

## Cross walk - 2022 form changes

### HAIC

#### 1. HAIC: Multi-site Gram-Negative Surveillance Initiative (MuGSI-CRE/CRAB) (Attachment #3)

Note: Change for the updated 2022 CRF are highlighted in yellow.

Question on 2021 form	Question on 2022 form																								
<p>Patient identifier information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 60%;">Patient's name:</td> <td colspan="2">Phone no.:</td> </tr> <tr> <td colspan="2">Address:</td> <td colspan="2">MRN:</td> </tr> <tr> <td>City:</td> <td>State:</td> <td>Zip code:</td> <td>Hospital:</td> </tr> </table>	Patient's name:		Phone no.:		Address:		MRN:		City:	State:	Zip code:	Hospital:	<p>Patient identifier information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 60%;">Patient's name:</td> <td colspan="2">Phone no.:</td> </tr> <tr> <td colspan="2">Address:</td> <td colspan="2">MRN:</td> </tr> <tr> <td colspan="3" style="background-color: yellow;">Address type:</td> <td>Hospital:</td> </tr> </table>	Patient's name:		Phone no.:		Address:		MRN:		Address type:			Hospital:
Patient's name:		Phone no.:																							
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City:	State:	Zip code:	Hospital:																						
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Address:		MRN:																							
Address type:			Hospital:																						
<p>23c. Chest radiology findings (check all that apply)</p> <ul style="list-style-type: none"> <li>• Not done</li> <li>• No report available</li> <li>• Acute respiratory distress syndrome (ARDS)</li> <li>• Air space density/opacity</li> <li>• Ground glass opacities/infiltrates</li> <li>• Bronchopneumonia/pneumonia</li> <li>• Cannot rule out pneumonia</li> <li>• Cavitation</li> <li>• Consolidation</li> <li>• Infiltrate</li> <li>• Pleural effusion</li> <li>• Nodules</li> </ul>	<p>23c. Chest radiology findings (check all that apply)</p> <ul style="list-style-type: none"> <li>• Not done</li> <li>• No report available</li> <li>• Acute respiratory distress syndrome (ARDS)</li> <li>• Air space density/opacity</li> <li>• Ground glass opacities/infiltrates</li> <li>• Bronchopneumonia/pneumonia</li> <li>• Cannot rule out pneumonia</li> <li>• Cavitation</li> <li>• Consolidation</li> <li>• Infiltrate</li> <li>• Pleural effusion</li> <li>• Nodules</li> <li style="background-color: yellow;">• No evidence of pneumonia</li> </ul>																								
<p>24a. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, serology, or other confirmatory test) on or before the DISC?</p> <ul style="list-style-type: none"> <li>• Yes</li> </ul>	<p>24a. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, serology, or other confirmatory test) <span style="background-color: yellow;">in the year before or day of the DISC?</span></p> <ul style="list-style-type: none"> <li>• Yes</li> </ul>																								

<ul style="list-style-type: none"> <li>• No</li> <li>• Unknown</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> <li>• Unknown</li> </ul>													
<p>24b. If yes, complete table below:</p> <table border="1" data-bbox="254 345 1014 873"> <thead> <tr> <th></th> <th>Specimen collection date</th> <th>Test type</th> </tr> </thead> <tbody> <tr> <td>FIRST positive test for SARS-Cov-2 on or before the DISC:</td> <td>           ___/___/___  <input type="checkbox"/> Unknown         </td> <td> <input type="checkbox"/> Molecular assay  <input type="checkbox"/> Antigen  <input type="checkbox"/> Serology  <input type="checkbox"/> Unknown  <input type="checkbox"/> Other (specify):_____         </td> </tr> <tr> <td>MOST RECENT positive test for SARS-Cov-2 on or before the DISC:</td> <td>           ___/___/___  <input type="checkbox"/> Unknown         </td> <td> <input type="checkbox"/> Molecular assay  <input type="checkbox"/> Antigen  <input type="checkbox"/> Serology  <input type="checkbox"/> Unknown  <input type="checkbox"/> Other (specify):_____         </td> </tr> </tbody> </table>		Specimen collection date	Test type	FIRST positive test for SARS-Cov-2 on or before the DISC:	___/___/___ <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify):_____	MOST RECENT positive test for SARS-Cov-2 on or before the DISC:	___/___/___ <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify):_____	<p>24b. If yes, complete the table below for the most recent positive SARS-CoV-2 test in the year before or day of the DISC:</p> <table border="1" data-bbox="1060 383 1717 651"> <thead> <tr> <th>Specimen collection date</th> <th>Test type</th> </tr> </thead> <tbody> <tr> <td>           ___/___/___  <input type="checkbox"/> Unknown         </td> <td> <input type="checkbox"/> Molecular assay  <input type="checkbox"/> Antigen  <input type="checkbox"/> Serology  <input type="checkbox"/> Unknown  <input type="checkbox"/> Other (specify):_____         </td> </tr> </tbody> </table>	Specimen collection date	Test type	___/___/___ <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify):_____
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<p>29b. CRF Status</p> <ul style="list-style-type: none"> <li>• Complete</li> <li>• Pending</li> <li>• Chart unavailable after 3 requests</li> </ul>	<p>29b. CRF Status</p> <ul style="list-style-type: none"> <li>• Complete</li> <li>• Pending</li> <li>• Chart unavailable after 3 requests</li> <li>• Complete - Pending Data</li> </ul>													

**2. HAIC: Multi-site Gram-Negative Surveillance Initiative – Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (MuGSI-ESBL) (Attachment #4)**

Note: Change for the updated 2022 CRF are highlighted in yellow.

Question on 2021 form				Question on 2022 form			
Patient identifier information				Patient identifier information			
Patient's name:		Phone no.:		Patient's name:		Phone no.:	
Address:		MRN:		Address:		MRN:	
City:	State:	Zip code:	Hospital:	Address type:		Hospital:	
<p>24b. IF YES, CHECK ALL ANTIMICROBIALS USED IN THE 30 DAYS BEFORE THE DISC: (Check all that apply) <input type="checkbox"/> Unknown</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Amikacin</li> <li><input type="checkbox"/> Amoxicillin</li> <li><input type="checkbox"/> Amoxicillin/clavulanic acid</li> <li><input type="checkbox"/> Ampicillin</li> <li><input type="checkbox"/> Ampicillin/sulbactam</li> <li><input type="checkbox"/> Azithromycin</li> <li><input type="checkbox"/> Aztreonam</li> <li><input type="checkbox"/> Cefazolin</li> <li><input type="checkbox"/> Cefdinir</li> <li><input type="checkbox"/> Cefepime</li> <li><input type="checkbox"/> Cefiderocol</li> <li><input type="checkbox"/> Cefixime</li> <li><input type="checkbox"/> Cefotaxime</li> <li><input type="checkbox"/> Cefoxitin</li> <li><input type="checkbox"/> Cefpodoxime</li> <li><input type="checkbox"/> Ceftaroline</li> <li><input type="checkbox"/> Ceftazidime</li> <li><input type="checkbox"/> Ceftazidime/avibactam</li> <li><input type="checkbox"/> Ceftizoxime</li> <li><input type="checkbox"/> Ceftolozane/tazobactam</li> <li><input type="checkbox"/> Ceftriaxone</li> <li><input type="checkbox"/> Cefuroxime</li> <li><input type="checkbox"/> Cephalexin</li> </ul>				<p>24b. IF YES, CHECK ALL ANTIMICROBIALS USED IN THE 30 DAYS BEFORE THE DISC: (Check all that apply) <input type="checkbox"/> Unknown</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Amikacin</li> <li><input type="checkbox"/> Amoxicillin</li> <li><input type="checkbox"/> Amoxicillin/clavulanic acid</li> <li><input type="checkbox"/> Ampicillin</li> <li><input type="checkbox"/> Ampicillin/sulbactam</li> <li><input type="checkbox"/> Azithromycin</li> <li><input type="checkbox"/> Aztreonam</li> <li><input type="checkbox"/> Cefadroxil</li> <li><input type="checkbox"/> Cefazolin</li> <li><input type="checkbox"/> Cefdinir</li> <li><input type="checkbox"/> Cefepime</li> <li><input type="checkbox"/> Cefiderocol</li> <li><input type="checkbox"/> Cefixime</li> <li><input type="checkbox"/> Cefotaxime</li> <li><input type="checkbox"/> Cefoxitin</li> <li><input type="checkbox"/> Cefpodoxime</li> <li><input type="checkbox"/> Ceftaroline</li> <li><input type="checkbox"/> Ceftazidime</li> <li><input type="checkbox"/> Ceftazidime/avibactam</li> <li><input type="checkbox"/> Ceftizoxime</li> <li><input type="checkbox"/> Ceftolozane/tazobactam</li> <li><input type="checkbox"/> Ceftriaxone</li> <li><input type="checkbox"/> Cefuroxime</li> </ul>			

- Ciprofloxacin
- Clarithromycin
- Clindamycin
- Dalbavancin
- Daptomycin
- Delafloxacin
- Doripenem
- Doxycycline
- Eravacycline
- Ertapenem
- Fidaxomicin
- Fosfomicin
- Gentamicin
- Imipenem/cilastatin
- Levofloxacin
- Linezolid
- Meropenem
- Meropenem/  
vaborbactam
- Metronidazole
- Moxifloxacin
- Nitrofurantoin
- Omadacycline
- Oritavancin
- Penicillin
- Piperacillin/tazobactam
- Polymyxin B
- Polymyxin E (colistin)
- Rifaximin
- Tedizolid
- Telavancin
- Tigecycline
- Tobramycin
- Trimethoprim

- Cephalexin
- Ciprofloxacin
- Clarithromycin
- Clindamycin
- Dalbavancin
- Daptomycin
- Delafloxacin
- Doripenem
- Doxycycline
- Eravacycline
- Ertapenem
- Fidaxomicin
- Fosfomicin
- Gentamicin
- Imipenem/cilastatin
- Levofloxacin
- Linezolid
- Meropenem
- Meropenem/  
vaborbactam
- Metronidazole
- Moxifloxacin
- Nitrofurantoin
- Omadacycline
- Oritavancin
- Penicillin
- Piperacillin/tazobactam
- Polymyxin B
- Polymyxin E (colistin)
- Rifaximin
- Tedizolid
- Telavancin
- Tigecycline
- Tobramycin

<input type="checkbox"/> Trimethoprim/sulfamethoxazole <input type="checkbox"/> Vancomycin <input type="checkbox"/> IV <input type="checkbox"/> PO <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Trimethoprim/sulfamethoxazole <input type="checkbox"/> Vancomycin <input type="checkbox"/> IV <input type="checkbox"/> PO <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other (specify): _____	
25a. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, serology, or other confirmatory test) on or before the DISC? • Yes • No • Unknown		25a. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, serology, or other confirmatory test) <b>in the year before or day of the DISC?</b> • Yes • No • Unknown	
25b. If yes, complete table below:		25b. <b>If yes, complete the table below for the most recent positive SARS-CoV-2 test in the year before or day of the DISC:</b>	
	Specimen collection date	Test type	
FIRST positive test for SARS-Cov-2 on or before the DISC:	____/____/____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____	Specimen collection date ____/____/____ <input type="checkbox"/> Unknown
MOST RECENT positive test for SARS-Cov-2 on or before the DISC:	____/____/____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____	Test type <input type="checkbox"/> Molecular assay <input type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____
28b. CRF STATUS: • Complete • Complete-Pending		28b. CRF STATUS: • Complete • <b>Complete-Pending</b>	

ð Pending

- Chart unavailable after 3 requests

ð Pending

- Chart unavailable after 3 requests