Facility:______________________

Contact Person:___________________

Carbapenem-resistant Enterobacteriaceae (CRE) Line List

Date:___/___/____

	Name	Room #	DOB	Type of Infection (or colonization)	Symptom Onset Date	Laboratory		Hospitalized			Invasive Devices	Continent (Yes/No)	Outcome (Recovered, Transferred, Deceased)
						Specimen	Specimen Collection Date	Hospital or N/A	Admit Date	Discharge Date			
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													

Facility:______________________

Contact Person:___________________

Carbapenem-resistant Enterobacteriaceae (CRE) Line List

Date:___/___/____

17													
18													
19													
20													

Page #:____