

**WIHS MEDICAL RECORD ABSTRACTION FORM
MICROBIOLOGY**

**FORM CA5
FORM VERSION 04/15/96**

RECORD NUMBER:

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WIHS ID NUMBER:

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SEQUENCE

FORM # _____ OF _____

DATE OF HOSPITAL ADMISSION OR OFFICE VISIT:

		/			/		
	M			D			Y

ABSTRACTOR'S INITIALS:

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A1. Date of abstraction

		/			/		
	M			D			Y

SECTION B. AFB CULTURES

(COPY PAGE IF >3 AFB CULTURE RESULTS ARE ABSTRACTED AND ATTACH TO THIS PAGE)

B1. Positive AFB culture results available?:

Yes.....1 (B2)

No.....2 (Section D)

B2. Number of cultures abstracted:

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Culture # 1	Culture # 2	Culture # 3
a.) Specimen Source Code _ _ (if 99, b)	a.) Specimen Source Code _ _ (if 99, b)	a.) Specimen Source Code _ _ (if 99, b)
b.) (Specify) _____	b.) (Specify) _____	b.) (Specify) _____
c.) Specimen date _ / _ / _ M D Y	c.) Specimen date _ / _ / _ M D Y	c.) Specimen date _ / _ / _ M D Y
d.) Organism identified * _____	d.) Organism identified * _____	d.) Organism identified * _____
e.) Event code _ _ _ _	e.) Event code _ _ _ _	e.) Event code _ _ _ _

*** If organism is M. Tuberculosis, complete Section C (MTB sensitivities/resistance), otherwise record zero at C1.**

Source Codes:

01 Abscess	09 Oral	17 Lymph Node Aspirate
02 BAL Fluid	10 Esophageal	18 Pleural Fluid
03 Blood	11 Stomach/Gastric	19 Skin Lesions, other than Abscess
04 Brain	12 Colon/Intestine	20 Sputum
05 Breast	13 Rectal/Anus	21 Stool
06 Cervix	14 IV/Central Catheter	22 Urine
07 CSF	15 Liver	23 Uterus
08 Gall Bladder Aspirate	16 Lung	99 Other source

WIHS ID#:

SECTION D: CULTURE RESULTS (POSITIVE/ANY GROWTH)

D1. Number of culture results reported as positive/any growth?: (If zero, **END**)

D2:

Specimen #	a.) Specimen Source Code b.) If 99, specify	c.) Date Specimen Collected M / D / Y	d.) Organisms Identified i. _____ ii. _____	e.) Event Code(s) i. <input type="text"/> <input type="text"/> <input type="text"/> ii. <input type="text"/> <input type="text"/> <input type="text"/>
#1	a.) <input type="text"/> <input type="text"/> <input type="text"/> b.) _____	____ / ____ / ____ M / D / Y	i. _____ ii. _____	i. <input type="text"/> <input type="text"/> <input type="text"/> ii. <input type="text"/> <input type="text"/> <input type="text"/>
#2	a.) <input type="text"/> <input type="text"/> <input type="text"/> b.) _____	____ / ____ / ____ M / D / Y	i. _____ ii. _____	i. <input type="text"/> <input type="text"/> <input type="text"/> ii. <input type="text"/> <input type="text"/> <input type="text"/>
#3	a.) <input type="text"/> <input type="text"/> <input type="text"/> b.) _____	____ / ____ / ____ M / D / Y	i. _____ ii. _____	i. <input type="text"/> <input type="text"/> <input type="text"/> ii. <input type="text"/> <input type="text"/> <input type="text"/>
#4	a.) <input type="text"/> <input type="text"/> <input type="text"/> b.) _____	____ / ____ / ____ M / D / Y	i. _____ ii. _____	i. <input type="text"/> <input type="text"/> <input type="text"/> ii. <input type="text"/> <input type="text"/> <input type="text"/>
#5	a.) <input type="text"/> <input type="text"/> <input type="text"/> b.) _____	____ / ____ / ____ M / D / Y	i. _____ ii. _____	i. <input type="text"/> <input type="text"/> <input type="text"/> ii. <input type="text"/> <input type="text"/> <input type="text"/>
#6	a.) <input type="text"/> <input type="text"/> <input type="text"/> b.) _____	____ / ____ / ____ M / D / Y	i. _____ ii. _____	i. <input type="text"/> <input type="text"/> <input type="text"/> ii. <input type="text"/> <input type="text"/> <input type="text"/>
#7	a.) <input type="text"/> <input type="text"/> <input type="text"/> b.) _____	____ / ____ / ____ M / D / Y	i. _____ ii. _____	i. <input type="text"/> <input type="text"/> <input type="text"/> ii. <input type="text"/> <input type="text"/> <input type="text"/>
#8	a.) <input type="text"/> <input type="text"/> <input type="text"/> b.) _____	____ / ____ / ____ M / D / Y	i. _____ ii. _____	i. <input type="text"/> <input type="text"/> <input type="text"/> ii. <input type="text"/> <input type="text"/> <input type="text"/>

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