

Illinois Department of Public Health
Carbapenem Resistant Enterobacteriaceae
Case Investigation Form

RID _____ First Name _____ Last Name _____

DOB _____ Age _____ Gender Male Female

Specimen Date _____ Organism E. coli K. pneumoniae E. cloacae Other, specify _____

Specimen Type Blood Rectal Sputum Urine Wound Other, specify _____

Lab Testing Performed Susceptibility Modified Hodge MBL Etest PCR Other, specify _____

Mechanism of Resistance KPC NDM OXA IMP VIM Unknown Other, specify _____

Lab that completed testing _____

Healthcare Facility Encounters

Dates of Encounter	Healthcare Facility/Location	Room #	Room Type (e.g., single, double)

Medical History

ERCP Unknown No Yes. If yes, date(s) _____

Other invasive procedures Unknown No Yes. If yes, date(s) and procedure type(s): _____

Devices Urinary Catheter Tracheostomy ET tube Ventilator Central Line G-tube
 Other _____

Travel History

Travel outside the US in last 12 months? Unknown No Yes, specify country _____

Medical care outside the US in last 12 months? Unknown No Yes, specify country and type of care _____

Infection Control Actions in Place and/or Taken

Screening Cultures of Contacts? Unknown No Yes

If yes, results _____

Notification (of facilities, laboratories, health departments, etc.)

Notification Date	Individual Notified

Date completed: _____

Completed by: _____