Kentucky Reportable MDRO Form
Department for Public Health
Division of Epidemiology and Health Planning
275 East Main St., Mailstop HS2E-B
Frankfort, KY 40621-0001

EPID 250 –MDRO

KDPH use only:
Record No:

DEMOGRAPHIC DATA

Patient's Last Name:	First:	M.I.:	Date of Birth: / /	Age:	Gender ☐ M ☐ F ☐ Unk
City:	State:	Zip:			County of Residence:
Phone Number:	Patient ID Number:	Ethnic Origin: ☐ His. ☐ Non-His.	Race: ☐ W ☐ B ☐ A/PI ☐ Am.Ind. ☐ Other		

DISEASE INFORMATION

Organism name:	Date of Onset / /	Date of Diagnosis / /

MDRO type:
☐ CRE-*E.coli* ☐ CRE-*Klebsiella* ☐ CRE-Other ☐ ESBL ☐ MDR-Acinetobacter ☐ MRSA ☐ VRE ☐ Other

Hospitalized: ☐ Yes ☐ No	Hospital Name:	Admission Date / /	Discharge Date / /

Admitted from: ☐ Home ☐ LTC Facility ☐ Other HC Facility ☐ Other	Specify Name:

Agency completing form: Name: Agency Type:	Attending Physician: Name:
Address:	Address:
Phone: Date of Report: / /	Phone:

Person Completing Form:
Name:

LABORATORY INFORMATION

Date of Test	Name or Type of Test	Name of Laboratory	Specimen Source	Results

Type of culture: ☐ Clinical ☐ Surveillance	Patient infected or colonized: ☐ Infected ☐ Colonized

DISPOSITION INFORMATION

Status: ☐ Expired
Discharged to: ☐ Home ☐ LTC Facility ☐ Other HC Facility ☐ Other
Specify Name:

Was the receiving facility notified of the patient's MDRO status:
☐ Yes ☐ No ☐ Unk

Identifying Facility:
Name: Facility Type:

Address:

Phone:

Outbreak Associated: ☐ Yes ☐ No	Outbreak reference number:

Please include copy of laboratory results/Send to Secure Fax 502-696-3803