

2025 NHSN CDI LabID Event Medical Record Abstraction Tool (MRAT) Instructions

V1.0 Updated January 2026 – for validating 2025 data

For validation of *Clostridium difficile* (*C. diff*) positive specimens LabID Event reporting in acute care hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities conducting LabID Event surveillance. Based on CDC sampling guidance, this tool will be used in two ways:

- **[Sample A]** to validate reportability of the FIRST inpatient *C. diff* positive specimen tested on unformed stool for a patient and location; and
- **[Sample B]** to validate reportability of a subsequent selected, non-first *C. diff* positive specimen tested on unformed stool for a patient and location.

Sample A evaluates the facility's ability to link early inpatient *C. diff*-positive laboratory assays to recent episodes of care. Sample B evaluates the facility's ability to correctly identify duplicate vs. reportable events. See NHSN Patient Safety (PS) Manual Chapter 12 for further details.

Note: When using a multi-testing methodology for *C. diff* identification, the final result of the last test finding which is placed onto the patient medical record will determine if the CDI positive laboratory assay definition is met. Only when the final report has specific test times attached to each of the individual testing methods (for example, antigen/toxin and PCR) can one make a valid determination of which test is performed first and which is performed last. If there are no specific test times/time stamps attached to each individual testing method on the final lab report, consider the tests as performed simultaneously and any positive finding is eligible for use.

Section 1. Patient Information and Sampling Type

Enter patient identifiers and demographics. Identify the method of sample validation, whether it is Sample A: a first positive *C. diff* specimen (PCS) OR Sample B: a selected, non-first PCS.

Section 2. Positive *C. diff* specimens

For Sample A, begin with the first PCS and enter it into the first row; for Sample B, begin with the selected PCS. Next, review the 14 days prior to the first/selected PCS to identify if additional PCS were collected in the same location. If additional specimens are identified, enter them into the table in reverse chronological order and review the next 14-day period from the earliest collection date identified to find additional PCS. Repeat this until no additional PCS in the same location are identified.

Work across the row to determine if the PCS were reportable to NHSN. PCS are considered reportable to NHSN if there is no prior positive *C. diff* specimen from the patient in the same location OR more than 14 days since last positive *C. diff* specimen from the patient in the same location.

Section 3. Case Classification

Determine if the first (sample A) or selected (sample B) PCS was correctly reported or correctly not reported, over reported, or under

reported. If the PCS was correctly reported or correctly not reported, validation for this patient is complete.

Section 4. Misclassification Reason

If the PCS was misclassified, select the most appropriate reason for the misclassification. If “Other” is selected, specify the reason.