Methicillin-Resistant *Staphylococcus aureus* and *Clostridium difficile* Infection Lab ID Denominator Report

Facility Name:	
Location Name:	
Month:	**Year:**
Total Patient Days:	
Total Admissions:	
Comments:	

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

For use by Michigan Department of Community Health (MDCH), Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit's MRSA/CDI Prevention Initiative (Coordinator: Gail Denkins, Epidemiologist: Prashanti Boinapally); fax the completed form to (517) 335-8263, ATTN: Prashanti Boinapally.

- *Facility Name* – The name of your healthcare facility
- *Location Name* – The name of the location at your facility where you are performing surveillance for MRSA and CDI. We are specifically looking for the name of the ward, floor, or unit. We do NOT need to know specific room numbers.
- *Total Patient Days* – Number of days that patients occupied beds for above mentioned month/year for you facility and location.
- *Total Admissions* – Number of patients admitted to location for above mentioned month/year for your facility and location.
- *Comments* – If you are submitting your MRSA/CDI denominators and you had zero MRSA/CDI events during the month, please indicate in the comments that you had no MRSA/CDI events. Anything else you wish to say that you think is valuable information. Please do not include any patient identifiers.