Rotavirus □ Salmonella  34. MEDICATIONS taken in the 34a. Proton pump inhibitor (e.g. Omeprazole, Lans Pantoprazole, Rabepra □ Yes □ No □ Unknown  34d. Antimicrobial therapy (C □ Amikacin □ Amoxicillin □ Amoxicillin □ Ampicillin □ Ampicillin □ Ampicillin □ Azithromycin □ Aztreonam □ Cefadroxil □ Cefazolin □ Cefdinir	No other    Unknown	the DISC:  34b. H2 Blockers (e.g. Famotidine)  Yes No Unknown  Clindamyo Dalbavano Daptomyo Delafloxao Doripener Dactam Doxycyclin Eravacycli Dbactam Fosfomyci Gentamici	≤ 1,000/μl:    Yes	34c. Immur (Check Steroids Chemoti Unknow Vaborbactam Ie	> 1.5 mg/dl  Yes  No  Not Done Information not available  nosuppressive therapy all that apply) herapy yents (specify):  Telavancin Tigecycline Tobramycin Trimethoprim Trimethoprim/sulfamethoxazole Vancomycin (IV) Vancomycin (PO for prophylaxis)		

CS325367 7/19/2021 Page 3 of 4

	Unknown	before the DISC?					
<b>34f.1 If YES, which medication was taken</b> ( <i>Check all that apply</i> ):  ☐ Metronidazole ☐ Vancomycin ☐ Fidaxomicin ☐ Other, ( <i>specify</i> )				Unknown			
·	o treatment Unknown treatme			CHRIOWII			
35a.1 Course 1	o dedunent onknown dedune						
Start Date: / /	Unknown Stop Date:/.	1	□ Hnknown O	R Duration (days)	Hnknown		
□ Vancomycin (PO)				Rifaximin			
☐ Vancomycin (Rectal)	☐ Metronidazol			Nitazoxanide			
□ Vancomycin (Rectal) □ Metronidazole (IV) □ Vancomycin (Unknown route) □ Metronidazole (Unknown route)				Other (specify):			
□ Vancomycin (Unknown route) □ Metronidazole (Unknown route) □ Vancomycin taper (any route) □ Fidaxomicin				Jotner (specify).			
35a.2 Course 2	□Tidaxoffilciii		_				
Start Date: / /	Unknown Stop Date:/.	,	□ Halmaum O	R Duration (days)			
Vancomycin (PO)			<u>n</u> Duration (days) Rifaximin				
☐ Vancomycin (Rectal)	☐ Metronidazol		_	Nitazoxanide			
☐ Vancomycin (Nectal) ☐ Vancomycin (Unknown route)		e (Unknown route)		Other (specify):			
☐ Vancomycin (onknown route)	☐ Fidaxomicin	e (onknown route)	_	∃Other (specify).			
35a.3 Course 3	Пахопісії		_				
Start Date: / /	Unknown Stop Date:/	1	□ I Inknown O	R Duration (days)	Hinknown		
□ Vancomycin (PO)				$\square$ Rifaximin			
☐ Vancomycin (Rectal)	☐ Metronidazol			Nitazoxanide			
☐ Vancomycin (Unknown route)		e (Unknown route)		Other (specify):			
☐ Vancomycin taper (any route)		e (onanoviii route)		= other (speeny).			
35a.4 Course 4			_				
Start Date: / / /	Unknown Stop Date:/	1	Unknown O	R Duration (days)	Unknown		
□ Vancomycin (PO)	□ Metronidazol			Rifaximin			
☐ Vancomycin (Rectal)	☐ Metronidazol			Nitazoxanide			
☐ Vancomycin (Unknown route)		e (Unknown route)		Other (specify):			
☐ Vancomycin taper (any route)	☐ Fidaxomicin		_				
35b. ☐ Probiotics (specify):							
35c. Stool transplant Date:/	$'$ / $_$ $\square$ Unkno	own					
36. Previous unique CDI episode (>8 weeks before the DISC):	37. Any recurrent <i>C. diff</i> + episodes following this incident <i>C. diff</i> + episode?	38. CRF status:	39. Initials of S.O:	f 40. Date of abstraction:			
□No	□ Yes	Incomplete		_   /	/		
	□No	☐ Chart unavailable		_			
36a. If YES, previous STATEID:	37a. If YES, Date of first	after 3 requests					
, , , , , , , , , , , , , , , , , , , ,	recurrent specimen:						
	1 1						
41 Did the metions have a DOCITIVE	41a. If YES, complete below fo	" MOCT DECENT	in a to at fair CAD	C CaV 2 in the man h	ofour ou date of		
41. Did the patient have a POSITIVE test(s) for SARS-CoV-2 (molecular assay, serology, or other confirmatory	the DISC:	r MOST RECENT POSITI	ive test for SAK	5-Cov-2 in the year b	etore or date of		
test) in the year before or day of the		ate: 41a.2: Test	est type:				
DISC?		☐ Antig	en	Unknown			
Yes		_	cular assay	$\square$ Other (specify):			
□ No	Unknown	☐ Serole	ogy				
∐Unknown							
42a. COVID-NET Case ID:	'	'					
<b>42b. NNDSS IDs</b> (please provide at least	st one of the following when appli	cable):					
Local Case ID:	State case identifier:		CDC 20	019-nCOV ID:			
Local Record ID:			_				
Comments	<del></del>						
Comments:							

CS325367 7/19/2021 Page 4 of 4