**HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA)**

Form Approved

OMB No. **0920-0852**

Exp. Date 03/31/2025

**FORM 3d: UTI**

**CDC ID:** **[ ] [ ]** -**[ ] [ ] [ ] [ ] [ ]  Date:** [ ] [ ] /[ ] [ ] /[ ] [ ]  **Data collector** **initials: \_\_\_\_\_**

|  |
| --- |
| **Clinical information** |
| **1. Check any of the following ICD-10 codes that were present on admission for this patient:** [ ] None [ ] Unknown[ ] N10 [ ] N11.0 [ ] N11.1 [ ] N11.8 [ ] N11.9 [ ] N12 [ ]  N15.1 [ ] N15.9 [ ] N16 [ ] N28.84 [ ] N28.85 [ ] N28.86 [ ] N30.00 [ ] N30.01 [ ] N30.10 [ ] N30.11 [ ] N30.20 [ ] N30.21 [ ]  N30.30 [ ] N30.31 [ ] N30.40 [ ] N30.41 [ ] N30.80 [ ] N30.81 [ ] N30.90 [ ] N30.91 [ ] N34.0 [ ] N34.1 [ ] N34.2 [ ]  N39.0[ ] R82.71 [ ] R82.90 [ ] N41.0 [ ] N41.1 [ ] N41.2 [ ] B37.49 [ ] O23.00 [ ] Other (specify): **\_\_\_\_\_\_\_\_\_\_** |
| **2. UTI onset date (mm/dd/yy):** \_\_\_ / \_\_\_ /\_\_\_ or [ ] Prior to survey hospitalization but specific date unknown [ ] Unable to determine |
| **3. UTI signs and symptoms in first 2 hospital days; check all that apply:** [ ] None  |
| [ ] Fever [ ] Nausea or vomiting[ ] Urgency [ ] Rigors  | [ ] Frequency[ ] Visible blood in urine[ ] Abdominal pain[ ] Urinary incontinence | [ ] Costovertebral angle (CVA) pain or tenderness[ ] Suprapubic pain, swelling or tenderness[ ] Mental status changes or functional decline [ ] Pain or burning with urination |
| **4. Did the patient have an indwelling urinary catheter in place for ≥2 days on the day of UTI onset or on the day prior to UTI onset (or if onset date unknown, on the day of survey hospital admission)?** [ ] Yes [ ] No [ ] Unknown |
| **4a. If yes, were any of the following done within 5 days after UTI onset date (or if onset date unknown, within 5 days after survey hospital admission)?** [ ] Catheter changed [ ] Catheter removed [ ] Catheter neither changed nor removed [ ] Unknown |
| **Antimicrobial treatment** |
| **5. Was the patient receiving antimicrobial treatment for this UTI before the survey hospitalization?** [ ] Yes [ ] No [ ] Unknown |
| **6. Present-on-admission (POA) UTI treatment during the survey hospitalization:****First date (mm/dd/yy):** \_\_\_\_ / \_\_\_\_ /\_\_\_\_ or [ ] Unknown **Last date** **(mm/dd/yy):** \_\_\_\_ / \_\_\_\_ /\_\_\_\_ or [ ] Unknown  |
| **7. Complete the table for all antimicrobial drugs given to treat POA UTI during the survey hospitalization:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Drug name\*** | **First date (mm/dd/yy)** | **First route** | **Last date (mm/dd/yy)** | **Last route** |
| 1 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM[ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM[ ] PO [ ] INH |
| *2* |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM[ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM[ ] PO [ ] INH |
| 3 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM[ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM[ ] PO [ ] INH |
| 4 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM[ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM[ ] PO [ ] INH |
| 5 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM[ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM[ ] PO [ ] INH |

 **More than 5 antimicrobial drugs were given to treat POA UTI:** [ ]  |

**CDC ID:** **[ ] [ ]** -**[ ] [ ] [ ] [ ] [ ]**

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| --- |
| **Antimicrobial treatment**  |
| **7a. Did the patient receive other antimicrobial drugs in the hospital during the POA UTI treatment period?****[ ]** Yes—complete table below in 7b. [ ] No [ ] Unknown**7b. Other antimicrobial drugs given in the hospital (during the UTI treatment period defined by the dates in #6):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Drug name\*** | **First date (mm/dd/yy)** | **First Route** | **Last date (mm/dd/yy)** | **Last Route** |
| 1 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| *2* |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM[ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| 3 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM[ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| 4 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM[ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| 5 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM[ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| **\*Enter separate records for vancomycin IV and vancomycin PO.**  **More drugs than fit in the table: [ ]**  |

 |
| **8. Were antimicrobial drugs prescribed at hospital discharge (i.e., prescribed to be administered to the patient for additional days after hospital discharge) to treat POA UTI or for other reasons?**  [ ] Yes [ ] No [ ] Unknown**8a. Antimicrobial drugs prescribed at discharge for POA UTI or other reasons (enter POA UTI drugs first):**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Drug name** | **Route (check all that apply)** | **Indication (check all that apply)** |
| 1 |  | [ ] IV [ ] IM [ ] PO [ ] INH [ ] Unk | [ ] POA UTI [ ] Other [ ] Unk |
| 2 |  | [ ] IV [ ] IM [ ] PO [ ] INH [ ] Unk | [ ] POA UTI [ ] Other [ ] Unk |
| 3 |  | [ ] IV [ ] IM [ ] PO [ ] INH [ ] Unk | [ ] POA UTI [ ] Other [ ] Unk |
| 4 |  | [ ] IV [ ] IM [ ] PO [ ] INH [ ] Unk | [ ] POA UTI [ ] Other [ ] Unk |
| 5 |  | [ ] IV [ ] IM [ ] PO [ ] INH [ ] Unk | [ ] POA UTI [ ] Other [ ] Unk |

**More drugs than fit in the table: [ ]** **8b. If antimicrobial drugs were prescribed at discharge for POA-UTI, what was the total duration of the post-discharge POA UTI treatment?** \_\_\_\_\_ days, OR the prescription end date is \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, OR [ ] Duration is unknown  |

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| **Laboratory testing** |
| **9. Complete table below for POSITIVE cultures collected in the first 5 hospital days (\_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_): No positive cultures: [ ]  Culture data unknown: [ ]**  |
|

| **No.** | **Specimen** | **Collect date (mm/dd/yy)** | **Culture result final date (mm/dd/yy)** | **Pathogens identified** **(insert codes)** | **Culture growth quantity\* for urine cultures only** | **Antimicrobial drugs given on the DAY AFTER the test result was final** | **Were pathogens susceptible (S) to ≥1 antimicrobial the patient was getting the DAY AFTER the test result was final?** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | [ ] Urine CC [ ] Lower resp[ ] Urine cath [ ] Stool[ ] Urine other [ ] Blood[ ] Other \_\_\_\_\_\_\_\_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] UnkPath2: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] UnkPath3: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] Unk | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 2 | [ ] Urine CC [ ] Lower resp[ ] Urine cath [ ] Stool[ ] Urine other [ ] Blood[ ] Other \_\_\_\_\_\_\_\_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] UnkPath2: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] UnkPath3: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] Unk | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 3 | [ ] Urine CC [ ] Lower resp[ ] Urine cath [ ] Stool[ ] Urine other [ ] Blood[ ] Other \_\_\_\_\_\_\_\_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] UnkPath2: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] UnkPath3: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] Unk | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 4 | [ ] Urine CC [ ] Lower resp[ ] Urine cath [ ] Stool[ ] Urine other [ ] Blood[ ] Other \_\_\_\_\_\_\_\_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] UnkPath2: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] UnkPath3: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] Unk | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 5 | [ ] Urine CC [ ] Lower resp[ ] Urine cath [ ] Stool[ ] Urine other [ ] Blood[ ] Other \_\_\_\_\_\_\_\_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] UnkPath2: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] UnkPath3: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] Unk | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 6 | [ ] Urine CC [ ] Lower resp[ ] Urine cath [ ] Stool[ ] Urine other [ ] Blood[ ] Other \_\_\_\_\_\_\_\_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] UnkPath2: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] UnkPath3: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] Unk | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 7 | [ ] Urine CC [ ] Lower resp[ ] Urine cath [ ] Stool[ ] Urine other [ ] Blood[ ] Other \_\_\_\_\_\_\_\_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] UnkPath2: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] UnkPath3: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] Unk | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 8 | [ ] Urine CC [ ] Lower resp[ ] Urine cath [ ] Stool[ ] Urine other [ ] Blood[ ] Other \_\_\_\_\_\_\_\_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | \_\_\_/ \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] UnkPath2: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] UnkPath3: [ ] ≥105 CFU/ml or similar [ ] <105 or similar [ ] Unk | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |

 **More positive cultures than fit in the table: [ ]** Urine CC=urine clean catch. Urine cath=urine collected from an indwelling urinary catheter. Urine other=urine collected via other or unspecified means. \*Check “≥105 CFU/ml or similar” if quantity of growth in the culture is reported to be as follows: moderate, many, heavy, abundant, etc;. Check “<105 or similar” if quantity of growth in the culture is reported to be <105 CFU/ml or as follows: few, scarce, scant, rare, etc.Check “unknown” if no organism quantity is noted in the culture report. |

**CDC ID:** **[ ] [ ]** -**[ ] [ ] [ ] [ ] [ ]**

**CDCID: [ ] [ ]** -**[ ] [ ] [ ] [ ] [ ]**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **10. Complete the table for NEGATIVE cultures collected in the first 5 hospital days:** **No negative cultures:** [ ]  **Culture data unknown: [ ]**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Collect date****(mm/dd/yy)** | **Specimen** | **Culture result final date (mm/dd/yy)** |  | **No.** | **Collect date****(mm/dd/yy)** | **Specimen** | **Culture result final date (mm/dd/yy)** |
| 1 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |  | 6 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |
| 2 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |  | 7 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |
| 3 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |  | 8 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |
| 4 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |  | 9 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |
| 5 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |  | 10 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |

**More negative cultures than fit in the table: [ ]**  |
| **11. Complete the table for urinalyses collected in the first 5 hospital days:****No urinalyses done: [ ]  Unknown whether urinalyses were done: [ ]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Urinalysis date****(mm/dd/yy)** | **Pyuria****(>5 WBCs / hpf)** | **Nitrites** | **Leukocyte esterase** | **Bacteria** | **Yeast** |
| 1 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk |
| 2 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk |
| 3 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk |
| 4 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk |
| 5 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk | [ ] Y [ ] N [ ] Unk |

 |
| **12. Complete the table for non-culture tests (positive and negative) collected in the first 5 hospital days:** **No non-culture tests done:** [ ]  **Non-culture test data unknown: [ ]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Collect Date (mm/dd/yy)** | **Specimen** | **Test** | **What pathogen(s) were tested for?** | **Result** |
| 1 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Upper resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_ | [ ] PCR [ ] DFA[ ] Antigen test[ ] Other\_\_\_\_\_ | [ ] Legionella [ ] Cdiff [ ] RSV[ ] Pneumococcus [ ] Adeno[ ] Influenza [ ] hMPV [ ] Paraflu[ ] Other \_\_\_\_\_\_\_\_ [ ] SARS-CoV-2 | [ ] Negative [ ] Unknown[ ] Positive (insert code): Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_Path3\_\_\_\_\_\_\_ |
| 2 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Upper resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_ | [ ] PCR [ ] DFA[ ] Antigen test[ ] Other\_\_\_\_\_ | [ ] Legionella [ ] Cdiff [ ] RSV[ ] Pneumococcus [ ] Adeno[ ] Influenza [ ] hMPV [ ] Paraflu[ ] Other \_\_\_\_\_\_\_\_ [ ] SARS-CoV-2 | [ ] Negative [ ] Unknown[ ] Positive (insert code): Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_Path3\_\_\_\_\_\_\_ |
| 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Upper resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_ | [ ] PCR [ ] DFA[ ] Antigen test[ ] Other\_\_\_\_\_ | [ ] Legionella [ ] Cdiff [ ] RSV[ ] Pneumococcus [ ] Adeno[ ] Influenza [ ] hMPV [ ] Paraflu[ ] Other \_\_\_\_\_\_\_\_ [ ] SARS-CoV-2 | [ ] Negative [ ] Unknown[ ] Positive (insert code): Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_Path3\_\_\_\_\_\_\_ |
| 4 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Upper resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_ | [ ] PCR [ ] DFA[ ] Antigen test[ ] Other\_\_\_\_\_ | [ ] Legionella [ ] Cdiff [ ] RSV[ ] Pneumococcus [ ] Adeno[ ] Influenza [ ] hMPV [ ] Paraflu[ ] Other \_\_\_\_\_\_\_\_ [ ] SARS-CoV-2 | [ ] Negative [ ] Unknown[ ] Positive (insert code): Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_Path3\_\_\_\_\_\_\_ |
| 5 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Upper resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_ | [ ] PCR [ ] DFA[ ] Antigen test[ ] Other\_\_\_\_\_ | [ ] Legionella [ ] Cdiff [ ] RSV[ ] Pneumococcus [ ] Adeno[ ] Influenza [ ] hMPV [ ] Paraflu[ ] Other \_\_\_\_\_\_\_\_ [ ] SARS-CoV-2 | [ ] Negative [ ] Unknown[ ] Positive (insert code): Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_Path3\_\_\_\_\_\_\_ |

**More tests than fit in the table: [ ]**  |

**\*\*\*FORM IS COMPLETE\*\*\***