

COVID-19 Module Long Term Care Facility: Resident Therapeutics

Page 1 of 1		*Required to save; **Conditional
NHSN Facility ID:		CMS Certification Number (CCN):
Facility Name: Facility Type:		Facility Type:
*Date fo	r which coι	Ints are reported: / Date Created: / /
Report total counts for the below questions only <u>one calendar day during the reporting week</u> and include only <u>new</u> <u>counts</u> since the previously reported counts. If the count is zero, a "0" must be entered as the response. A blank response is equivalent to missing data.		
		therapeutic listed, enter number of residents who received the therapeutic at this facility ere during the reporting week:
	Therapeu	tic: Bamlanivimab (Lilly)
		How many residents were treated from stock stored at this facility?
		**How many residents were treated from stock that was stored at another facility, such as an infusion center?
	Therapeu	tic: Casirivimab plus Imdevimab (Regeneron)
		How many residents were treated from stock stored at this facility?
		**How many residents were treated from stock that was stored at another facility such as an infusion center?
Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)). CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the		
time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN:		

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