



**HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Kod Dokumen: HSAAS/IPC/BR35**

INTER HEALTHCARE INFECTION PREVENTION TRANSFER FORM

<p>Patients Details:</p> <p>Name:</p> <p>IC:</p> <p>MRN:</p>	<p>Transferring facility details:</p> <p>Name of Hospital: HOSPITAL SULTAN ABDUL AZIZ SHAH</p> <p>Ward:</p> <p>Contact Number:</p> <p>Reason for transfer:</p> <p>Is the Infection Control Unit aware of the transfer? Yes/No</p>
<p>Receiving facility (provide details):</p> <p>Name of Hospital:</p> <p>Ward:</p> <p>Is the Infection Control Team aware of transfer? Yes/No</p>	<p>Does this patient have a known or suspected infection / colonization risk. Please tick most appropriate box:</p> <p><input type="checkbox"/> MRSA <input type="checkbox"/> VRE</p> <p><input type="checkbox"/> CRE <input type="checkbox"/> ESBL</p> <p><input type="checkbox"/> <i>Clostridium difficile</i></p> <p><input type="checkbox"/> MRO _____</p> <p><input type="checkbox"/> Others _____</p>
<p>Relevant recent specimen results (including admission screens) e.g. MRSA, C Difficile and any other multi-resistant organisms:</p> <p>Relevant treatment information: (antibiotics/ dosing / start date / end date)</p>	
<p>Is the patient aware of the MDR status: Yes/ No</p>	<p>Does the patient require Isolation: Yes/ No</p>
<p>Other relevant Information</p>	
<p>Name of person completing the form:</p> <p>Designation:</p>	<p>Signature and official stamp:</p> <p>Date:</p>

*to be faxed/emailed/hard copy attached to referral letter # to be filled by referring medical officer.