Utah Department of Health
and Human Services
288 N 1460 W
Salt Lake City, UT 84116
Phone: 801-538-6191
Confidential fax: 801-538-9923

Invasive streptococcal (other)

Confidential case report

Please fill in the blanks or check the answer for each field

Demographic information		
Last name:	First name:	MI:
Address:	City:	State:
County: / ZIP:	Date of birth: _____/_____/______	Age:
Phone #1:	Phone #2:	Phone #3:
Birth sex: ☐ M ☐ F	Race: (Check all that apply) ☐ White ☐ Black/African American ☐ American Indian ☐ Unknown ☐ Asian ☐ Alaskan Native ☐ Native Hawaiian or Pacific Islander	
Ethnicity: ☐ Hispanic ☐ Not Hispanic ☐ Other ☐ Unknown		
Parent/guardian name:		Relationship:
Patient's occupation:		

Clinical information		
Onset date: _____/_____/_____	Clinician name:	Clinician phone #:
Was patient hospitalized? ☐ Y ☐ N ☐ U	Hospital: Date of admission: _____/_____/_____ to _____/_____/_____ Medical record #:	
Did patient die? ☐ Y ☐ N ☐ U	Date of death: _____/_____/_____	
List name of organism:	*If group C or group G strep, use group A strep form*	

Laboratory information
Was culture done? ☐ Y ☐ N ☐ U
Name of laboratory: ______________________________ Date collected: _____/_____/_____
Type of sample: (Check all that apply) ☐ Blood ☐ CSF ☐ Fluid ☐ Muscle/tissue/bone ☐ Other
Test results: (Check one) ☐ Positive ☐ Negative ☐ Inconclusive ☐ Pending

Reporting		
Reported by: (Check all that apply) ☐ Hospital/ICP ☐ Clinic/doctor's office ☐ Lab ☐ General public ☐ Other ___________________ What is the date the lab reported to the clinician? _____/_____/_____ Reporter's name: ____ Phone number: ____________________ Reporter's agency: ____ Date reported to public health: _____/_____/_____		
LHD investigator:	Phone:	Date submitted to DHHS: _____/_____/_____
LHD reviewer:		
LHD case classification: (Check one) ☐ Confirmed ☐ Probable ☐ Suspect ☐ Pending ☐ Out of state ☐ Not a case		
DHHS case classification: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Pending ☐ Out of state ☐ Not a case		