NHSN
NATIONAL HEALTHCARE
SAFETY NETWORK

Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2026
www.cdc.gov/nhsn

Laboratory-identified MDRO or CDI Event

Instructions for this form are available at: http://www.cdc.gov/nhsn/forms/instr/57_128.pdf

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Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:　　　　　　First:	Middle:
*Sex: F M	*Date of Birth:
Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond	Race (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond
Language: (Specify)	Interpreter needed: Yes No Declined to Respond Unknown

Event Details

*Event Type: LabID	*Date Specimen Collected:

*Specific Organism Type: (Check one)

☐ MDR-*Acinetobacter*　☐ *C. difficile*　☐ CephR-*Klebsiella*　☐ CRE-*E. coli*　☐ CRE-*Enterobacter*

☐ VRE

☐ CRE-*Klebsiella*　☐ MRSA　☐ MSSA

**Was the bacterial isolate tested for carbapenemase?　☐ Yes　☐ No　☐ Unknown

If Yes, which test(s) were done? (check all that apply)

☐ Polymerase chain reaction – Klebsiella pneumoniae carbapenemase (PCR-KPC)

☐ Polymerase chain reaction – New Delhi metallo-β-lactamase (PCR-NDM)

☐ Polymerase chain reaction – Imipenemase (PCR-IMP)

☐ Polymerase chain reaction – Verona Integron-encoded metallo-β-lactamase (PCR-VIM)

☐ Polymerase chain reaction – Oxacillinase-48 like (PCR-OXA-48-like)

☐ Modified Hodge Test (MHT)

☐ Carba NP (CNP)

☐ Metallo-β-lactamase E-test (MBLe)

☐ Metallo-β-lactamase screen (MBLs)

☐ Other: (please specify): _____

☐ Unknown

**Did the isolate test positive for carbapenemase?　☐ Yes　☐ No　☐ Unknown

If Yes, please identify which carbapenemase(s) were identified (check all that apply):

☐ Klebsiella pneumoniae carbapenemase (KPC)

☐ New Delhi metallo-β-lactamase (NDM)

☐ Imipenemase (IMP)

☐ Verona Integron-encoded metallo-β-lactamase (VIM)

☐ Oxacillinase-48 like (OXA-48-like)

☐ Nonspecific carbapenemase activity (e.g., MHT or Carba NP) (NS-Carba)

☐ Nonspecific metallo-β-lactamase activity (e.g., MBL E-test or MBL screen) (NS-MBL)

☐ Other: (please specify): _____

☐ Unknown

CDC 57.128 Rev 8, v8.6

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Event Details (continued)

*Outpatient: ☐ Yes ☐ No

*Specimen Body Site/System:	*Specimen Source:

*Date Admitted to Facility: _____	*Location:	*Date Admitted to Location: _____

Last physical overnight location of patient immediately prior to arriving into facility (applies to specimen(s) collected in outpatient setting or <4 days after inpatient admission) (Check one):

☐ Nursing Home/Skilled Nursing Facility

☐ Personal residence/Residential care

☐ Other Inpatient Healthcare Setting (i.e., acute care hospital, IRF, LTAC, etc.)

☐ Unknown

Has patient been discharged from <u>your</u> facility in the past 4 weeks? ☐ Yes ☐ No

  If Yes, date of last discharge from your facility:_____

Has patient been discharged from <u>another</u> facility in the past 4 weeks? ☐ Yes ☐ No ☐ Unknown

  If Yes, from where (Check all that apply):

☐ Nursing Home/Skilled Nursing Facility

☐ Other Inpatient Healthcare Setting (i.e., acute care hospital, IRF, LTAC, etc.)

Custom Fields

Label	Label
_____ ___/___/___	_____ ___/___/___
_____ _____	_____ _____
_____ _____	_____ _____

Comments