

Appendix E – Notification of Carbapenemase-Producing Organisms (CPO) Transmission Investigation

Please complete this form for notification of a CPO transmission investigation in your facility or health authority and email to picnet@phsa.ca or fax to 604-875-4373

A. Notification Information

Health Authority: _____ Facility Name: _____ Unit: _____

Contact Person: _____ Title: _____

Contact Phone: _____ Email: _____

Facility type: Acute Care Hospital Residential Care Facility Other (_____)

Is this report: Notification of transmission investigation (complete section **B** below)

Notification of transmission investigation resolved (complete section **C**)

B. Transmission Investigation Notification

Date investigation initiated* (dd/mm/yyyy): _____

Organism (Genus species): _____

CPO gene identified (e.g. NDM, KPC): _____

C. Transmission Investigation Resolved

Date investigation closed (dd/mm/yyyy): _____

Notes:

Reported by: _____ Date: _____

* Date of investigation initiation = date of positive index case. Please contact Dr. Linda Hoang at 604-707-2618 or Linda.Hoang@bccdc.ca for questions or clarifications regarding this form.

Once completed, please send it to PICNet at picnet@phsa.ca (cc Guanghong.han@phsa) or fax 604-875-4343