



Table 1. Instructions for Completion of the **Laboratory-identified MDRO or CDAD Event** form (CDC 57.128)

Data Field	Instructions for Form Completion
Facility ID	The NHSN-assigned facility ID number will be autoentered by the computer.
Event #	Event ID number will be autoentered by the computer.
Patient ID	Required. Enter the alphanumeric patient ID. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters. This should be an ID that remains the same for the patient across all visits and admissions.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Enter any other patient ID assigned by the facility.
Patient Name, Last First, Middle	Optional. Enter the name of the patient. If available, data will be autoentered from Patient Form.
Gender	Required. Circle M (Male) or F (Female) to indicate the gender of the patient.
Date of Birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity (specify)	Optional. Enter the patient's ethnicity: Hispanic or Latino Not Hispanic or Not Latino
Race (specify)	Optional. Enter the patient's race: Select all that apply. American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
Event Details	
Event Type	Required. Event type = LabID.
Date Specimen Collected	Required. Enter the date the specimen was collected for this event using format: MM/DD/YYYY
Specific Organism Type	Required. Check the pathogen identified for this specimen for one of the following laboratory-identified MDRO types: MRSA, MSSA (if tracking MRSA & MSSA), VRE, MDR- <i>Klebsiella</i> , MDR- <i>Acinetobacter</i> or <i>C. difficile</i> . Use one form per LabID event (i.e., 1 form for each pathogen).
Outpatient	Required. Circle "Yes" if the patient meets the definition of an NHSN Outpatient: A patient whose date of admission to the healthcare facility and date of discharge are the <u>same</u> day. If the patient was an outpatient, do not enter Date Admitted to Facility, Location, or Date Admitted to Location.
Specimen Source	Required. Enter the type of material or anatomic site from which the specimen was taken using the source description that is most



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	specific. (e.g., sputum, blood, nasal cavity, breast abscess, wound, etc.)
Date Admitted to Facility	Conditionally required. Enter the date the patient was admitted to facility using this format: MM/DD/YYYY. If the patient was OP only and not admitted, leave this blank.
Location	Conditionally required. Enter the patient care area where the patient was assigned when the laboratory-identified MDRO or <i>C. difficile</i> event occurred even if the patient had just been transferred from another part of the facility (i.e., the NHSN “transfer rule” does not apply for LabID events).
Date Admitted to Location	Conditionally required. Enter the date the patient was admitted to the patient care area where laboratory-identified monitoring is being performed and where the event was identified in the patient.
Documented prior evidence of infection or colonization with this specific organism type?	<p>Required. Circle “Yes” or “No” depending on whether there is prior evidence as documented by a healthcare provider or laboratory report that the patient had a specimen that was positive for the same specific organism type (includes flags for ‘known positive’). Statements from the patient should not be treated as documented evidence. If there is a previous LabID event for this organism type entered in NHSN in a prior month, the system will auto-populate with a “Yes.”</p> <p>Do not answer this question if organism type is MSSA.</p>
Required for CDAD (Optional for Other MDROs)	
Has patient been discharged from your facility in the past 3 months?	Conditionally Required. Circle “Yes” if the patient has been an inpatient and discharged from your facility in the past three months, otherwise circle “No”.
Date of last discharge from your facility	Conditionally Required. If the patient was discharged from your facility in the past 3 months (previous question is circled “Yes”), enter the most recent date of discharge prior to the current admission. Use format: MM/DD/YYYY
Custom Fields	
Labels	Optional. Up to two date fields, 2 numeric and 10 alphanumeric fields that may be customized for local use. NOTE: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.
Comments	Optional. Enter any information on the Event. This information may not be analyzed.