City of Long Beach Department of Health and Human Services
2525 Grand Avenue, Suite 201
Long Beach, California 90815
Phone: (562) 570-4344 | Fax: (562) 570-4374

For use by Skilled Nursing Facilities only

CARBAPENEM-RESISTANT ENTEROBACTERIACEAE REPORT FORM

ORGANISM IDENTIFIED: ☐ *Klebsiella spp.* ***OR*** ☐ *Escherichia coli* ***OR*** ☐ *Enterobacter spp.*

Patient Name: Last	First	Middle Initial	Date of Birth:	Age:	Sex:

Permanent Home Address (Number, Street):	City:	State:	ZIP Code:

Home Phone Number:	Cell Phone Number:	Medical Record Number:

Race (check one):
☐ African-American/Black ☐ Asian/Pacific Islander ☐ Native American ☐ White ☐ Other:_____

Ethnicity (check one):
☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

HEALTHCARE PRESENTATION

Skilled Nursing Facility (SNF) Name:	SNF Address (Number, Street):

SNF City:	SNF State:	SNF ZIP Code:	SNF Phone Number:	Date of first admission:

Date of current admission:

For the current admission, where was the resident admitted from?
☐ Hospital ☐ Long-Term Acute Care (LTAC) ☐ Home ☐ Other SNF Facility Name:_____

Was the resident admitted to your facility from another healthcare facility in the four weeks prior to their current positive test? ☐ Yes ☐ No ☐ Unknown

If Yes, what type of facility? ☐ Hospital ☐ LTAC ☐ Other SNF Facility name: _____

Disposition:
☐ Current Resident
☐ Discharged to: (☐ Hospital ☐ LTAC ☐ Another SNF ☐ Home) If Discharged, Date of discharge: _____
☐ Died- Date of death: _____

DIAGNOSTIC TESTS (Attach laboratory results - REQUIRED)

Specimen collection date:

Specimen source: ☐ Blood ☐ Sputum ☐ Wound: (☐ sterile site **OR** ☐ non-sterile site)
☐ Urine ☐ Rectal swab ☐ Other: _____

Was the bacterial isolate tested for the presence of a carbapenemase?
☐ Yes ☐ No ☐ Unknown

If Yes, which tests were done (check all performed):
☐ Broth MIC ☐ PCR ☐ ETest ☐ Carba-NP
☐ MHT ☐ Unknown ☐ Other (specify):_____

If Yes, what carbapenemase was detected (check all that apply):
☐ Klebsiella pneumoniae carbapenemase (KPC) ☐ New Delhi metallo-β-lactamase (NDM) ☐ Imipenemase (IMP) ☐ OXA-48-like
☐ Verona integron-encoded metallo-β-lactamase (VIM) ☐ Negative/none detected ☐ Other (specify):_____

REMARKS

SUBMITTER INFORMATION

Submitter Name:	Title:	Phone Number:	Date Completed:

Fax completed form and laboratory report to (562) 570-4374