

**WIHS MEDICAL RECORD ABSTRACTION FORM  
MICROBIOLOGY**

**FORM CA5  
FORM VERSION 07/01/96**

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:**

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

WIHS ID#:

[Empty box for WIHS ID#]

**SECTION C: MTB SENSITIVITIES**

Complete for each positive M. Tuberculosis culture listed in Section B (as identified in subquestion [d]). Copy additional pages as necessary.

C1. Number of MTB sensitivities completed: [ ] [ ] (If zero, skip to **Section D**)

C2. Source code: [ ] [ ] a.) Site specified (If 99): \_\_\_\_\_  
(If 99, **Specify** at a.)

b.) Date collected: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

YES NO

C3. Final culture result abstracted? 1 2

C4. Drug susceptibility/resistance reported? 1 2 (**Section D**)

C5. Drug testing results (S=Susceptibility; R=Resistance; NR=Not Reported)

	<u>DRUG</u>	<u>Abbreviations</u>	<u>S</u>	<u>R</u>	<u>NR</u>
a.	Isoniazid	INH	1	2	3
b.	Rifampin	RIF	1	2	3
c.	Rifabutin	RBF	1	2	3
d.	Ethambutol	ETH	1	2	3
e.	Ethionamide	THA	1	2	3
f.	Streptomycin	SM	1	2	3
g.	Pyrazinamide	PZA	1	2	3
h.	Cycloserine	CS-D	1	2	3
i.	Kanamycin	KM	1	2	3
j.	Capreomycin	CAP	1	2	3
k.	Ciprofloxacin	CIP	1	2	3
l.	Ofloxacin		1	2	3
m.	Para-aminosalicylic acid	PAS	1	2	3

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<b>05 Cervix</b>	<b>13 IV/Central Catheter</b>	<b>21 Urine</b>
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**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, <b>specify</b>	c.) Date Specimen Collected	d.) Organisms Identified	e.) Event Code(s)
#1	a.) <input type="text"/> b.) _____	<input type="text"/> / <input type="text"/> / <input type="text"/> M D Y	i. _____ ii. _____	i. <input type="text"/> ii. <input type="text"/>
#2	a.) <input type="text"/> b.) _____	<input type="text"/> / <input type="text"/> / <input type="text"/> M D Y	i. _____ ii. _____	i. <input type="text"/> ii. <input type="text"/>
#3	a.) <input type="text"/> b.) _____	<input type="text"/> / <input type="text"/> / <input type="text"/> M D Y	i. _____ ii. _____	i. <input type="text"/> ii. <input type="text"/>
#4	a.) <input type="text"/> b.) _____	<input type="text"/> / <input type="text"/> / <input type="text"/> M D Y	i. _____ ii. _____	i. <input type="text"/> ii. <input type="text"/>
#5	a.) <input type="text"/> b.) _____	<input type="text"/> / <input type="text"/> / <input type="text"/> M D Y	i. _____ ii. _____	i. <input type="text"/> ii. <input type="text"/>
#6	a.) <input type="text"/> b.) _____	<input type="text"/> / <input type="text"/> / <input type="text"/> M D Y	i. _____ ii. _____	i. <input type="text"/> ii. <input type="text"/>
#7	a.) <input type="text"/> b.) _____	<input type="text"/> / <input type="text"/> / <input type="text"/> M D Y	i. _____ ii. _____	i. <input type="text"/> ii. <input type="text"/>
#8	a.) <input type="text"/> b.) _____	<input type="text"/> / <input type="text"/> / <input type="text"/> M D Y	i. _____ ii. _____	i. <input type="text"/> ii. <input type="text"/>

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