

Infection Control Transfer Form

This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer.
Please attach copies of latest culture reports with susceptibilities if available.

Sending Healthcare Facility: Apply Label Here

Sending Facility Contacts	Contact Names	Phone Numbers
Physician		
Infection Preventionist		

Does the person currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism?	Colonization or history	Active infection on Treatment
Acinetobacter, multidrug-resistant		
Candida auris		
Carbapenem-resistant Enterobacteriaceae (CRE)		
Clostridioides difficile		
COVID-19		
Ebola		
Enterobacteriaceae (e.g., E. coli, Klebsiella, Proteus) producing- Extended Spectrum Beta-Lactamase (ESBL)		
H1N1		
Influenza		
Methicillin-resistant Staphylococcus aureus (MRSA)		
Pseudomonas aeruginosa, multidrug-resistant		
Vancomycin-resistant Enterococcus (VRE)		
Other, specify (e.g., lice, scabies, norovirus, influenza):		

Is the person* currently in isolation? If so, why?	Yes	No
Type of Precautions (check all that apply)	Contact	Droplet
		Airborne

Does the person* currently have any of the following? (check all that apply)

Cough or requires suctioning Diarrhea Vomiting Incontinent of urine or stool
 Open wounds or wounds requiring dressing change Drainage (source): Hemodialysis catheter
 Central line/PICC (Approx. date inserted) Urinary catheter (Approx. date inserted) Suprapubic catheter
 Percutaneous gastrostomy tube Tracheostomy

COVID-19 Test Completed	Yes	No
Date Completed:		
Results	Negative	Positive

Report given to: _____ Date & Time: _____

Name of staff completing form (print): _____ Signature: _____