**Los Angeles County Department of Public Health**

**Patient Label Here**

Infectious Organism Transfer Form

Use this form for all patient transfers between facilities.

This form is not intended to be used as criteria for admission.

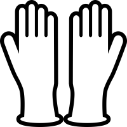
On transfer, please include all positive lab results that pertain to this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name:** | | | |
| **DOB:** | **MRN:** | | **Transfer Date:** |
| **Receiving Facility (RF):** | | | |
| **RF Contact Name:** | | **RF Contact Phone:** | |
| **Sending Facility (SF):** | | | |
| **SF Contact Name:** | | **SF Contact Phone:** | |

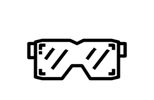
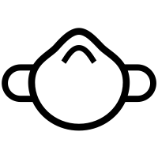
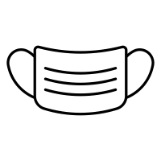
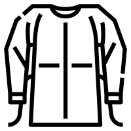
# Precautions

* Airborne ☐ Contact ☐ Droplet ☐ Standard

Check all appropriate Isolation Precautions:



Personal protective equipment (PPE) recommended:



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Gown | * Mask | * N-95 / PAPR | * Eye Protection | * Gloves |

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisms ☐ NONE IDENTIFIED** | | | |
| **Organism(s) Identified** | **Specimen Source** | **Collection Date** | **Status: Colonization, History, Infection, Rule-Out** |
| * **C. auris** (*Candida auris*) |  |  |  |
| * **C. diff** (*Clostridioides difficile*) |  |  |  |
| * **CRE** (Carbapenem-resistant Enterobacterales) |  |  |  |
| * **MDR Gram negatives:** (e.g. Acinetobacter, Pseudomonas) |  |  |  |
| * **MRSA** (methicillin-resistant   *Staphylococcus aureus*) |  |  |  |
| * **VRE** (vancomycin-resistant Enterococcus) |  |  |  |
| * **Other, specify:** (e.g. COVID-19, flu, lice, norovirus, scabies, TB, VRSA, etc.) |  |  |  |

**Los Angeles County Department of Public Health** [www.ph.lacounty.gov/acd/HCPmaterials.htm](http://www.ph.lacounty.gov/acd/HCPmaterials.htm) Revised 10/26/2020.

Page **1** of **1**

Approved by the Los Angeles County Healthcare-Associated Infections & Antimicrobial Resistance Committee.

