NHSN
National Healthcare
Safety Network

Laboratory-identified MDRO or CDI Event

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*required for saving	
Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last: First: Middle:	
*Gender: M F	*Date of Birth:
Ethnicity (Specify):	Race (Specify):

Event Details

*Event Type: LabID	*Date Specimen Collected:

*Specific Organism Type: (Check one)

☐ MRSA   ☐ MSSA   ☐ VRE   ☐ *C. difficile*

☐ CephR-*Klebsiella*   ☐ CRE-*E. coli*   ☐ CRE-*Klebsiella*   ☐ MDR-*Acinetobacter*

*Outpatient: Yes No	*Specimen Body Site/System:	*Specimen Source:
*Date Admitted to Facility:	*Location:	*Date Admitted to Location:

*Has patient been discharged from your facility in the past 3 months?   Yes   No

   If Yes, date of last discharge from your facility:

Custom Fields

Label		Label	
_____	___/___/____	_____	___/___/____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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Comments