

BSI Case Report Form

Surveillance unit Number _____	Case ID: _____
Case Type _____	
Patient Name _____	
Medical record Number: _____	

Hospital Name: _____

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (DD/MM/YYYY): __/__/__ Age (Years): ____ <input type="checkbox"/> Age/DOB (Unknown)	Birth weight: _____ grams (NICU only)
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Date of hospital admission: ____/____/____ Date of admission to surveillance unit: ____/____/____

Location prior to hospital admission: Home / Community Another hospital Unknown

Linked Case ID (**autogenerated**) do not fill on Hard copy. **Only to be filled on software**

1. BSI Details

Type of laboratory-confirmed BSI	<input type="checkbox"/> Recognized Pathogen <input type="checkbox"/> Common Commensal (from ≥ 2 blood cultures)
Date of event (<i>dd/mm/yyyy</i>):	____/____/____

Fill out culture results in Section 5, Organisms and Antibiotic Susceptibility

2. Invasive Devices: Central Lines

Did the patient have a central line in place at any time on <ul style="list-style-type: none"> • The date of event or • The day before the date of event? 	<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>skip to 3, Infections at Other Body Sites</i>)
If YES , was the central line in place for >2 calendar days?	<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>skip to 3, Infections at Other Body Sites</i>)
If YES , type(s) of central line(s) in place <i>(check all that apply)</i>	<input type="checkbox"/> Non-tunneled short-term catheter (e.g., double or triple lumen) <input type="checkbox"/> Peripherally inserted central catheter (PICC) <input type="checkbox"/> Port-a-cath <input type="checkbox"/> Hemodialysis catheter <input type="checkbox"/> Tunneled catheter <input type="checkbox"/> Umbilical catheter <input type="checkbox"/> Other, specify: _____
Location(s) of central line(s) in place <i>(check all that apply)</i>	<input type="checkbox"/> Jugular <input type="checkbox"/> Brachial <input type="checkbox"/> Subclavian <input type="checkbox"/> Umbilical <input type="checkbox"/> Femoral <input type="checkbox"/> Other, specify: _____

3. Infections at Other Body Sites

Was a positive, matching culture obtained from another body site(s) during the Secondary BSI Attribution Period?	<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>skip to 4, Outcome</i>) <input type="checkbox"/> Unknown
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	Specimen Collected	Date of Collection	Organism
If YES , specify specimen(s) collected, date(s) of culture, and organism(s).	1.		
	2.		
	3.		
	4.		
	5.		

4. Outcome

Patient status at end of 14 days after DOE (Where DOE = Day 1)	<input type="checkbox"/> Still in surveillance unit <input type="checkbox"/> Transferred to other hospital <input type="checkbox"/> Transferred to other ward/unit within the hospital <input type="checkbox"/> Discharged <input type="checkbox"/> LAMA <input type="checkbox"/> Died <input type="checkbox"/> Unknown	Date of discharge, transfer, or death: ____/____/____
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Patient outcome at end of hospitalization	<input type="checkbox"/> Discharged <input type="checkbox"/> Transferred to other hospital <input type="checkbox"/> LAMA <input type="checkbox"/> Died <input type="checkbox"/> Unknown	Date of discharge, transfer, or death: ____/____/____
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5. Organisms and Antibiotic Susceptibility

Date of sample collection	Organism	Drugs				
_____	<i>Staphylococcus epidermidis</i>	OX SIRN	CEFOX SIRN	METH SIRN	CLIND SIRN	DAPTO SIRN
		VANC SIRN	OTHER DRUG 1 SIRN	OTHER DRUG 2 SIRN	OTHER DRUG 3 SIRN	OTHER DRUG 4 SIRN
		OTHER DRUG 5 SIRN				
_____	<i>Staphylococcus haemolyticus</i>	OX SIRN	CEFOX SIRN	METH SIRN	CLIND SIRN	DAPTO SIRN
		VANC SIRN	OTHER DRUG 1 SIRN	OTHER DRUG 2 SIRN	OTHER DRUG 3 SIRN	OTHER DRUG 4 SIRN
		OTHER DRUG 5 SIRN				

_____	<i>Staphylococcus hominis</i>	OX S I R N	CEFOX S I R N	METH S I R N	CLIND S I R N	DAPTO S I R N
		VANC S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N
		OTHER DRUG 5 S I R N				
_____	<i>Staphylococcus, other coagulase-</i>	OX S I R N	CEFOX S I R N	METH S I R N	CLIND S I R N	DAPTO S I R N
		VANC S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N
		OTHER DRUG 5 S I R N				
_____	<i>Enterococcus Faecium</i>	AMP S I R N	DAPTO S I R N	GENTHL§ S I R N	CIPRO S I R N	LNZ S I R N
		TEICO S I R N	VANC S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N
		OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N			
_____	<i>Enterococcus faecalis</i>	AMP S I R N	DAPTO S I R N	GENTHL§ S I R N	CIPRO S I R N	LNZ S I R N
		TEICO S I R N	VANC S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N
		OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N			
_____	<i>Enterococcus Sp.</i> Please Specify Species: _____	AMP S I R N	DAPTO S I R N	GENTHL§ S I R N	CIPRO S I R N	LNZ S I R N
		TEICO S I R N	VANC S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N
		OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N			
_____	<i>Staphylococcus aureus</i>	LEVO S I R N	MOXI S I R N	CLIND S I R N	DAPTO S I R N	DOXY S I R N
		MINO S I R N	ERYTH S I R N	GENT S I R N	LNZ S I R N	OTHER DRUG 1 S I R N
		OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N	
_____	<i>Acinetobacter baumannii</i>	AMK S I R N	AMPSUL S I R N	CEFTAZ S I R N	CEFOT S I R N	CIPRO S I R N
		LEVO S I R N	COL S I R N	PB S I R N	GENT S I R N	IMI S I R N
		TICLAV S I R N	MERO S I R N	DORI S I R N	NET S I R N	PIP S I R N

		PIPTAZ S I R N	TETRA S I R N	DOXY S I R N	MINO S I R N	TMZ S I R N
		TOBRA S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N
		OTHER DRUG 5 S I R N				
	<i>Acinetobacter baumannii complex</i>	AMK S I R N	AMPSUL S I R N	CEFTAZ S I R N	CEFOT S I R N	CIPRO S I R N
		LEVO S I R N	COL S I R N	PB S I R N	GENT S I R N	IMI S I R N
		TICLAV S I R N	MERO S I R N	DORI S I R N	NET S I R N	PIP S I R N
		PIPTAZ S I R N	TETRA S I R N	DOXY S I R N	MINO S I R N	TMZ S I R N
		TOBRA S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N
		OTHER DRUG 5 S I R N				
	<i>Acinetobacter lwoffii</i>	AMK S I R N	AMPSUL S I R N	CEFTAZ S I R N	CEFOT S I R N	CIPRO S I R N
		LEVO S I R N	COL S I R N	PB S I R N	GENT S I R N	IMI S I R N
		TICLAV S I R N	MERO S I R N	DORI S I R N	NET S I R N	PIP S I R N
		PIPTAZ S I R N	TETRA S I R N	DOXY S I R N	MINO S I R N	TMZ S I R N
		TOBRA S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N
		OTHER DRUG 5 S I R N				
	<i>Acinetobacter sp.</i> Please Specify Species: _____	AMK S I R N	AMPSUL S I R N	CEFTAZ S I R N	CEFOT S I R N	CIPRO S I R N
		LEVO S I R N	COL S I R N	PB S I R N	GENT S I R N	IMI S I R N
		TICLAV S I R N	MERO S I R N	DORI S I R N	NET S I R N	PIP S I R N
		PIPTAZ S I R N	TETRA S I R N	DOXY S I R N	MINO S I R N	TMZ S I R N
		TOBRA S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N
		OTHER DRUG 5 S I R N				

_____	<i>Escherichia coli</i>	AMK SIRN	CEFAZ SIRN	CEFEP SIRN	CEFOT SIRN	CEFTRX SIRN
		CEFTAZ SIRN	CEFUR SIRN	CEFOX SIRN	CTET SIRN	CIPRO SIRN
		EVO SIRN	MOXI SIRN	COL SIRN	PB SIRN	ERTA SIRN
		GENT SIRN	IMI SIRN	MERO SIRN	DORI SIRN	PIPTAZ SIRN
		TETRA SIRN	DOXY SIRN	MINO SIRN	TIG SIRN	OTHER DRUG 1 SIRN
		OTHER DRUG 2 SIRN	OTHER DRUG 3 SIRN	OTHER DRUG 4 SIRN	OTHER DRUG 5 SIRN	
_____	<i>Enterobacter aerogenes</i>	AMK SIRN	CEFAZ SIRN	CEFEP SIRN	CEFOT SIRN	CEFTRX SIRN
		CEFTAZ SIRN	CEFUR SIRN	CEFOX SIRN	CTET SIRN	CIPRO SIRN
		LEVO SIRN	MOXI SIRN	COL SIRN	PB SIRN	ERTA SIRN
		GENT SIRN	IMI SIRN	MERO SIRN	DORI SIRN	PIPTAZ SIRN
		TETRA SIRN	DOXY SIRN	MINO SIRN	TIG SIRN	OTHER DRUG 1 SIRN
		OTHER DRUG 2 SIRN	OTHER DRUG 3 SIRN	OTHER DRUG 4 SIRN	OTHER DRUG 5 SIRN	
_____	<i>Enterobacter cloacae</i>	AMK SIRN	CEFAZ SIRN	CEFEP SIRN	CEFOT SIRN	CEFTRX SIRN
		CEFTAZ SIRN	CEFUR SIRN	CEFOX SIRN	CTET SIRN	CIPRO SIRN
		LEVO SIRN	MOXI SIRN	COL SIRN	PB SIRN	ERTA SIRN
		GENT SIRN	IMI SIRN	MERO SIRN	DORI SIRN	PIPTAZ SIRN
		TETRA SIRN	DOXY SIRN	MINO SIRN	TIG SIRN	OTHER DRUG 1 SIRN
		OTHER DRUG 2 SIRN	OTHER DRUG 3 SIRN	OTHER DRUG 4 SIRN	OTHER DRUG 5 SIRN	
_____	<i>Klebsiella oxytoca</i>	AMK SIRN	CEFAZ SIRN	CEFEP SIRN	CEFOT SIRN	CEFTRX SIRN
		CEFTAZ SIRN	CEFUR SIRN	CEFOX SIRN	CTET SIRN	CIPRO SIRN
		LEVO SIRN	MOXI SIRN	COL SIRN	PB SIRN	ERTA SIRN

		GENT S I R N	IMI S I R N	MERO S I R N	DORI S I R N	PIPTAZ S I R N
		TETRA S I R N	DOXY S I R N	MINO S I R N	TIG S I R N	OTHER DRUG 1 S I R N
		OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N	
_____	<i>Klebsiella pneumoniae</i>	AMK S I R N	CEFAZ S I R N	CEFEP S I R N	CEFOT S I R N	CEFTRX S I R N
		CEFTAZ S I R N	CEFUR S I R N	CEFOX S I R N	CTET S I R N	CIPRO S I R N
		LEVO S I R N	MOXI S I R N	COL S I R N	PB S I R N	ERTA S I R N
		GENT S I R N	IMI S I R N	MERO S I R N	DORI S I R N	PIPTAZ S I R N
		TETRA S I R N	DOXY S I R N	MINO S I R N	TIG S I R N	OTHER DRUG 1 S I R N
		OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N	
_____	<i>Klebsiella spp.</i> Please Specify Species: _____	AMK S I R N	CEFAZ S I R N	CEFEP S I R N	CEFOT S I R N	CEFTRX S I R N
		CEFTAZ S I R N	CEFUR S I R N	CEFOX S I R N	CTET S I R N	CIPRO S I R N
		LEVO S I R N	MOXI S I R N	COL S I R N	PB S I R N	ERTA S I R N
		GENT S I R N	IMI S I R N	MERO S I R N	DORI S I R N	PIPTAZ S I R N
		TETRA S I R N	DOXY S I R N	MINO S I R N	TIG S I R N	OTHER DRUG 1 S I R N
		OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N	
_____	<i>Pseudomonas aeruginosa</i>	AMK S I R N	AZT S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO S I R N
		LEVO S I R N	COL S I R N	PB S I R N	GENT S I R N	IMI S I R N
		MERO S I R N	DORI S I R N	NET S I R N	PIPTAZ S I R N	TOBRA S I R N
		OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N
_____	<i>Pseudomonas putida</i>	AMK S I R N	AZT S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO S I R N
		LEVO S I R N	COL S I R N	PB S I R N	GENT S I R N	IMI S I R N

		MERO S I R N	DORI S I R N	NET S I R N	PIPTAZ S I R N	TOBRA S I R N
		OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N
_____	<i>Pseudomonas sp.</i> Please Specify Species: _____	AMK S I R N	AZT S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO S I R N
		LEVO S I R N	COL S I R N	PB S I R N	GENT S I R N	IMI S I R N
		MERO S I R N	DORI S I R N	NET S I R N	PIPTAZ S I R N	TOBRA S I R N
		OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N
_____	<i>Candida albicans</i>	ANID S I R N	CASPO S I R N	FLUCO S I R N	FLUCY S I R N	ITRA S I R N
		MICA S I R N	VORI S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N
		OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N			
_____	<i>Candida glabrata</i>	ANID S I R N	CASPO S I R N	FLUCO S I R N	FLUCY S I R N	ITRA S I R N
		MICA S I R N	VORI S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N
		OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N			
_____	<i>Candida tropicalis</i>	ANID S I R N	CASPO S I R N	FLUCO S I R N	FLUCY S I R N	ITRA S I R N
		MICA S I R N	VORI S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N
		OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N			
_____	<i>Candida spp.</i> Please Specify Species: _____	ANID S I R N	CASPO S I R N	FLUCO S I R N	FLUCY S I R N	ITRA S I R N
		MICA S I R N	VORI S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N
		OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N			
Date of sample collection	Other Organisms	Drugs				
_____	Organism 1 _____ Specify:	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N
		Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N	Drug 10 S I R N

	Organism 2 Specify:	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N
		Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N	Drug 10 S I R N
	Organism 3 Specify:	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N
		Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N	Drug 10 S I R N

Comments

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested

§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

† Clinical breakpoints have not been set. S/R designations should be based upon epidemiological cutoffs of S = MIC ≤ 2 and R = MIC ≥ 4

AKF	Amikacin-fosfomicin	AMC	Amoxicillin-clavulanate	AMK	Amikacin
AMOX	Amoxicillin	AMP	ampicillin	AMPSUL	ampicillin sulbactam
AMXCLV	amoxicillin clavulanic acid	ANID	anidulafungin	AZA	Aztreonam-avibactam
AZL	Azlocillin	AZM	Azithromycin	AZT	aztreonam
BES	Besifloxacin	BPM	Biapenem	BPR	Ceftobiprole
C/T	Ceftolozane-tazobactam	CASPO	caspofungin	CAT	Cefetamet
CB	Carbenicillin	CDN	Cefditoren	CDR	Cefdinir
CDZ	Cadazolid	CEFAZ	cefazolin	CEFEP	cefepime
CEFOT	cefotaxime	CEFOX	cefoxitin	CEFTAZ	ceftazidime
CEFTRX	ceftriaxone	CEFUR	cefuroxime	CEP	Cephalothin
Cfm	Cefamandole	Cfr	Cefaclor	CHL	Chloramphenicol
CID	Cefonicid	CIN	Cinoxacin	CIPRO	ciprofloxacin
CLA	Clarithromycin	CLIND	clindamycin	CLX	Clinafloxacin
CMZ	Cefmetazole	COL	Colistin	CPA	Ceftaroline-avibactam
CPR	Cefpirome	CPT	Ceftaroline	CPZ	Cefoperazone
CTB	Ceftibuten	CTET	cefotetan	CTZ	Ceftizoxime
CZA	ceftazidime-avibactam	DAL	Dalbavancin	DAPTO	daptomycin
DFX	Delafloxacin	DIC	Dicloxacillin	DORI	doripenem
DOXY	doxycycline	DTM	Dirithromycin	ERTA	ertapenem
ERV	Eravacycline	ERYTH	erythromycin	FARO	Faropenem
FC	Fusidic acid	FDX	Fidaxomicin	FIN	Finafloxacin
FLUCO	fluconazole	FLUCY	flucytosine	FLX	Fleroxacin
FOS	Fosfomicin	FP	Cefprozil	FPZ	Cefepime-tazobactam
GAT	Gatifloxacin	GEM	Gemifloxacin	GENT	gentamicin
GENTHL	gentamicin - high level test	GEP	Gepotidacin	GRN	Garenoxacin

GRX	Grepafloxacin	HAP	Cephapirin	HLS	Streptomycin synergy
ICL	Iclaprim	IMI	imipenem	ITRA	itraconazole
KAN	Kanamycin	LEVO	levofloxacin	LMU	Lefamulin
LND	Levonadifloxacin	LNZ	linezolid	LOM	Lomefloxacin
LOR	Loracarbef	MEC	Mecillinam	MERO	meropenem
METH	methicillin	MEV	Meropenem-vaborabactam	MEZ	Mezlocillin
MICA	micafungin	MINO	minocycline	MOX	Moxalactam
MOXI	moxifloxacin	MTZ	Metronidazole	MUP	Mupirocin
NAF	Nafcillin	NAL	Nalidixic acid	NET	netilmicin
NIT	Nitazoxanide	NITRO	nitrofurantoin	NOR	norfloxacin
OFL	Ofloxacin	OMC	Omadacycline	ORI	Oritavancin
OX	oxacillin	PB	polymyxin B	PEF	Pefloxacin
PEN	Penicillin	PEX	Pexiganan	PIP	piperacillin
PIPTAZ	piperacillin/tazobactam	PLZ	Plazomicin	POD	Cefpodoxime
PRU	Ulifloxacin	QDA	Quinupristin-dalfopristin	RAD	Cephradine
RAM	Ramoplanin	RIF	rifampin	RZM	Razupenem
SEC	Secnidazole	SOL	Solithromycin	SPT	Spectinomycin
SPX	Sparfloxacin	SSS	Sulfonamides	STR	Streptomycin
SULO	Sulopenem	SUR	Surotomycin	TBR	Trospectomycin
TEICO	teicoplanin	TEL	Telithromycin	TETRA	tetracycline
TIC	Ticarcillin	TICLAV	ticarcillin/clavulnate	TIG	Tigecycline
TOBRA	tobramycin	TVA	Trovafoxacin	TZD	Tedizolid
VANC	vancomycin	VORI	voriconazole	ZWK	Nafithromycin
TIN	Tinoxanide	TLV	Telavancin	TMP	Trimethoprim
TMZ	trimethoprim/sulfamethoxazole	TNZ	Tinidazole		

UTI Case Report Form

Surveillance unit Number _____	Case ID: _____
Case Type _____	
Patient Name _____	
Medical record Number: _____	

Hospital Name: _____

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (DD/MM/YYYY): __/__/__ Age(Years): _____ <input type="checkbox"/> Age/DOB (Unknown)	Birth weight: _____grams (NICU only)
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Date of hospital admission: ____/____/____ Date of admission to surveillance unit: ____/____/____

Location prior to hospital admission: Home / Community Another hospital Unknown

Linked Case ID (autogenerated) do not fill on Hard copy. **Only to be filled on software**

1. UTI Details

Date of event (dd/mm/yyyy):	____/____/____
Type of UTI	<input type="checkbox"/> Culture Confirmed UTI

Fill out culture results in Section 4, Organisms and Antibiotic Susceptibility

2. Invasive Devices: Urinary Catheters

Did the patient have a Foley catheter in place at any time on:	<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>skip to 3, Outcome</i>)
<ul style="list-style-type: none"> • The date of event or • The day before the date of event? 	
If YES , was the Foley catheter in place for >2 calendar days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Outcome

Patient status at end of Event Timeframe (14 days after DOE, where DOE = day 1)	<input type="checkbox"/> Still in surveillance unit <input type="checkbox"/> Transferred to other hospital <input type="checkbox"/> Transferred to other ward/unit within the hospital <input type="checkbox"/> Discharged <input type="checkbox"/> LAMA Date of discharge, transfer, or death <input type="checkbox"/> Died _____/_____/_____ <input type="checkbox"/> Unknown
Patient outcome at end of hospitalization	<input type="checkbox"/> Discharged Date of discharge, transfer, or death: <input type="checkbox"/> Transferred to other hospital <input type="checkbox"/> LAMA <input type="checkbox"/> Died _____/_____/_____ <input type="checkbox"/> Unknown

4. Organisms and Antibiotic Susceptibility						
Date of sample collection	Organism	Drugs				
_____	<i>Staphylococcus epidermidis</i>	OX S I R N	CEFOX S I R N	METH S I R N	CLIND S I R N	DAPTO S I R N
		VANC S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N
		OTHER DRUG 5 S I R N				
_____	<i>Staphylococcus haemolyticus</i>	OX S I R N	CEFOX S I R N	METH S I R N	CLIND S I R N	DAPTO S I R N
		VANC S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N
		OTHER DRUG 5 S I R N				
_____	<i>Staphylococcus hominis</i>	OX S I R N	CEFOX S I R N	METH S I R N	CLIND S I R N	DAPTO S I R N
		VANC S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N
		OTHER DRUG 5 S I R N				
_____	<i>Staphylococcus, other coagulase-negative</i>	OX S I R N	CEFOX S I R N	METH S I R N	CLIND S I R N	DAPTO S I R N
		VANC S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N
		OTHER DRUG 5 S I R N				
_____	<i>Enterococcus Faecium</i>	AMP S I R N	DAPTO S I R N	GENTHL§ S I R N	CIPRO S I R N	LNZ S I R N
		TEICO S I R N	VANC S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N
		OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N			
_____	<i>Enterococcus faecalis</i>	AMP S I R N	DAPTO S I R N	GENTHL§ S I R N	CIPRO S I R N	LNZ S I R N
		TEICO S I R N	VANC S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N
		OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N			
_____	<i>Enterococcus Sp.</i> Please Specify Species: _____	AMP S I R N	DAPTO S I R N	GENTHL§ S I R N	CIPRO S I R N	LNZ S I R N
		TEICO S I R N	VANC S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N

		OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N			
	<i>Staphylococcus aureus</i>	LEVO S I R N	MOXI S I R N	CLIND S I R N	DAPTO S I R N	DOXY S I R N
		MINO S I R N	ERYTH S I R N	GENT S I R N	LNZ S I R N	OTHER DRUG 1 S I R N
		OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N	
	<i>Acinetobacter baumannii</i>	AMK S I R N	AMPSUL S I R N	CEFTAZ S I R N	CEFOT S I R N	CIPRO S I R N
		LEVO S I R N	COL S I R N	PB S I R N	GENT S I R N	IMI S I R N
		TICLAV S I R N	MERO S I R N	DORI S I R N	NET S I R N	PIP S I R N
		PIPTAZ S I R N	TETRA S I R N	DOXY S I R N	MINO S I R N	TMZ S I R N
		TOBRA S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N
		OTHER DRUG 5 S I R N				
	<i>Acinetobacter baumannii complex</i>	AMK S I R N	AMPSUL S I R N	CEFTAZ S I R N	CEFOT S I R N	CIPRO S I R N
		LEVO S I R N	COL S I R N	PB S I R N	GENT S I R N	IMI S I R N
		TICLAV S I R N	MERO S I R N	DORI S I R N	NET S I R N	PIP S I R N
		PIPTAZ S I R N	TETRA S I R N	DOXY S I R N	MINO S I R N	TMZ S I R N
		TOBRA S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N
		OTHER DRUG 5 S I R N				
	<i>Acinetobacter lwoffii</i>	AMK S I R N	AMPSUL S I R N	CEFTAZ S I R N	CEFOT S I R N	CIPRO S I R N
		LEVO S I R N	COL S I R N	PB S I R N	GENT S I R N	IMI S I R N
		TICLAV S I R N	MERO S I R N	DORI S I R N	NET S I R N	PIP S I R N
		PIPTAZ S I R N	TETRA S I R N	DOXY S I R N	MINO S I R N	TMZ S I R N
		TOBRA S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N

		OTHER DRUG 5 S I R N				
_____	<i>Acinetobacter sp.</i> Please Specify Species: _____	AMK S I R N	AMPSUL S I R N	CEFTAZ S I R N	CEFOT S I R N	CIPRO S I R N
		LEVO S I R N	COL S I R N	PB S I R N	GENT S I R N	IMI S I R N
		TICLAV S I R N	MERO S I R N	DORI S I R N	NET S I R N	PIP S I R N
		PIPTAZ S I R N	TETRA S I R N	DOXY S I R N	MINO S I R N	TMZ S I R N
		TOBRA S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N
		OTHER DRUG 5 S I R N				
_____	<i>Escherichia coli</i>	AMK S I R N	CEFAZ S I R N	CEFEP S I R N	CEFOT S I R N	CEFTRX S I R N
		CEFTAZ S I R N	CEFUR S I R N	CEFOX S I R N	CTET S I R N	CIPRO S I R N
		EVO S I R N	MOXI S I R N	COL S I R N	PB S I R N	ERTA S I R N
		GENT S I R N	IMI S I R N	MERO S I R N	DORI S I R N	PIPTAZ S I R N
		TETRA S I R N	DOXY S I R N	MINO S I R N	TIG S I R N	OTHER DRUG 1 S I R N
		OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N	
_____	<i>Klebsiella oxytoca</i>	AMK S I R N	CEFAZ S I R N	CEFEP S I R N	CEFOT S I R N	CEFTRX S I R N
		CEFTAZ S I R N	CEFUR S I R N	CEFOX S I R N	CTET S I R N	CIPRO S I R N
		LEVO S I R N	MOXI S I R N	COL S I R N	PB S I R N	ERTA S I R N
		GENT S I R N	IMI S I R N	MERO S I R N	DORI S I R N	PIPTAZ S I R N
		TETRA S I R N	DOXY S I R N	MINO S I R N	TIG S I R N	OTHER DRUG 1 S I R N
		OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N	
_____	<i>Klebsiella pneumoniae</i>	AMK S I R N	CEFAZ S I R N	CEFEP S I R N	CEFOT S I R N	CEFTRX S I R N
		CEFTAZ S I R N	CEFUR S I R N	CEFOX S I R N	CTET S I R N	CIPRO S I R N

		LEVO S I R N	MOXI S I R N	COL S I R N	PB S I R N	ERTA S I R N
		GENT S I R N	IMI S I R N	MERO S I R N	DORI S I R N	PIPTAZ S I R N
		TETRA S I R N	DOXY S I R N	MINO S I R N	TIG S I R N	OTHER DRUG 1 S I R N
		OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N	
_____	<i>Klebsiella spp.</i> Please Specify Species: _____	AMK S I R N	CEFAZ S I R N	CEFEP S I R N	CEFOT S I R N	CEFTRX S I R N
		CEFTAZ S I R N	CEFUR S I R N	CEFOX S I R N	CTET S I R N	CIPRO S I R N
		LEVO S I R N	MOXI S I R N	COL S I R N	PB S I R N	ERTA S I R N
		GENT S I R N	IMI S I R N	MERO S I R N	DORI S I R N	PIPTAZ S I R N
		TETRA S I R N	DOXY S I R N	MINO S I R N	TIG S I R N	OTHER DRUG 1 S I R N
		OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N	
_____	<i>Pseudomonas aeruginosa</i>	AMK S I R N	AZT S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO S I R N
		LEVO S I R N	COL S I R N	PB S I R N	GENT S I R N	IMI S I R N
		MERO S I R N	DORI S I R N	NET S I R N	PIPTAZ S I R N	TOBRA S I R N
		OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N
_____	<i>Pseudomonas putida</i>	AMK S I R N	AZT S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO S I R N
		LEVO S I R N	COL S I R N	PB S I R N	GENT S I R N	IMI S I R N
		MERO S I R N	DORI S I R N	NET S I R N	PIPTAZ S I R N	TOBRA S I R N
		OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N
_____	<i>Pseudomonas sp.</i> Please Specify Species: _____	AMK S I R N	AZT S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO S I R N
		LEVO S I R N	COL S I R N	PB S I R N	GENT S I R N	IMI S I R N
		MERO S I R N	DORI S I R N	NET S I R N	PIPTAZ S I R N	TOBRA S I R N

		OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N	OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N
_____	<i>Candida albicans</i>	ANID S I R N	CASPO S I R N	FLUCO S I R N	FLUCY S I R N	ITRA S I R N
		MICA S I R N	VORI S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N
		OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N			
_____	<i>Candida glabrata</i>	ANID S I R N	CASPO S I R N	FLUCO S I R N	FLUCY S I R N	ITRA S I R N
		MICA S I R N	VORI S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N
		OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N			
_____	<i>Candida tropicalis</i>	ANID S I R N	CASPO S I R N	FLUCO S I R N	FLUCY S I R N	ITRA S I R N
		MICA S I R N	VORI S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N
		OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N			
_____	<i>Candida spp.</i> Please Specify Species: _____	ANID S I R N	CASPO S I R N	FLUCO S I R N	FLUCY S I R N	ITRA S I R N
		MICA S I R N	VORI S I R N	OTHER DRUG 1 S I R N	OTHER DRUG 2 S I R N	OTHER DRUG 3 S I R N
		OTHER DRUG 4 S I R N	OTHER DRUG 5 S I R N			
Date of sample collection	Other Organisms	Drugs				
_____	Organism 1 _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N
	Specify:	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N	Drug 10 S I R N
_____	Organism 2 _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N
	Specify:	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N	Drug 10 S I R N
_____	Organism 3 _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N
	Specify:	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N	Drug 10 S I R N

Comments

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested

§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

† Clinical breakpoints have not been set. S/R designations should be based upon epidemiological cutoffs of S = MIC ≤ 2 and R = MIC ≥ 4

AKF	Amikacin-fosfomycin	AMC	Amoxicillin-clavulanate	AMK	Amikacin
AMOX	Amoxicillin	AMP	ampicillin	AMPSUL	ampicillin sulbactam
AMXCLV	amoxicillin clavulanic acid	ANID	anidulafungin	AZA	Aztreonam-avibactam
AZL	Azlocillin	AZM	Azithromycin	AZT	aztreonam
BES	Besifloxacin	BPM	Biapenem	BPR	Ceftobiprole
C/T	Ceftolozane-tazobactam	CASPO	caspofungin	CAT	Cefetamet
CB	Carbenicillin	CDN	Cefditoren	CDR	Cefdinir
CDZ	Cadazolid	CEFAZ	cefazolin	CEFEP	cefepime
CEFOT	cefotaxime	CEFOX	cefoxitin	CEFTAZ	ceftazidime
CEFTRX	ceftriaxone	CEFUR	cefuroxime	CEP	Cephalothin
Cfm	Cefamandole	Cfr	Cefaclor	CHL	Chloramphenicol
CID	Cefonicid	CIN	Cinoxacin	CIPRO	ciprofloxacin
CLA	Clarithromycin	CLIND	clindamycin	CLX	Clinafloxacin
CMZ	Cefmetazole	COL	Colistin	CPA	Ceftaroline-avibactam
CPR	Cefpirome	CPT	Ceftaroline	CPZ	Cefoperazone
CTB	Ceftibuten	CTET	cefotetan	CTZ	Ceftizoxime
CZA	ceftazidime-avibactam	DAL	Dalbavancin	DAPTO	daptomycin
DFX	Delafloxacin	DIC	Dicloxacillin	DORI	doripenem
DOXY	doxycycline	DTM	Dirithromycin	ERTA	ertapenem
ERV	Eravacycline	ERYTH	erythromycin	FARO	Faropenem
FC	Fusidic acid	FDX	Fidaxomicin	FIN	Finafloxacin
FLUCO	fluconazole	FLUCY	flucytosine	FLX	Fleroxacin
FOS	Fosfomycin	FP	Cefprozil	FPZ	Cefepime-tazobactam
GAT	Gatifloxacin	GEM	Gemifloxacin	GENT	gentamicin
GENTHL	gentamicin - high level test	GEP	Gepotidacin	GRN	Garenoxacin
GRX	Grepafloxacin	HAP	Cephapirin	HLS	Streptomycin synergy
ICL	Iclaprim	IMI	imipenem	ITRA	itraconazole
KAN	Kanamycin	LEVO	levofloxacin	LMU	Lefamulin
LND	Levonadifloxacin	LNZ	linezolid	LOM	Lomefloxacin
LOR	Loracarbef	MEC	Mecillinam	MERO	meropenem
METH	methicillin	MEV	Meropenem-vaborabactam	MEZ	Mezlocillin
MICA	micafungin	MINO	minocycline	MOX	Moxalactam
MOXI	moxifloxacin	MTZ	Metronidazole	MUP	Mupirocin
NAF	Nafcillin	NAL	Nalidixic acid	NET	netilmicin
NIT	Nitazoxanide	NITRO	nitrofurantoin	NOR	norfloxacin
OFL	Ofloxacin	OMC	Omadacyline	ORI	Oritavancin

OX	oxacillin	PB	polymyxin B	PEF	Pefloxacin
PEN	Penicillin	PEX	Pexiganan	PIP	piperacillin
PIPTAZ	piperacillin/tazobactam	PLZ	Plazomicin	POD	Cefpodoxime
PRU	Ulifloxacin	QDA	Quinupristin-dalfopristin	RAD	Cephadrine
RAM	Ramoplanin	RIF	rifampin	RZM	Razupenem
SEC	Secnidazole	SOL	Solithromycin	SPT	Spectinomycin
SPX	Sparfloxacin	SSS	Sulfonamides	STR	Streptomycin
SULO	Sulopenem	SUR	Surotomycin	TBR	Trospectomycin
TEICO	teicoplanin	TEL	Telithromycin	TETRA	tetracycline
TIC	Ticarcillin	TICLAV	ticarcillin/clavulnate	TIG	Tigecycline
TOBRA	tobramycin	TVA	Trovafloxacin	TZD	Tedizolid
VANC	vancomycin	VORI	voriconazole	ZWK	Nafithromycin
TIN	Tinoxanide	TLV	Telavancin	TMP	Trimethoprim
TMZ	trimethoprim/sulfamethoxazole	TNZ	Tinidazole		

BSI Case Report Form Instructions

Surveillance unit Number	Add the ICU Code in this row
Case Type	Add whether the case is BSI or UTI
Patient Name	Add the name of the patient. This will remain with the Surveillance unit and will not be seen by the AIIMS team
Medical record Number	Add the Medical record number here. This will remain with the Surveillance unit and will not be seen by the AIIMS team
Hospital Name	
Sex	
Date of Birth	Record the date of the patient birth using this format: DD/MM/YYYY. If DOB is unknown, age in years may be mentioned. DOB is mandatory for neonates.
Birth Weight	Required only for neonates housed in neonatal intensive care unit.
Date of Hospital Admission	Record the date of the hospital admission using this format: DD/MM/YYYY.
Location prior to hospital admission	Check one. Indicate the location the patient was in immediately prior to admission to the hospital.
Date of admission to Surveillance Unit	Record the date as DD/MM/YYYY.
Date of event	Record the date as DD/MM/YYYY. Enter the date when the first criteria used to meet the case definition occurred. Note: If the first criteria to meet the case definition is a laboratory diagnostic test, the laboratory specimen collection date should be reported as the date of event.
Laboratory Result	Fill out Section 5 on Organism and Antibiotic Susceptibility Testing.
Did the patient have a central line in place at any time on the date of event or day before the date of event?	Check one. If "No," skip to Section 3, Infections at Other Body Sites.
Was the central line in place for >2 calendar days?	Required if central line in place at any time on date of event or day before. Check one. If "No," skip to Section 3, Infections at Other Body Sites. Note: If a central line is removed and reinserted on the same or following day, in the same or different site, it is considered as one continuous central line.
Type(s) of central line(s) in place	Required if patient had central line in place for >2 calendar days. Search the medical record for central lines that were in place for > 2 days and in place at any time on the date of event or the day before the date of event. Check the type(s) of the central lines that apply. If "Other," specify on the line provided. Do not document 'brand names' in 'other'.

<p>Location(s) of central line(s) in place</p>	<p>Required if patient had central line in place for >2 calendar days.</p> <p>Search the medical record for central lines that were in place for > 2 days and in place at any time on the date of event or the day before the date of event. Check the locations(s) of the central lines that apply. If “Other,” specify on the line provided.</p>
<p>Was a positive, matching culture obtained from another body site(s) during the Secondary BSI Attribution Period?</p>	<p>Check one.</p> <p>If “Yes,” list Specimen Collected, Date of Culture, and Organisms Isolated in the table provided.</p> <p>If “No,” skip to Section 4, Outcome.</p>
<p>Specimen Collected, Date of culture, and Organism</p>	<p>Required if there was a positive culture from another body site that matches any of the blood cultures obtained within the secondary BSI Attribution Period.</p> <p>Fill out table for each positive culture obtained from another body site</p> <p>Record the date as DD/MM/YYYY.</p>
<p>Patient Status at end of 14 Days after DOE</p>	<p>Required. Check one.</p> <p>Report the status of the patient at the end of 14 days after the date of event (for primary BSIs, this is the end of the Event Timeframe).</p>
<p>Patient outcome at end of hospitalization</p>	<p>Keep the case report form(s) for a patient on hand and consider them incomplete until the end of the patient’s hospital stay. Record the patient’s outcome as of the end of their hospital stay by selecting one of the options.</p>
<p>Date of discharge, transfer, or death</p>	<p>Record date as DD/MMM/YYYY.</p> <p>Record the date that the patient was discharged, transferred to a different hospital, or died during the admission when the HAI occurred.</p>
<p>Organism ID and Antibiotic Susceptibility Testing</p>	<p>Record date of specimen collection as DD/MM/YYYY</p> <p>Specify species if known, otherwise report as spp.</p> <p>For pathogens not listed in the case report form, specify in the row for “Other Organisms” and provide antibiotic susceptibility results.</p> <p>Circle the pathogen’s susceptibility result using the codes defined on the case report forms.</p> <p>Report every organism isolated from blood cultures collected during the Secondary BSI Attribution Period and Event Timeframe</p>
<p>Comments</p>	<p>Enter any comments, questions, or doubts about this event in the space provided.</p>

UTI Case Report Form Instructions

Data Field	Instructions for Data Collection
Surveillance unit Number	Add the ICU Code in this row
Case Type	Add whether the case is BSI or UTI
Patient Name	Add the name of the patient. This will remain with the Surveillance unit and will not be seen by the AIIMS team
Medical record Number	Add the Medical record number here. This will remain with the Surveillance unit and will not be seen by the AIIMS team
Hospital Name	
Sex	
Date of Birth	Record the date of the patient birth using this format: DD/MM/YYYY. If DOB is unknown, age in years may be mentioned. DOB is mandatory for neonates
Birth Weight	Required only for neonates housed in neonatal intensive care unit.
Date of Hospital Admission	Record the date of the hospital admission using this format: DD/MM/YYYY.
Location prior to hospital admission	Check one. Indicate the location the patient was in immediately prior to admission to the hospital.
Date of admission to Surveillance Unit	Record the date as DD/MM/YYYY.
Date of event	Record the date as DD/MM/YYYY. Enter the date when the first criteria used to meet the case definition occurred. Note: If the first criteria to meet the case definition is a laboratory diagnostic test, the laboratory specimen collection date should be reported as the date of event.
Laboratory Result	If the patient has a culture with organism identified that is used to meet the UTI case definition then fill out Section 4 on Organism and Antibiotic Susceptibility Testing. Instructions below.
Did the patient have a Foley catheter in place at any time on the date of event or day before the date of event?	Check one. If "No," skip to Section 3, Outcome. Note: A Foley catheter is an indwelling urinary catheter inserted into the urinary bladder through the urethra. Condom, nephrostomy, and suprapubic catheters are not included unless a Foley catheter is also present.
Was the urinary catheter in place for >2 calendar days?	Required if urinary catheter in place at any time on date of event or day before. Check one. If "No" skip to Section 3, Outcome. Note: If a Foley catheter is removed and reinserted on the same or following day, it is considered as one continuous usage.
Patient Status at end of Event Timeframe	Required. Check one. Report the status of the patient at the end of the Event Timeframe.

Patient outcome at end of hospitalization	Keep the case report form(s) for a patient on hand and consider them incomplete until the end of the patient's hospital stay. Record the patient's outcome as of the end of their hospital stay by selecting one of the options.
Date of discharge, transfer, or death	Record date as DD/MMM/YYYY. Record the date that the patient was discharged, transferred to a different hospital, or died during the admission when the HAI occurred.
Organism ID and Antibiotic Susceptibility Testing	Record date of specimen collection as DD/MM/YYYY Specify species if known, otherwise report as spp. For organisms not listed in the case report form, specify in the row for "Other Organisms" and provide antibiotic susceptibility results. Circle the organisms's susceptibility result using the codes defined on the case report forms. Report every organism isolated from urine cultures collected during the Event Timeframe (14 calendar days, date of event = Day 1)
Comments	Enter any comments, questions, or doubts about this event in the space provided.