Maryland Department of Health

CRO 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/Accession # :**_____

Specimen Source: _____

Species isolated

☐ ***Escherichia coli*** ☐ ***Klebsiella pneumoniae*** ☐ **Other *Klebsiella spp* (specify)**_____

☐ ***Enterobacter spp*** **(specify)** _____ ☐ ***Acinetobacter baumannii (*****or other organism included in *A. baumannii/calcoaceticus* complex)**

☐ **Other (specify)** _____

Antibiotic Susceptibility Testing

	MIC or zone diam	Interpretation
Doripenem	____	____
Ertapenem	____	____
Imipenem	____	____
Meropenem	____	____

Phenotypic Testing

MHT **Positive** ☐ **Negative** ☐
mCIM **Positive** ☐ **Negative** ☐
CarbaNP **Positive** ☐ **Negative** ☐

Molecular Testing

Type of test performed

- ☐ **Automated molecular assay (Verigene, Biofire etc)**
- ☐ **Carba-R**
- ☐ **PCR**
- ☐ **Other (specify)** _____

Result

- ☐ **KPC**
- ☐ **NDM**
- ☐ **VIM**
- ☐ **OXA-48**
- ☐ **IMP**
- ☐ **Other (specify)** _____