*Maryland Department of Health and Mental Hygiene*

CRE CASE REPORT FORM

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_/ \_\_\_\_\_\_

**Last First**

**Sex: M F Unknown Patient Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Medical Record # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admission Date \_\_\_ / \_\_\_/ \_\_\_\_**

 (if patient admitted to a hospital)

**Processing Laboratory** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requesting Facility (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g. long term care facility, other hospital campus, etc.)

Requesting Physician (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g. outpatient provider)

Specimen Collection Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specimen Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If urine culture, colony count: ⁪ <10,000 ⁪ 10,000 – 49,999 ⁪ 50,000 – 100,000 ⁪ >100,000

Species isolated

⁪ *Escherichia coli* ⁪  *Klebsiella pneumoniae* ⁪Other *Klebsiella spp* (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁪ *Enterobacter spp* (specify) *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

⁪ Other(specify) *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

ATI/Kirby Bauer Susceptibilities Confirmatory Testing Results

 MIC Interpretation Test Type Performed? Result (circle)

Doripenem \_\_\_\_ \_\_\_\_

Ertapenem \_\_\_\_ \_\_\_\_ Modified Hodge ⁪ + --

Imipenem \_\_\_\_ \_\_\_\_

Meropenem \_\_\_\_ \_\_\_\_ PCR ⁪ + --

Cefotaxime \_\_\_\_ \_\_\_\_

Ceftriaxone \_\_\_\_ \_\_\_\_ If positive, for \_\_\_\_\_\_\_\_\_ (KPC, NDM, etc)

Ceftazidime \_\_\_\_ \_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_ ⁪ + --

 (specify)