

COVID-19 Module

Long Term Care Facility: Resident Therapeutics

Page 1 of 1	*Required to save; **Conditional
NHSN Facility ID:	CMS Certification Number (CCN):
Facility Name:	Facility Type:
*Date for which counts are reported: ____/____/____	Date Created: ____/____/____
<p>Report total counts for the below questions only <u>one calendar day during the reporting week</u> and include only <u>new counts</u> since the previously reported counts. If the count is zero, a "0" must be entered as the response. A blank response is equivalent to missing data.</p>	
<p>For each therapeutic listed, enter number of residents who received were administered the therapeutic at this facility or elsewhere during the reporting week:</p> <p>Therapeutic: Bamlanivimab (Lilly)</p> <p><input style="width: 50px; height: 20px; margin-right: 10px;" type="text"/> How many residents were treated from stock stored at this facility?</p> <p><input style="width: 50px; height: 20px; margin-right: 10px;" type="text"/> **How many residents were treated from stock that was stored at another facility, such as an infusion center?</p> <p>Therapeutic: Casirivimab plus Imdevimab (Regeneron)</p> <p><input style="width: 50px; height: 20px; margin-right: 10px;" type="text"/> How many residents were treated from stock stored at this facility?</p> <p><input style="width: 50px; height: 20px; margin-right: 10px;" type="text"/> **How many residents were treated from stock that was stored at another facility such as an infusion center?</p>	
<p>Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</p> <p>CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX). CDC 57.XXX (Front) January 2021, V1</p>	