

## CARBAPENEM-RESISTANT ENTEROBACTERIACEAE (CRE) CASE REPORT FORM



Acute Communicable Disease Control 313 N. Figueroa St., Rm. 212, Los Angeles, CA 90012 213-240-7941 (phone) 213-482-4856 (facsimile) www.publichealth.lacounty.gov/acd

## For use by Skilled Nursing Facilities only

Fax completed form and laboratory results to Morbidity Unit at (888) 397-3778

ORGANISM IDENTIFIED:	Klebsiella spp. OR	□ Escherichia coli	OR 🗆 🛭	Enterobacter spp.		
Patient Name-Last	First	Middl	e Initial [	Date of Birth	Age	
Permanent Home Address- Number, Street		City, State, Z	ip Code		Patient Phone Number	
·					☐ Non-Binary or X	
Patient's sexual orientation? (check one)  Gay or Lesbian Bisexual Straight or Heterosexual Not sure Something else:  Don't understand the question Prefer not to answer						
Patient's race or ethnicity? (check all that apply)  White Hispanic/Latino/Spanish origin Black/African American Asian American Indian/Alaskan Native Other: Refused						
HEALTHCARE PRESENTATION						
Skilled Nursing Facility (SNF) Name	led Nursing Facility (SNF) Name SNF Address- Number, Street					
SNF City, State, Zip Code	SNF Phone Number	Date of first admission:	Date of current admission:			
For the current admission, where was the resident admitted from?						
☐ Hospital ☐ Long-Term Acute Care (LTAC) ☐ Other SNF ☐ Home Specify Facility Name:						
Has the resident been discharged from a healthcare facility in the 4 weeks prior to their current positive test?						
If Yes, What type of facility?   Hospital  LTAC  Other SNF Specify Facility Name:						
Disposition:   Current resident						
☐ Discharged to: (☐ Hospital ☐ LTAC ☐ Another SNF ☐ Home) If Discharged, Date of discharge:						
☐ Died - Date of death:						
DIAGNOSTIC TESTS (Attach laboratory results - REQUIRED)						
Specimen collection date:	Specimen source:	Blood Sputum Urine Rectal swab	☐ Wound: (☐ sterile site <b>OR</b> ☐ non-sterile site) ☐ Other:			
Laboratory Name	Address- Number, Stree	et	City, State,	Zip Code	Laboratory Phone	
Was the bacterial isolate tested for the prese	ence of a carbapenemase?	Yes No Unkn	iown	"		
If Yes, Which tests were performed (check all that apply): Broth MIC PCR E-test Carba-NP Modified Hodge Test (MHT)						
Unknown Other:						
What carbapenemase was detected <i>(check all that apply)</i> :  ☐ Klebsiella pneumoniae carbapenemase (KPC) ☐ New Delhi metallo-β-lactamase (NDM) ☐ Imipenemase (IMP) ☐ OXA-48-like						
☐ Klebsiella pneumoniae carbapenemase (KPC) ☐ New Delhi metallo-β-lactamase (NDM) ☐ Imipenemase (IMP) ☐ OXA-48-like ☐ Verona integron-encoded metallo-β-lactamase (VIM) ☐ Negative/none detected ☐ Other specify:						
REMARKS						
SUBMITTER INFORMATION						
Submitter Name	Title		Phor	ne Number	Date Completed	