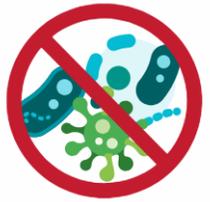


ATTENTION: CRITICAL LAB



CRE/MDR-A Transfer Form

PLACE PATIENT IN CONTACT PRECAUTIONS

Attach copies of latest culture reports with susceptibilities

Sending Healthcare Facility:

Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number
Name/Address of Sending Facility		Sending Facility Unit	Sending Facility phone
Contact	Name	Phone	E-mail
Case Manager/Admin/SW			
Infection Prevention			

Organism	Culture Source	Culture Date
<input type="checkbox"/> Carbapenem-resistant Enterobacteriaceae (CRE)	<input type="checkbox"/> Urine <input type="checkbox"/> Sputum <input type="checkbox"/> Blood <input type="checkbox"/> Wound <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Acinetobacter, multi-drug resistant (MDR-A)	<input type="checkbox"/> Urine <input type="checkbox"/> Sputum <input type="checkbox"/> Blood <input type="checkbox"/> Wound <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Urine <input type="checkbox"/> Sputum <input type="checkbox"/> Blood <input type="checkbox"/> Wound <input type="checkbox"/> Other: _____	

Name of Person completing form	Signature	Date	Name and phone of individual at receiving facility

KEEP THIS FORM WITH PATIENT MEDICAL RECORDS AT ALL TIMES