										l	ine Lis	t for N	IDRO Outbreak	s in I	Long-	Term	1 Care	Facilit	ties													
Facility Name: County:																																
Contact Person Name	e			_				Contact P	hone #			_																				
Demographics									Clinical Information							Laboratory				Antibiotics Sensitivity Test												
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?	(T/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)										Comments			

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