

# OUTBREAK TRANSFER NOTIFICATION

Please be advised that \_\_\_\_\_ is being transferred from a facility  
NAME OF RESIDENT/PATIENT  
experiencing an **enteric outbreak**. Please ensure that appropriate isolation precautions are taken upon receipt of this resident/patient.

At the time of the transfer, the resident/patient is:  An outbreak associated case  Not a case  
 A contact/roommate of a case

Outbreak organism:  \_\_\_\_\_  Not yet identified  
PLEASE PRINT

For further information, please contact: \_\_\_\_\_  
NAME OF INFECTION CONTROL DESIGNATE (FIRST & LAST NAME)  
at \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
NAME OF FACILITY PHONE NUMBER

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