

No.

Reporting form

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

material: isolation date: laboratory:

patient surname, name:

data:

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