

Table 5. Instructions for Completion of the LTCF Laboratory-identified (LabID) MDRO or CDI Event form (CDC [57.138](#))

Data Field	Instructions for Form Completion
Resident Information	
Facility ID	Required. The NHSN-assigned facility ID number will be auto populated by the system.
Event ID	Required. Event ID number will be auto populated by the system.
Resident ID	Required. Enter the alphanumeric resident ID. This is the resident identifier assigned by the facility and may consist of any combination of numbers and/or letters. This should be an ID that remains the same for the resident across all visits and admissions.
Medicare number	<i>Optional.</i> Enter the resident Medicare number or comparable railroad insurance number.
Resident Name	<i>Optional.</i> Enter the name of the resident (Last, First, Middle)
Sex	Required. Select F-Female, M-Male, or N-Missing Note: Select “N – Missing” only if a value of F or M is not available in the medical record.
Date of Birth	Required. Select the date of the resident’s birth using the drop-down calendar.
Ethnicity (specify)	Required. Enter the residents’ ethnicity: Hispanic or Latino; Not Hispanic or Not Latino; Declined to Respond; Unknown. Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. * The resident should always be asked to identify their race and ethnicity. If the resident is not a good historian, then check with a reliable family member. NOTE: Collecting race and ethnicity is important for understanding trends and ensuring the wellbeing of racial and ethnic minority groups. However, if after all attempts it is not possible to obtain ethnicity information, the appropriate response below, may be chosen: • Declined to respond • Unknown * https://www.census.gov/topics/population/hispanic-origin/about.html
Race (specify)	Required. Specify one or more of the choices below to identify the individual’s race. NOTE: Collecting race and ethnicity is important for understanding trends and ensuring the wellbeing of racial and ethnic minority groups. • American Indian/Alaska Native

	• Asian • Black or African American • Native Hawaiian/Other Pacific Islander • White • Middle Eastern or North African • Declined to respond • Unknown This data should be based upon the individual respondent's self-identification with regards to race. If the resident is a poor historian, solicit information from a reliable family member. NOTE: Hispanic or Latino is not a race, a person may be of any race while being Hispanic or Latino.
Resident Type	Non-editable. Auto-populated by NHSN as short stay or long-stay after user enters the <i>Date of First Admission to the Facility</i> and the <i>Date Specimen Collected</i> (specifically for LABID events). The following resident types and definitions include: ☐ Short stay: Resident has been in the facility for 100 or less days from date of first admission. In other words, if the Event Date minus the First Admission Date is less than or equal to 100; then resident type should be "SS". ☐ Long stay: Resident has been in the facility for more than 100 days from date of first admission. In other words, if the Event Date minus the First Admission Date is greater than 100 then the resident type should be "LS". Important: Users are NOT permitted to edit the auto-populated resident type.
Date of First Admission to Facility	Required. The date of first admission is defined as the date the resident first entered the facility. This date remains the same even if the resident leaves the facility (for example, transfers to another facility) for short periods of time (less than 30 consecutive days). If the resident leaves the facility and is away for 30 or more consecutive days, the date of first admission should be updated to the date of return to the facility. Select the Date of First Admission using the dropdown calendar.

Data Field	Instructions for Form Completion
Date of Current Admission to Facility	Required. The date of current admission is the most recent date the resident entered the facility. <i>If the resident enters the facility for the first time and has not left, then the date of current admission will be the same as the date of first admission.</i> Select the date of current admission using the drop-down calendar. Notes: - If the resident leaves the facility for more than 2 calendar days (the day the resident leaves the facility is equal to day 1) and returns, the date of current admission should be updated to the date of return to the facility. - If the resident has not left your facility for more than 2 calendar days, then the date of current admission should not be changed. - Date of current admission must occur BEFORE the date of event. <i>Example:</i> A resident is transferred from your facility to an acute care facility on June 2, 2025, and returns on June 5, 2025. The current admission date would be 06/05/2025. One week later, the same resident goes to the emergency department (ED) for evaluation on June 12, 2025, and returns on June 13, 2025. The date of current admission remains 06/05/2025.
Event Information	
Event Type	Required. For Event Type, select LABID-Laboratory-identified MDRO or CDI Event.
Date Specimen Collected	Required. Enter the date the specimen was collected for this event using the drop-down calendar. Notes: Date <i>Specimen Collected</i> must occur AFTER the current admission date. For LabID events, the date of specimen collection is equivalent to the event date.
Specific Organism Type	Required. Using the drop-down menu, select the specific organism type (<i>C. difficile</i> or a MDRO) being reported for the LabID event. Only one organism may be reported per event entered. MDR-<i>Acinetobacter</i>; CDIF-<i>C. difficile</i>; CephR-<i>Klebsiella</i>, CRE-<i>E. coli</i>, CRE- <i>Enterobacter</i>, CRE-<i>Klebsiella</i>, MRSA, MSSA (if tracking MRSA & MSSA together), or VRE Notes: - If multiple MDROs are identified from the same culture, create a new Event report for each MDRO (specifically, 1 form for each MDRO pathogen). - If conducting surveillance for CRE, the facility must include all three CRE organisms (<i>E. coli</i>, <i>Klebsiella</i>, and <i>Enterobacter</i>) in the monthly reporting plan and conduct surveillance for all three organisms.

Data Field	Instructions for Form Completion
Specimen Body Site/System	Required. Select the main body site/system from which the specimen was taken using the description that is most specific. Note: If CDIF-C. difficile was selected as the <i>Specific Organism Type</i>, the <i>Specimen Body Site/System</i> and <i>Specimen Source</i> will auto-populate to <i>Digestive System</i> and <i>Stool Specimen</i>, respectively. Otherwise, the user must select the correct Specimen Body Site/System to reflect specimen collection site. For example, if MRSA was identified in a urine specimen, user should select Genitourinary (GU). If MRSA was identified in a blood specimen, Cardio/Circulatory/Lymph (CARD) should be selected. If the MDRO was identified in a wound specimen, Skin/Soft Tissue (SST) may be selected. Cardio/Circulatory/Lymph (CARD); Central Nervous System (CNS); Digestive System (DIGEST); Eyes, Ears, Nose, and Throat (EENT); Endocrine (ENDCRN); Genitourinary (GU); Musculoskeletal (MSC); Reproductive Female (REPRF); Reproductive Male (REPRM); Respiratory (RESP); Skin/Soft Tissue (SST); Unspecified

Specimen Source	Required. Enter the specific source from which the specimen was taken using the most accurate from the available choices. Examples of specimen source by each specimen body site/system include: <i>Cardio/Circulatory/Lymph (CARD):</i> Blood, Lymph node, Vein, Spleen <i>Central Nervous System (CNS):</i> Brain, CSF, Spinal Cord <i>Digestive System (DIGEST):</i> Stool, Rectal Swab, Liver, Stomach <i>Eyes, Ears, Nose, and Throat (EENT):</i> Mouth, Throat, Eye fluid <i>Endocrine (ENDCRN):</i> Thyroid, Thymus <i>Genitourinary (GU):</i> Urine, Genital swab, Perineal, Urethral swab, <i>Musculoskeletal (MSC):</i> Fat, Bone, Muscle, Synovial fluid <i>Reproductive Female (REPRF):</i> Amniotic fluid, Ovary, Vaginal fluid <i>Reproductive Male (REPRM):</i> Prostatic fluid, Sperm <i>Respiratory (RESP):</i> BAL, Lung, Nasopharyngeal wash, Pleural fluid <i>Skin/Soft Tissue (SST):</i> Wound, Abscess, Skin, Soft tissue biopsy For example, if MRSA was identified in a urine specimen and the user selected <i>Genitourinary (GU)</i> for “specimen body site/system,” <i>Urinary Specimen</i> may be selected for “specimen source.” As another example, if MRSA was identified in a blood specimen and <i>Cardio/Circulatory/Lymph (CARD)</i> was selected as “specimen body site/system,” <i>Blood Specimen</i> may be selected as the “specimen source.” As another example, if VRE was identified in a wound specimen and user selected “<i>Skin/Soft Tissue (SST)</i>” “specimen body site/system,” <i>Wound</i> may be selected as the “specimen source.”
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Data Field	Instructions for Form Completion
Resident Care Location	Required. Enter the location where the resident was residing on the date the specimen was collected. If a specimen was collected while the resident was receiving care from an ED or OP location, the <i>Resident Care Location</i> should indicate the resident’s primary LTCF location prior to visiting the outpatient setting.
Primary Resident Service Type	Required. Check the single primary service that best represents the type of care the resident is receiving on the date the specimen was collected: Long-term general nursing, long-term dementia, long-term psychiatric, skilled nursing/short-term rehab (subacute), ventilator, bariatric, or hospice/palliative. Note: If a specimen was collected while the resident was receiving care from an ED or OP setting, the Primary Resident Service Type should indicate the resident’s primary service type prior to visiting the outpatient setting.

Has resident been transferred from an acute care facility in the past 4 weeks?	Required. Select “YES” if the resident has been an <u>inpatient</u> of an acute care facility (hospital, long-term acute care hospital, or acute inpatient rehabilitation facility only) <u>and</u> was directly admitted to your facility in the past four weeks (specifically 28 days, with the day of specimen collection being day 1) prior to the current positive specimen collection date. Otherwise, select “NO”. Note: Previous emergency department and/or outpatient visits (physician’s office) are excluded since these outpatient visits do not represent an inpatient admission.
If yes, date of last transfer from acute care to your facility	Conditionally required. If “YES” was selected for the previous question, “has resident been transferred from acute care to your facility in the past four weeks,” select the most recent date of transfer using the drop-down calendar.
If yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility?	Conditionally required. If “YES” was selected for the question, “has resident been transferred from acute care to your facility in the past four weeks,” select “YES” if the resident was on antibiotic therapy for this specific organism at the time of transfer to your facility or select “NO” if the resident was not on antibiotic therapy for this specific organism at the time of transfer to your facility.
Documented prior evidence of infection or colonization with this specific organism type from a previously reported LabID Event?	Non-editable. NHSN will auto populate the response to this question based on prior months LabID Events submitted to NHSN by your facility for this resident. If there is a previous LabID event submitted by your facility for the resident for the same organism type in a prior month, NHSN will auto-populate with a “YES.” Important: This question is not used in the categorization of <i>C. difficile</i> LabID Events.
Data Field	Instructions for Form Completion
Custom Fields	
Labels	<i>Optional.</i> Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric. Note: Each Custom Field must be set up in the Facility/Custom Options section of the NHSN application before the field can be selected for use.
Comments	<i>Optional.</i> Enter any information on the event. Entered information is for facility internal use only and is not analyzed by NHSN.