Line List for MDRO Outbreaks in Long-Term Care Facilities

Facility Name: _____ **County:**_____

Contact Person Name _____ **Contact Phone #**_____

Demographics								Clinical Information						Laboratory				Outcome		Antibiotics Sensitivity Test											Comments
Name	Date of Birth	Sex	Unit/Floor/Room Number	Roommate(Y/N)	Date Admitted to the Facility Prior to Culture	Admitted from	Previous healthcare facilities in the last 3 months?	Contact Isolation Prior to Culture? (Y/N)	Contact isolatoin after culture? (Y/N)	Indwelling Devices (Please List)	Mechanical Ventilation /Trachestomy	Open Wounds	Medical History	Date of Culture	Reason for Culture	Site of Culture	Culture Results	Hospitalized (Y/N)	Died (Y/N)												

Office of Epidemiology and Prevention Services
350 Capitol St., Room 125, Charleston, WV, 25301
Phone: (304) 558-5358; Fax: (304) 558-8736
Updated November 2026

West Virginia Department of HEALTH
BUREAU FOR PUBLIC HEALTH