

No.

## Reporting form

**Detection of Panton-Valentine-Leukocidin (PVL)-positive caMRSA  
(according to IfSGMeldeVO from 16.12.2012)**

material: ..... isolation date: ..... laboratory: .....

patient  
data: surname, name: .....

date of birth: .....

address: .....

telephone: .....

email: .....

☐ female

☐ male

☐ diverse

country of origin: .....

history of travel or migration: .....

hospital/ medical facility/ ward: .....

currently hospitalized: .....

☐ yes since when? ..... ☐ no

at the time of diagnosis: .....

☐ colonization ☐ infection

diagnosis: .....

☐ abscess

☐ furuncle

☐ other

☐ caMRSA already known? .....

☐ yes ☐ no

If yes, when and where was the first detection of caMRSA? .....

Treatment/ decolonization started? .....

☒ yes ☐ no

If yes, when and what is used? .....

Identification of household contacts? .....

☐ yes ☐ no

date: ..... treating medical staff: ..... signature: .....

Please fill in in block capitals