



HISWA VRE Surveillance Form

Reporting Facility		
Case Details		
UMRN		
First Name		
Surname		
DOB		
Speciality		
Admission Diagnosis		
Patient classification		
Date of Admission		
Date of Discharge		
Date of Death		
Patient presented from		
Has the patient been hospitalised outside of WA in the last 12 months?	Yes	No
If Yes: specify where:		
If hospitalised outside of WA in the last 12 months was a VRE screen performed on admission?	Yes	No
Did the patient have a prior micro-alert F? (Private hospitals can check via hiswa@health.wa.gov.au)	Yes	No
Did the patient have a prior micro-alert V? (Private hospitals can check via hiswa@health.wa.gov.au)	Yes	No
Did the patient have a prior vancomycin sensitive (VSE) isolate?	Yes	No
Number of contacts identified		

Specimen details		
Date of collection		
Laboratory Provider		
Laboratory specimen number		
Organism		
Van type		
Reason for collection		
Sterile site classification		
Surveillance classification		
Infection Acquisition		

Reporting completed by:

Name	Phone	Date submitted