



**Vancomycin Intermediate and Vancomycin Resistant  
*Staphylococcus aureus* (VISA/VRSA)  
Case Report Form**

Submitter: \_\_\_\_\_ Phone:    -    -    Date:  /  /

**PATIENT INFORMATION:**

<b>1. Patient name:</b> _____ (Last) (First)	<b>2. Medical record number:</b> _____	<b>3. Physician name/number:</b> _____ _____
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<b>4. Culture date:</b> Mo. Day Year <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<b>5. Identifying laboratory:</b> _____	<b>6. Age:</b> <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="text"/> Days 2 <input type="text"/> Mos. 3 <input type="text"/> Yrs. <b>6a. Age units:</b> Mo. Day Year <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>7. Sex:</b> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		<b>6b. Date of Birth:</b> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**8. Site from which organism isolated: (check all that apply):**

1 <input type="checkbox"/> Blood	1 <input type="checkbox"/> Joint	1 <input type="checkbox"/> Skin (swab/aspirate)	1 <input type="checkbox"/> Urine
1 <input type="checkbox"/> CSF	1 <input type="checkbox"/> Bone	1 <input type="checkbox"/> Sputum/trach	1 <input type="checkbox"/> Ear (drainage/aspirate)
1 <input type="checkbox"/> Pleural fluid	1 <input type="checkbox"/> Surgical specimen	1 <input type="checkbox"/> Nares	1 <input type="checkbox"/> Eye
1 <input type="checkbox"/> Peritoneal fluid	1 <input type="checkbox"/> Post-op wound	1 <input type="checkbox"/> Device/Catheter	1 <input type="checkbox"/> Other (specify) _____

<b>9. Hospital/Clinic where culture obtained:</b> _____	<b>10. Was patient hospitalized when culture was collected?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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**11. Is patient currently hospitalized?**  
 1  Yes 2  No If "No," where was patient discharged? \_\_\_\_\_

**12. Has patient received vancomycin in the past year?**  
 1  Yes 2  No  
 If "Yes" list date (s) that patient received vancomycin:  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

**13. Does patient have prior history of MRSA?**  
 1  Yes 2  No 9  Unknown  
**Date of most recent MRSA positive culture:**  
 1  /  /      
**Culture Site:** \_\_\_\_\_

**14. Has patient been hospitalized in the past year?**  
 1  Yes 2  No 9  Unknown

**15. Does patient have a prior history of VRE?**  
 1  Yes 2  No 9  Unknown  
**Date of most recent VRE positive culture:**  
 1  /  /      
**Culture Site:** \_\_\_\_\_

**16. Has patient had dialysis in the past year?**  
 1  Yes 2  No 9  Unknown

**17. Underlying medical conditions:** 1  Patient does not have any of the listed conditions 9  Unknown

1 <input type="checkbox"/> Heart failure/CHF	1 <input type="checkbox"/> HIV/AIDS	1 <input type="checkbox"/> Immunosuppressive therapy
1 <input type="checkbox"/> Diabetes mellitus	1 <input type="checkbox"/> IVDU	1 <input type="checkbox"/> Malignancy-hematologic
1 <input type="checkbox"/> Emphysema/COPD	1 <input type="checkbox"/> Current smoker	1 <input type="checkbox"/> Malignancy-solid organ
1 <input type="checkbox"/> Liver disease	1 <input type="checkbox"/> Alcohol abuse	1 <input type="checkbox"/> Other _____

**VISA/VRSA ISOLATE INFORMATION:**

**18. Did the *S. aureus* isolate have intermediate or full resistance to vancomycin?**  
 1  Intermediate    2  Resistant    9  Unknown

**19. What was the vancomycin MIC?**  
 1 : \_\_\_\_\_

**20. Were any other bacteria isolated in the culture?**  
 1  Yes    2  No    9  Unknown  
**If yes, list bacteria isolated from same culture:**  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_

**21. Was the MIC result repeated?**  
 1  Yes    2  No    9  Unknown

**22. Was there more than one organism on the purity plate?**  
 1  Yes    2  No    9  Unknown

**23. What susceptibility testing method was used?**  
 1  Manual broth dilution-microtitre wells    3  Automated (name of system) \_\_\_\_\_  
 2  Manual broth dilution tubes    4  Other \_\_\_\_\_

**24. Can the isolate be submitted to DHSS for confirmation?**  
 1  Yes    2  No    If "No," why can't isolate be sent? \_\_\_\_\_

**Please CALL 8 <GG k ]\A ]b' & \ ci fg at ( ) +' ) %\*%% or (toll free) 1-, \$\$-' - &-\$+& to report any VISA or VRSA isolate. ....**  
**Please have your lab send the isolate to the M]ggci f] G]NY Public Health Laboratory.**

**DHGG USE ONLY****DHGG GPHL Results**

**25. Organism identification:**  
 1  *Staphylococcus aureus*  
 2  Other (name of organism) \_\_\_\_\_

**26. Specimen number:**  
 \_\_\_\_\_

**27. Vancomycin MIC result:**  
 1 : \_\_\_\_\_

**28. Final result:**  
 1  VRSA    3  MSSA  
 2  VISA    4  Other species, not *S. aureus*  
 3  MRSA    5  Other (describe) \_\_\_\_\_

**NOTES: (including infection control recommendations)**