

Line Listing of Residents - Gastrointestinal Outbreak or Increased Incidence of GI Symptoms (For Resident/Patient Cases)

Facility							Laboratory		Case Category	Symptoms							Outcomes related to Outbreak				Outcome unrelated to Outbreak Residential Facilities Only	Comments		
Unit/Floor																								
Data Entry Date <i>(dd-mmm-yyyy)</i>	Last Name	First Name	MRN	Age	Sex	Patient's Room Number <i>(when symptoms began)</i>	Lab sample submitted	Date sample submitted <i>(dd-mmm-yyyy)</i>	Confirmed, Probable or Not a Case	Symptom Onset Date <i>(dd-mmm-yyyy)</i>	Abdominal pain	Nausea	Vomit	Diarrhea	Date and time symptoms ended <i>(dd- mmm-yyyy hh:mm)</i> <i>(e.g. 01-Jan-2014 13:50)</i>	Resolution Date <i>(48 hrs after last symptoms)</i> <i>(dd-mmm-yyyy)</i>	Hospitalized	Transferred to another unit	Discharged	Died	Hospitalized	Died		

							Laboratory		Case Category	Symptoms							Outcomes related to Outbreak				Outcomes unrelated to outbreak				
Data Entry Date <i>(dd-mmm-yyyy)</i>	Last Name	First Name	MRN	Age	Sex	Patient's Room # at symptom onset	Lab sample submitted	Date sample submitted <i>(dd-mmm-yyyy)</i>	Confirmed, Probable or Not a Case	Symptom Onset Date <i>(dd-mmm-yyyy)</i>	Abdominal pain	Nausea	Vomit	Diarrhea	Date and time symptoms ended (dd-mmm-yyyy hh:mm) <i>(e.g. 01-Jan-2014 13:50)</i>	Resolution Date <i>(48 hrs after last symptoms)</i> <i>(dd-mmm-yyyy)</i>	Hospitalized	Transferred to another unit	Discharged	Died	Hospitalized	Died	Comments		