

 **Kentucky Reportable MDRO Form**

**Department for Public Health**

 **Division of Epidemiology and Health Planning**

**275 East Main St., Mailstop HS2E-B**

 **Frankfort, KY 40621-0001**



EPID 250 –MDRO

**KDPH use only:**

**Record No:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| DEMOGRAPHIC DATA |
| Patient’s Last Name: First: M.I.: | Date of Birth: / / | Age: |  Gender[ ]  M [ ] F [ ]  Unk |
| City: State: Zip:  | County of Residence: |
| Phone Number:  | Patient ID Number: | Ethnic Origin:[ ]  His. [ ]  Non-His. | Race:[ ] W [ ] B [ ] A/PI [ ] Am.Ind. [ ] Other |
| DISEASE INFORMATION |
| Organism name:  | Date of Onset / / | Date of Diagnosis / / |
| MDRO type:[ ] CRE-*E.coli* [ ] CRE-*Klebsiella*  [ ] CRE-Other [ ] ESBL [ ] MDR-Acinetobacter [ ] MRSA [ ] VRE [ ] Other  |
| Hospitalized:[ ] Yes [ ]  No | Hospital Name: | Admission Date / / | Discharge Date / / |
| Admitted from:[ ] Home [ ] LTC Facility [ ] Other HC Facility [ ] Other | Specify Name: |
| Agency completing form: | Attending Physician: |
| Name: Agency Type: | Name: |
| Address: | Address: |
| Phone: Date of Report: / / | Phone: |
| Person Completing Form:Name:  |
| LABORATORY INFORMATION |
|  Date of Test | Name or Type of Test  | Name of Laboratory | Specimen Source |  Results |
|  |  |  |  |  |
|  |  |  |  |  |
| Type of culture:[ ] Clinical [ ] Surveillance | Patient infected or colonized:[ ] Infected [ ] Colonized |
| DISPOSITION INFORMATION |
| Status: [ ] Expired Discharged to: [ ] Home [ ] LTC Facility [ ] Other HC Facility [ ] Other Specify Name: |
| Was the receiving facility notified of the patient’s MDRO status:[ ] Yes [ ] No [ ] Unk |
| Identifying Facility:Name: Facility Type: |
| Address:  |
| Phone: |
| Outbreak Associated:[ ] Yes [ ] No | Outbreak reference number: |

**Please include copy of laboratory results/Send to Secure Fax 502-696-3803**