Clostridium difficle Infection Line List   Facility Name_____

Case #	Case initials	MR#	Symptom Onset Date (Diarrhea)	Pt. Room at Symptom Onset		# Days in Room before Symptom Onset Date	Date of Current Admit	Date of Last D/C from Admitting Facility	Date of Positive Lab Result	Lab Test		Severe CDI (Y/N)	CDI Classification				
				#	Unit					Toxin A/B EIA	Other (Specify)		CA	COHA	HOHA	Indeter-minate	Un-known