

**WIHS MEDICAL RECORD ABSTRACTION FORM  
MICROBIOLOGY**

**FORM CA5  
FORM VERSION 09/01/96**

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:**

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 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>03 Blood</b>	<b>11 Stomach/Gastric</b>	<b>19 Skin Lesions, other than Abscess</b>
<b>04 Brain</b>	<b>12 Colon/Intestine</b>	<b>20 Sputum</b>
<b>05 Breast</b>	<b>13 Rectal/Anus</b>	<b>21 Stool</b>
<b>06 Cervix</b>	<b>14 IV/Central Catheter</b>	<b>22 Urine</b>
<b>07 CSF</b>	<b>15 Liver</b>	<b>23 Uterus</b>
<b>08 Gall Bladder Aspirate</b>	<b>16 Lung</b>	<b>99 Other source</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 M / D / Y	d.) Organisms Identified i. _____ ii. _____	e.) Event Code(s) i. [ ][ ][ ] ii. [ ][ ][ ]
#1	a.) [ ][ ][ ] b.) _____	____ / ____ / ____ M / D / Y	i. _____ ii. _____	i. [ ][ ][ ] ii. [ ][ ][ ]
#2	a.) [ ][ ][ ] b.) _____	____ / ____ / ____ M / D / Y	i. _____ ii. _____	i. [ ][ ][ ] ii. [ ][ ][ ]
#3	a.) [ ][ ][ ] b.) _____	____ / ____ / ____ M / D / Y	i. _____ ii. _____	i. [ ][ ][ ] ii. [ ][ ][ ]
#4	a.) [ ][ ][ ] b.) _____	____ / ____ / ____ M / D / Y	i. _____ ii. _____	i. [ ][ ][ ] ii. [ ][ ][ ]
#5	a.) [ ][ ][ ] b.) _____	____ / ____ / ____ M / D / Y	i. _____ ii. _____	i. [ ][ ][ ] ii. [ ][ ][ ]
#6	a.) [ ][ ][ ] b.) _____	____ / ____ / ____ M / D / Y	i. _____ ii. _____	i. [ ][ ][ ] ii. [ ][ ][ ]
#7	a.) [ ][ ][ ] b.) _____	____ / ____ / ____ M / D / Y	i. _____ ii. _____	i. [ ][ ][ ] ii. [ ][ ][ ]
#8	a.) [ ][ ][ ] b.) _____	____ / ____ / ____ M / D / Y	i. _____ ii. _____	i. [ ][ ][ ] ii. [ ][ ][ ]

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