

Infectious Organism Transfer Form

Use this form for all patient transfers between facilities.
 This form is not intended to be used as criteria for admission. On transfer, please include all positive lab results that pertain to this form.

Patient Label Here






Patient Name:		
DOB:	MRN:	Transfer Date:
Receiving Facility (RF):		
RF Contact Name:		RF Contact Phone:
Sending Facility (SF):		
SF Contact Name:		SF Contact Phone:

Precautions

Were Enhanced Barrier Precautions in use? Yes No N/A

Check all appropriate Isolation Precautions: Airborne Contact Droplet Standard

Personal protective equipment (PPE) recommended:

				
<input type="checkbox"/> Gown	<input type="checkbox"/> Mask	<input type="checkbox"/> N-95/PAPR	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Gloves

Organisms NONE IDENTIFIED

Organism(s) Identified	Specimen Source	Collection Date	Status: Colonization, History, Infection, Rule-Out
<input type="checkbox"/> C. auris (<i>Candida auris</i>)			
<input type="checkbox"/> C. diff (<i>Clostridioides difficile</i>)			
<input type="checkbox"/> CRE (Carbapenem-resistant Enterobacterales)			
<input type="checkbox"/> CPO (Carbapenemase producing organism- KPC, NDM, VIM, OXA, etc.)			
<input type="checkbox"/> CRAB (Carbapenem-resistant <i>Acinetobacter baumannii</i>)			
<input type="checkbox"/> CRPA (Carbapenem-resistant <i>Pseudomonas aeruginosa</i>)			
<input type="checkbox"/> Other, specify: (e.g. COVID-19, flu, lice, norovirus, scabies, TB, VRSA, etc.)			