



Bacterial Infections

Patient ID: ____ - ____ - ____ - ____

Record Positive results only:

Infection 1 = Blood 2 = Tracheal aspirate 3 = Urine 4 = Catheter 5 = Wound 6 = Ascites 7 = Nasal 8 = Bronchial wash	Sample date <i>(mm/dd/yy)</i>	Test Culture 1 = S aureus 8 = Enterococci 2 = S epid 9 = Serratia 3 = S pneum 10 = Pseudomonas 4 = E coli 11 = Bacillus 5 = Klebsiella 12 = CoNS 6 = Fungus 13 = E. Aerogenes 7 = MRSA 14 = S pyogenes (Grp A)	Infection Status* at end of Follow-up, Transplantation, or Death		System ID
			At the time of		
	____/____/____ <input type="checkbox"/> Unknown		1 <input type="checkbox"/> Resolved 2 <input type="checkbox"/> Continuing -3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Last follow-up (or LTF) 2 <input type="checkbox"/> Liver (or BM) Transplantation 3 <input type="checkbox"/> Death	
	____/____/____ <input type="checkbox"/> Unknown		1 <input type="checkbox"/> Resolved 2 <input type="checkbox"/> Continuing -3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Last follow-up (or LTF) 2 <input type="checkbox"/> Liver (or BM) Transplantation 3 <input type="checkbox"/> Death	
	____/____/____ <input type="checkbox"/> Unknown		1 <input type="checkbox"/> Resolved 2 <input type="checkbox"/> Continuing -3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Last follow-up (or LTF) 2 <input type="checkbox"/> Liver (or BM) Transplantation 3 <input type="checkbox"/> Death	
	____/____/____ <input type="checkbox"/> Unknown		1 <input type="checkbox"/> Resolved 2 <input type="checkbox"/> Continuing -3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Last follow-up (or LTF) 2 <input type="checkbox"/> Liver (or BM) Transplantation 3 <input type="checkbox"/> Death	
	____/____/____ <input type="checkbox"/> Unknown		1 <input type="checkbox"/> Resolved 2 <input type="checkbox"/> Continuing -3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Last follow-up (or LTF) 2 <input type="checkbox"/> Liver (or BM) Transplantation 3 <input type="checkbox"/> Death	
	____/____/____ <input type="checkbox"/> Unknown		1 <input type="checkbox"/> Resolved 2 <input type="checkbox"/> Continuing -3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Last follow-up (or LTF) 2 <input type="checkbox"/> Liver (or BM) Transplantation 3 <input type="checkbox"/> Death	
	____/____/____ <input type="checkbox"/> Unknown		1 <input type="checkbox"/> Resolved 2 <input type="checkbox"/> Continuing -3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Last follow-up (or LTF) 2 <input type="checkbox"/> Liver (or BM) Transplantation 3 <input type="checkbox"/> Death	

*Status at the first of liver (or bone marrow) transplantation, death, or at the end of the follow-up period (or last patient contact date)