## **Inter-Facility Infection Prevention and Safety Form**

Complete this form and send it with your facility transfer form to the receiving institution.

\*Attach copies of latest culture reports with susceptibilities, if available.

Sending Facility								
Patient/Resident Last Name	First Name		Date of Birth		Medical Record Number			
Name of Sending Facility Sending Unit				Sending Facility Phone Number				
Is the patient/resident currently in transmission-based precautions?								
Does the patient/resident have MDROs or other organisms of infection control significance?								
Significant Organisms					Colonization	Colonization Active Infection		
					or History	on Treatment		
					Check if YES	Check if YES		
Acinetobacter, multidrug-resistant								
Carbapenem resistant Enterobacteriaceae (CRE)								
Has the WA State Lab confirmed that CRE is Carbapenemase-producing?								
Clostridium difficile								
E coli, Klebsiella, Proteus etc. w/Extended Spectrum β-Lactamase (ESBL)						L		
Methicillin-resistant Staphylococcus aureus (MRSA)						<u> </u>		
Vancomycin-resistant Enterococcus (VRE)							<u> </u>	
Other:								
Has the patient/resident been treated lately within the last three months for an infestation/parasite?    Bed Bugs								
				ent self report receiving vaccine?				
Influenza (seasonal)					Yes No			
Pneumococcal					Yes	No		
Other:					Yes	No		
Printed Name of Person co	mpleting form	Signature	of Person co	mpletinį	g form	Date		





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