



**2024 Multi-site Gram-Negative Surveillance Initiative (MuGSI)
Healthcare-Associated Infections Community Interface (HAIC) Case Report**

Form Approved
OMB No. 0920-XXXX

NOTE: Enter all dates as mm/dd/yyyy

| | | |
|--|--|------------------|
| PATIENT'S NAME: _____ | | PHONE NO.: _____ |
| ADDRESS: _____ | | MRN: _____ |
| ADDRESS TYPE: _____ | | HOSPITAL: _____ |
| ----Patient Identifier information is not transmitted to CDC---- | | |

| DEMOGRAPHICS | | |
|-----------------|-------------------|----------------------------|
| 1. STATE: _____ | 2a. COUNTY: _____ | 2b. PLANNING REGION: _____ |
| | | 3. STATE ID: _____ |

| | |
|---|--|
| 4a. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED: _____ | 4b. FACILITY ID WHERE PATIENT TREATED: _____ |
|---|--|

| | | | |
|---|--|---|---|
| 5. DATE OF BIRTH: _____ Days Mos Yrs | 7. SEX AT BIRTH: Male Female Unknown Check if transgender <input type="checkbox"/> | 8a. ETHNIC ORIGIN: Hispanic or Latino Not Hispanic or Latino Unknown | 8b. RACE: (Check all that apply) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Unknown |
|---|--|---|---|

| | | | |
|---|--|--|---|
| 9a. DATE OF INCIDENT SPECIMEN COLLECTION (DISC): _____ 9b. TIME OF DISC: _____ | 10. ORGANISM: Carbapenem-Resistant <i>Enterobacteriales</i> (CRE) <i>Escherichia coli</i> <i>Klebsiella pneumoniae</i> <i>Klebsiella oxytoca</i> <i>Klebsiella aerogenes</i> <i>Enterobacter cloacae</i> | Extended-Spectrum Beta-Lactamase-producing <i>Enterobacteriales</i> (ESBL-E) <i>Escherichia coli</i> <i>Klebsiella pneumoniae</i> <i>Klebsiella oxytoca</i> | Carbapenem-Resistant <i>A. baumannii</i> (CRAB) Invasive <i>Escherichia coli</i> (iEC) (not CRE or ESBL-E) |
|---|--|--|---|

| 11. INCIDENT SPECIMEN COLLECTION SITE: | | |
|--|---|---|
| Blood Bone Bronchoalveolar lavage (CRAB only, complete Q23c) CSF Internal body site (specify): _____ | Muscle Peritoneal fluid Pericardial fluid Pleural fluid Joint/synovial fluid Sputum (CRAB only, complete Q23c) Tracheal aspirate (CRAB only, complete Q23c) | Urine Wound (specify): _____ (CRAB only) Other LRT site (specify): _____ (CRAB only, complete Q23c) Other normally sterile site (specify): _____ |

| 12. LOCATION OF SPECIMEN COLLECTION: | 13. WHERE WAS THE PATIENT LOCATED ON THE 3RD CALENDAR DAY BEFORE THE DISC? | | | | | | | | | | | | | | | |
|--|--|---|------|--------------------|--------------------|--------------------|--|---|---|--|---|-----------------------------|--|--|---|--|
| <table border="0" style="width:100%;"> <tr> <th>OUTPATIENT</th> <th>INPATIENT</th> <th>LTCF</th> </tr> <tr> <td>Facility ID: _____</td> <td>Facility ID: _____</td> <td>Facility ID: _____</td> </tr> <tr> <td>Emergency room Clinic/Doctor's office Dialysis center Surgery Observational/ Clinical decision unit Other outpatient</td> <td>ICU OR Radiology Other inpatient</td> <td>LTACH Facility ID: _____ Autopsy Other (Specify): <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Unknown</td> </tr> </table> | OUTPATIENT | INPATIENT | LTCF | Facility ID: _____ | Facility ID: _____ | Facility ID: _____ | Emergency room Clinic/Doctor's office Dialysis center Surgery Observational/ Clinical decision unit Other outpatient | ICU OR Radiology Other inpatient | LTACH Facility ID: _____ Autopsy Other (Specify): <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Unknown | <table border="0" style="width:100%;"> <tr> <td>Private residence LTCF Facility ID: _____</td> <td>LTACH Facility ID: _____</td> </tr> <tr> <td>Hospital inpatient Facility ID: _____</td> <td>Homeless Incarcerated Other (specify): <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Unknown</td> </tr> <tr> <td colspan="2">Was the patient transferred from this hospital? Yes No Unknown</td> </tr> </table> | Private residence LTCF Facility ID: _____ | LTACH Facility ID: _____ | Hospital inpatient Facility ID: _____ | Homeless Incarcerated Other (specify): <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Unknown | Was the patient transferred from this hospital? Yes No Unknown | |
| OUTPATIENT | INPATIENT | LTCF | | | | | | | | | | | | | | |
| Facility ID: _____ | Facility ID: _____ | Facility ID: _____ | | | | | | | | | | | | | | |
| Emergency room Clinic/Doctor's office Dialysis center Surgery Observational/ Clinical decision unit Other outpatient | ICU OR Radiology Other inpatient | LTACH Facility ID: _____ Autopsy Other (Specify): <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Unknown | | | | | | | | | | | | | | |
| Private residence LTCF Facility ID: _____ | LTACH Facility ID: _____ | | | | | | | | | | | | | | | |
| Hospital inpatient Facility ID: _____ | Homeless Incarcerated Other (specify): <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Unknown | | | | | | | | | | | | | | | |
| Was the patient transferred from this hospital? Yes No Unknown | | | | | | | | | | | | | | | | |

| |
|---|
| 14. WAS THE PATIENT HOSPITALIZED ON THE DAY OF OR IN THE 29 CALENDAR DAYS AFTER THE DISC? Yes No Unknown |
| IF YES, DATE OF ADMISSION: _____ |

| |
|---|
| 15a. WAS THE PATIENT IN AN ICU IN THE 7 DAYS BEFORE THE DISC? Yes No Unknown |
| IF YES, DATE OF ICU ADMISSION: _____ OR Date unknown |

| |
|--|
| 15b. WAS THE PATIENT IN AN ICU ON THE DAY OF INCIDENT SPECIMEN COLLECTION OR IN THE 6 DAYS AFTER THE DISC? Yes No Unknown |
| IF YES, DATE OF ICU ADMISSION: _____ OR Date unknown |

Public reporting burden of this collection of information is estimated to average 28 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-XXXX).

16. PATIENT OUTCOME:

Survived **DATE OF DISCHARGE:** _____ OR **IF SURVIVED, DISCHARGED TO:**

Died Date unknown Private residence Other (specify): _____

Unknown Left against medical advice (AMA) LTCF, Facility ID: _____ Unknown

DATE OF DEATH: _____ OR Date unknown LTACH, Facility ID: _____

17a. TYPES OF INFECTION ASSOCIATED WITH CULTURE(S): (Check all that apply) None Colonized Unknown

| | | | |
|-------------------------------------|--------------------------|---------------------------------------|------------------------------------|
| Abscess, not skin | Decubitus/pressure ulcer | Pneumonia (CRAB cases, complete Q23c) | Skin abscess |
| AV fistula/graft infection | Empyema | Pyelonephritis | Surgical incision infection |
| Bacteremia | Endocarditis | Sepsis | Surgical site infection (internal) |
| Bursitis | Epidural abscess | Urosepsis | Traumatic wound |
| Catheter site infection (CVC) | Meningitis | Septic arthritis | Urinary tract infection |
| Cellulitis | Osteomyelitis | Septic emboli | Other (specify): _____ |
| Chronic ulcer/wound (not decubitus) | Peritonitis | Septic shock | _____ |

| | |
|----------------------------|---|
| 17b. RECURRENT UTI: | 17c. WAS THE PATIENT TREATED FOR THE MUGSI ORGANISM? |
| Yes No Unknown | Yes No Unknown |

18. UNDERLYING CONDITIONS: (Check all that apply) None Unknown

| | | | |
|---|---|--|---|
| CHRONIC LUNG DISEASE Cystic fibrosis Chronic pulmonary disease | IMMUNOCOMPROMISED CONDITION HIV infection AIDS/CD4 count < 200 Primary immunodeficiency Transplant, hematopoietic stem cell Transplant, solid organ | NEUROLOGIC CONDITION Cerebral palsy Chronic cognitive deficit Dementia Epilepsy/seizure/seizure disorder Multiple sclerosis Neuropathy Parkinson's disease Other (specify): _____ | SKIN CONDITION Burn Decubitus/pressure ulcer Surgical wound Other chronic ulcer or chronic wound Other (specify): _____ |
| CHRONIC METABOLIC DISEASE Diabetes mellitus With chronic complications | LIVER DISEASE Chronic liver disease Ascites Cirrhosis Hepatic encephalopathy Variceal bleeding | PLEGIAS/PARALYSIS Hemiplegia Paraplegia Quadriplegia | OTHER Connective tissue disease Obesity or morbid obesity Pregnant |
| CARDIOVASCULAR DISEASE CVA/Stroke/TIA Congenital heart disease Congestive heart failure Myocardial infarction Peripheral vascular disease (PVD) | Hepatitis C Treated, in SVR Current, chronic | RENAL DISEASE Chronic kidney disease Lowest serum creatinine: _____ mg/DL Unknown or not done | MUGSI CONDITIONS Urinary tract problems/ abnormalities Premature birth Spina bifida |
| GASTROINTESTINAL DISEASE Diverticular disease Inflammatory bowel disease Peptic ulcer disease Short gut syndrome | MALIGNANCY Malignancy, hematologic Malignancy, solid organ (non-metastatic) Malignancy, solid organ (metastatic) | | |

19. SUBSTANCE USE

| | | | | |
|--|---------|----------------------------|-----------|--------------------------|
| SMOKING: (Check all that apply) | None | Tobacco | Marijuana | ALCOHOL ABUSE: |
| | Unknown | E-nicotine delivery system | | Yes No Unknown |

OTHER SUBSTANCES: (Check all that apply) None Unknown

| | DUD/ ABUSE | MODE OF DELIVERY (Check all that apply) | | | |
|---|--------------|---|--------------|---------|---------|
| Marijuana, cannabinoid (other than smoking) | DUD or abuse | IDU | Skin popping | Non-IDU | Unknown |
| Opioid, DEA schedule I (e.g., heroin) | DUD or abuse | IDU | Skin popping | Non-IDU | Unknown |
| Opioid, DEA schedule II-IV (e.g., methadone, oxycodone) | DUD or abuse | IDU | Skin popping | Non-IDU | Unknown |
| Opioid, NOS | DUD or abuse | IDU | Skin popping | Non-IDU | Unknown |
| Cocaine | DUD or abuse | IDU | Skin popping | Non-IDU | Unknown |
| Methamphetamine | DUD or abuse | IDU | Skin popping | Non-IDU | Unknown |
| Other (specify): _____ | DUD or abuse | IDU | Skin popping | Non-IDU | Unknown |
| Unknown substance | DUD or abuse | IDU | Skin popping | Non-IDU | Unknown |

DURING THE CURRENT HOSPITALIZATION, DID THE PATIENT RECEIVE MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER?

Yes No N/A (patient not hospitalized or did not have DUD)

| | | | | |
|--|---|--|---------------------------|------------------------|
| 20. RISK FACTORS: <i>(Check all that apply)</i> | | None | Unknown | |
| WAS INCIDENT SPECIMEN COLLECTED 3 OR MORE CALENDAR DAYS AFTER HOSPITAL ADMISSION? | | Yes | No | |
| PREVIOUS HOSPITALIZATION IN THE YEAR BEFORE DISC | | Yes | No | Unknown |
| IF YES, DATE OF DISCHARGE CLOSEST TO DISC: _____ OR, DATE UNKNOWN | | | | Facility ID: _____ |
| OVERNIGHT STAY IN LTCF IN THE YEAR BEFORE DISC: | | Yes | No | Unknown |
| OVERNIGHT STAY IN LTACH IN THE YEAR BEFORE DISC: | | Yes | No | Unknown |
| SURGERY IN THE YEAR BEFORE DISC: | | Yes | No | Unknown |
| INVASIVE OR DIAGNOSTIC UROLOGIC PROCEDURE IN THE YEAR BEFORE DISC: | | Yes | No | Unknown |
| IF YES, CHECK ALL THAT APPLY: | | Prostate procedure | Cystoscopy | Other |
| CURRENT CHRONIC DIALYSIS: | | Yes | No | Unknown |
| IF YES, TYPE: | | Hemodialysis | Peritoneal | Unknown |
| IF HEMODIALYSIS, TYPE OF VASCULAR ACCESS: | | AV fistula/graft | Hemodialysis central line | Unknown |
| CENTRAL LINE IN PLACE ON THE DISC (UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC: | | Yes | No | Unknown |
| Check here if central line in place for > 2 calendar days | | | | |
| URINARY CATHETER IN PLACE ON THE DISC (UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC: | | Yes | No | Unknown |
| IF YES, CHECK ALL THAT APPLY: | | Indwelling Urethral Catheter | Condom Catheter | |
| | | Suprapubic Catheter | Other (specify): _____ | |
| ANY OTHER INDWELLING DEVICE IN PLACE ON THE DISC UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC: | | Yes | No | Unknown |
| IF YES, CHECK ALL THAT APPLY: | | ET/NT Tube | NG Tube | Nephrostomy Tube |
| | | Gastrostomy Tube | Tracheostomy | Other (specify): _____ |
| PATIENT TRAVELED INTERNATIONALLY IN THE YEAR BEFORE DISC: | | Yes | No | Unknown |
| COUNTRY(IES): _____ | | | | |
| PATIENT HOSPITALIZED WHILE VISITING COUNTRY(IES) ABOVE: | | Yes | No | Unknown |
| 21a. WEIGHT: | | 21b. HEIGHT: | | 21c. BMI: |
| _____ lbs. _____ oz. OR _____ kg | | _____ ft. _____ in. OR _____ cm | | _____ Unknown |
| URINE CULTURES ONLY: | | | | |
| 22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER? | | Yes | No | Unknown |
| URINE CULTURES ONLY: | | | | |
| 22b. RECORD THE COLONY COUNT: _____ | | | | |
| URINE CULTURES ONLY: | | | | |
| 22c. SIGNS AND SYMPTOMS ASSOCIATED WITH URINE CULTURE | | | | |
| Please indicate if any of the following symptoms were reported during the 5 day time period including the 2 calendar days before through the 2 calendar days after the DISC. | | | | |
| None | Fever [temperature \geq 100.4 °F (38 °C)] | Symptoms for patients \leq 1 year of age only: | | |
| Unknown | Frequency | Apnea | Lethargy | |
| Costovertebral angle pain or tenderness | Suprapubic tenderness | Bradycardia | Vomiting | |
| Dysuria | Urgency | | | |
| Complete questions 23a-23b ONLY for A. BAUMANNII cases: | | | | |
| 23a. DID THE PATIENT HAVE A SPUTUM CULTURE POSITIVE FOR CRAB IN THE 30 DAYS BEFORE THE DISC? | | Yes | No | Unknown |
| | | | | N/A |
| 23b. RISK FACTORS PRIOR TO CRAB DISC: <i>(Check all that apply)</i> | | | | |
| Non-invasive positive pressure ventilation (CPAP or BiPAP) at any time in the 7 calendar days before the DISC | | | | |
| Nebulizer treatment at any time in the 7 calendar days before the DISC | | | | |
| Mechanical ventilation at any time in the 7 calendar days before the DISC | | | | |
| Visited a wound care clinic at any time in the year before the DISC | | | | |
| None of the above | | | | |

Complete question 23c ONLY for A. BAUMANNII cases from LRT site cultures or for non-LRT cultures where pneumonia is marked in question 17a.

23c. CHEST RADIOLOGY FINDINGS: (Check all that apply)

| | | | |
|--|------------------------------------|------------------|--------------------------|
| Not done | Ground glass opacities/infiltrates | Consolidation | Nodules |
| No report available | Bronchopneumonia/pneumonia | Infiltrate | No evidence of pneumonia |
| Acute respiratory distress syndrome (ARDS) | Cannot rule out pneumonia | Pleural effusion | |
| Air space density/opacity | Cavitation | | |

24a. IS ANTIMICROBIAL USE (IV OR ORAL) IN THE 30 DAYS BEFORE THE DISC DOCUMENTED? Yes No Unknown

24b. IF YES, CHECK ALL ANTIMICROBIALS USED IN THE 30 DAYS BEFORE THE DISC: (Check all that apply) Unknown

| | | | |
|-----------------------------|------------------------|-------------------------|-------------------------------|
| Amikacin | Ceftazidime | Fidaxomicin | Rifaximin |
| Amoxicillin | Ceftazidime/avibactam | Fosfomycin | Tedizolid |
| Amoxicillin/clavulanic acid | Ceftizoxime | Gentamicin | Telavancin |
| Ampicillin | Ceftolozane/tazobactam | Imipenem/cilastatin | Tigecycline |
| Ampicillin/sulbactam | Ceftriaxone | Levofloxacin | Tobramycin |
| Azithromycin | Cefuroxime | Linezolid | Trimethoprim |
| Aztreonam | Cephalexin | Meropenem | Trimethoprim/sulfamethoxazole |
| Cefadroxil | Ciprofloxacin | Meropenem/vaborbactam | Vancomycin |
| Cefazolin | Clarithromycin | Metronidazole | IV |
| Cefdinir | Clindamycin | Moxifloxacin | PO |
| Cefepime | Dalbavancin | Nitrofurantoin | Other (specify): |
| Cefiderocol | Daptomycin | Omadacycline | _____ |
| Cefixime | Delafloxacin | Oritavancin | Other (specify): |
| Cefotaxime | Doripenem | Penicillin | _____ |
| Cefoxitin | Doxycycline | Piperacillin/tazobactam | |
| Cefpodoxime | Ertapenem | Polymyxin B | |
| Ceftaroline | Eravacycline | Polymyxin E (colistin) | |

REMINDER: Any prior antimicrobial use that is not noted above should be documented in the other (specify) field.

25a. DID THE PATIENT HAVE A POSITIVE TEST(S) FOR SARS-CoV-2 (MOLECULAR ASSAY, ANTIGEN, OR OTHER VIRAL TEST, EXCLUDING SEROLOGY) IN THE 90 DAYS BEFORE OR DAY OF THE DISC?

Yes No Unknown

25b. SPECIMEN COLLECTION DATES FOR POSITIVE TESTS IN THE 90 DAYS BEFORE OR THE DAY OF THE DISC:

First positive test: _____ or Date unknown **Most recent positive test:** _____ or Date unknown

25c. COVID-NET CASE ID IN THE YEAR BEFORE OR DAY OF DISC: _____ None or N/A

26. WAS THE INCIDENT SPECIMEN POLYMICROBIAL? Yes No Unknown

27a. WAS THE INCIDENT SPECIMEN TESTED FOR CARBAPENEMASE GENES? Yes No Laboratory not testing Unknown

27b. IF YES, WHAT TESTING METHOD WAS USED? (Check all that apply)

Non-Molecular Test Methods:

| | |
|---|---------------------------|
| CarbaNP | Modified Hodge Test (MHT) |
| Carbapenemase Inactivation Method (CIM) | RAPIDEC |
| CPO Detect | Other (specify): _____ |
| Disk Diffusion/ROSCO Disk | Unknown |
| E-test | |
| Modified Carbapenemase Inactivation Method (mCIM) | |

Molecular Test Methods:

| | |
|---|------------------------|
| Automated Molecular Assay | Streck ARM-D |
| Carba-R | Other (specify): _____ |
| Check Points | |
| MALDI-TOF MS | Unknown |
| Next Generation Nucleic Acid Sequencing | |
| PCR | |

27c. IF TESTED, WHAT WAS THE TESTING RESULT?

Non-Molecular Test Results:

Positive
Indeterminate
Negative
Unknown

Molecular Test Results:

NDM
KPC
OXA (specify): _____
VIM
IMP
Other carbapenemase gene (specify): _____

| | | | |
|-----|-----|-----|-----|
| Pos | Neg | Ind | Unk |
| Pos | Neg | Ind | Unk |
| Pos | Neg | Ind | Unk |
| Pos | Neg | Ind | Unk |
| Pos | Neg | Ind | Unk |
| Pos | Neg | Ind | Unk |

28a. WAS THE INCIDENT SPECIMEN TESTED FOR ESBL PRODUCTION OR OTHER BETA-LACTAMASE GENES?

- Yes
- No
- Laboratory not testing
- Unknown

28b. IF TESTED, WHAT TESTING METHOD WAS USED? (Check all that apply):

28c. IF TESTED, WHAT WAS THE RESULT?

Broth Microdilution (ATI detection)

ESBL well

Expert rule (ATI flag)

Unknown

Broth Microdilution (Manual)

Disk Diffusion

E-test

Molecular test (specify): _____

Gene variant (specify): _____

Other non-molecular test (specify): _____

Pos Neg Ind Unk

Pos Neg Ind Unk

Pos Neg Ind Unk

Pos Neg Ind Unk

Pos Neg Ind Unk

Pos Neg Ind Unk

Pos Neg Ind Unk

Pos Neg Ind Unk

29. SUSCEPTIBILITY RESULTS:

Please complete the table below based on the information found in the indicated data source.

| Antibiotic | Data source: | Data source: | Data source: | Data source: | Data source: | Data source: |
|-------------------------------|----------------------|----------------|----------------------|----------------|----------------------|----------------|
| | MIC or zone diameter | Interpretation | MIC or zone diameter | Interpretation | MIC or zone diameter | Interpretation |
| Amikacin | | | | | | |
| Amoxicillin/Clavulanate | | | | | | |
| Ampicillin | | | | | | |
| Ampicillin/Sulbactam | | | | | | |
| Aztreonam | | | | | | |
| Cefazolin | | | | | | |
| Cefepime | | | | | | |
| Cefiderocol | | | | | | |
| Cefotaxime | | | | | | |
| Cefoxitin | | | | | | |
| Ceftazidime | | | | | | |
| Ceftazidime/Avibactam | | | | | | |
| Ceftolozane/Tazobactam | | | | | | |
| Ceftriaxone | | | | | | |
| Cephalothin | | | | | | |
| Ciprofloxacin | | | | | | |
| Colistin | | | | | | |
| Doripenem | | | | | | |
| Doxycycline | | | | | | |
| Eravacycline | | | | | | |
| Ertapenem | | | | | | |
| Fosfomycin | | | | | | |
| Gentamicin | | | | | | |
| Imipenem | | | | | | |
| Imipenem-relebactam | | | | | | |
| Levofloxacin | | | | | | |
| Meropenem | | | | | | |
| Meropenem-vaborbactam | | | | | | |
| Minocycline | | | | | | |
| Moxifloxacin | | | | | | |
| Nitrofurantoin | | | | | | |
| Omadacycline | | | | | | |
| Piperacillin/Tazobactam | | | | | | |
| Plazomicin | | | | | | |
| Polymyxin B | | | | | | |
| Rifampin | | | | | | |
| Tetracycline | | | | | | |
| Tigecycline | | | | | | |
| Tobramycin | | | | | | |
| Trimethoprim-sulfamethoxazole | | | | | | |

| | | | |
|--|---|--|--|
| <p>30a. WAS THE CASE FIRST IDENTIFIED THROUGH AN AUDIT?</p> <p>Yes No</p> | <p>30b. CRF STATUS:</p> <p>Complete Pending Chart unavailable after 3 requests Complete – pending data</p> | <p>30c. SO INITIALS:</p> <p>_____</p> | <p>30d. DATE OF ABSTRACTION:</p> <p>_____</p> |
|--|---|--|--|

30e. COMMENTS:
