County of Los Angeles Public Health

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

CARBAPENEM-RESISTANT ENTEROBACTERIACEAE (CRE) CASE REPORT FORM

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	Middle Initial	Date of Birth ___/___/_____	Age	Sex

Permanent Home Address- Number, Street	City, State, Zip Code	Patient Phone Number ( )

Race (check one)

☐ African-American/Black ☐ Asian/Pacific Islander ☐ Native American ☐ White ☐ Other:_____

Ethnicity (check one)

☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latinc

HEALTHCARE PRESENTATION

Skilled 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: _____

Was the resident admitted from a healthcare facility in the 4 weeks prior to their current positive test? ☐ Yes ☐ No ☐ Unknown

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 ☐ Wound: (☐ sterile site **OR** ☐ non-sterile site) ☐ Urine ☐ Rectal swab ☐ Other: _____		
Laboratory Name	Address- Number, Street	City, State, Zip Code	Laboratory Phone ( )

Was the bacterial isolate tested for the presence of a carbapenemase? ☐ Yes ☐ No ☐ Unknown

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 *(check all that apply)*:

☐ *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	Phone Number ( )	Date Completed ___/___/_____