Patient's Chart Number/Medical Record Number: 
Facility Type: 
Facility: 
Address: 
Phone: 
Location: 
Specify: 
Single room setting? 
☐ Yes ☐ No ☐ Unknown 
Start Date of Contact Precautions: 
Date of illness onset: 
Invasive medical procedures within the past 6 months?: 
☐ Yes ☐ No ☐ Unknown 
<table>
<thead>
<tr>
<th>Type</th>
<th>Location</th>
<th>Date</th>
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</table>
Invasive device(s) at the time of specimen collection: 
☐ Central Venous Line 
☐ Urinary Catheter 
☐ Endoscope 
Specify: 
☐ Mechanical Ventilator 
☐ Wound V.A.C. 
☐ None 
☐ Unknown 
☐ Other 
Specify: 
Preexisting condition(s) at the time of specimen collection: 
☐ Chronic renal insufficiency 
☐ Diabetes mellitus 
☐ Emphysema/COPD 
☐ Heart Failure/CHF 
☐ Malignancy-hematologic 
☐ Malignancy-solid organ 
☐ Para/Hemi/Quadri-plegia 
☐ None 
☐ Unknown 
☐ Other 
Specify: 
Antibiotic use within the past 6 months?: 
☐ Yes ☐ No ☐ Unknown 
<table>
<thead>
<tr>
<th>Type</th>
<th>Start Date</th>
<th>End Date</th>
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Section 3: Diagnostic Tests 
Specimen sent to ISDH for confirmation?
Enter all antibiotics tested and the results. This information determines the case definition of CP-CRE.

Note: Minimal Inhibitory Concentration (MIC)

Was the specimen and susceptibility information provided for CRE:

<table>
<thead>
<tr>
<th>Specimen Date</th>
<th>Specimen Type</th>
<th>Specimen Source</th>
<th>Organism</th>
<th>Resistance Mechanism</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>MIC</th>
<th>Susceptibility Result</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</thead>
<tbody>
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</table>

Section 4: Epidemiologic Information

1. Was the specimen obtained?

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Facility Address</th>
<th>Contact Name</th>
<th>Contact Phone</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

2. Was the patient hospitalized within the past 3 months in Acute Care Facility?

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Facility Address</th>
<th>Contact Name</th>
<th>Contact Phone</th>
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</thead>
<tbody>
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</table>

3. Was the patient hospitalized within the past 3 months in Long Term Acute Care Facility?

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Facility Address</th>
<th>Contact Name</th>
<th>Contact Phone</th>
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4. Was the patient resident in a Long Term Care Facility (e.g. nursing home)?

<table>
<thead>
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<th>Facility Address</th>
<th>Contact Name</th>
<th>Contact Phone</th>
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5. Travel outside of the United States?

<table>
<thead>
<tr>
<th>Location</th>
<th>Departure</th>
<th>Return</th>
</tr>
</thead>
<tbody>
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6. Did the patient receive medical treatment or hospitalization outside the US in the past 6 months?
   - Yes
   - No
   - Unknown

   **Location:**
   
   **Reason or procedure:**
   

7. Past medical history of CRE infection or colonization?
   - Yes
   - No
   - Unknown

   **Date:**
   

8. Current admitted patient transferred from:
   - Long Term Care Facility/Skilled Nursing Facility
   - Long Term Acute Care Facility
   - Acute Care Facility
   - Rehabilitation Facility
   - Home
   - Other
   
   **Specify:**
   

   Current admitted patient transferred to:
   - Long Term Care Facility/Skilled Nursing Facility
   - Long Term Acute Care Facility
   - Acute Care Facility
   - Rehabilitation Facility
   - Home
   - Other
   
   **Specify:**
   

9. History of multidrug-resistant organism (MDRO) infection or colonization within the past 3 months:
   - MRSA
   - VRSA
   - VRE
   - None (MDRO)
   - Unknown (MDRO)
   - Other (MDRO)
   
   **Specify:**
   

**Section 5: Comments**

**Comments:**

---

**Interviewee:**

**Specify:**