OUTBREAK TRANSFER NOTIFICATION

Please be advised that			s being tr	ansferred from a facility
NAME	OF RESIDEN	NT/PATIENT		
experiencing an enteric outbreak. Pleas	e ensure th	nat appropriate isolation	n precauti	ons are taken upon
receipt of this resident/patient.				
At the time of the transfer, the resident/pa		☐ An outbreak associate ☐ A contact/roommate of		☐ Not a case
Outbreak organism:				☐ Not yet identified
		E PRINT		- Not you do named
For further information, please contact: _				
	NAME OF	INFECTION CONTROL DE	ESIGNATE	(FIRST & LAST NAME)
atNAME OF F			at ()
NAME OF F	FACILITY			PHONE NUMBER
OUTBREAK TF				
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at			at ()

PHONE NUMBER

NAME OF FACILITY