ACORN

Patient Case Record Form F01 – Enrolment   ACORN ID: _____

Enrolment

Hospital code (country code – hospital ID)	|___|___| – |___|___|___|

Participant details

Date of enrolment (dd-mmm-yyyy)	|___|___| – |___|___|___| – |___|___|___|___|
Patient hospital ID (this ID must be present in the hospital microbiology lab database / LIMS)	|___|___|___|___|___|___|___|___|___|___|
ACORN ID	|___|___|___|___|___|___|___|___|___|___|
Date of birth (dd-mmm-yyyy)	|___|___| – |___|___|___| – |___|___|___|___|
Age (if DOB unknown)	|___| Years |___| Months |___| Days

Gender	☐ Female ☐ Male
	☐ Other ☐ Unknown
Date of admission (dd-mmm-yyyy)	|___|___| – |___|___|___| – |___|___|___|___|

Transfer from another hospital	☐ Yes	☐ No	☐ Unknown
Transfer from another facility (e.g. long-term care facility)	☐ Yes	☐ No	☐ Unknown
Date of hospitalisation (if transfer from another facility)	|___|___| – |___|___|___| – |___|___|___|___|		
Admission type	☐ Emergency	☐ Elective	☐ Unknown

Primary admission reason	☐ Infectious disease	☐ Orthopaedic (non-trauma)	☐ Cardiovascular
	☐ Endocrine / Metabolic	☐ Gastrointestinal	☐ Renal
	☐ Genitourinary	☐ Haematological	☐ Neurological
	☐ Pulmonary	☐ Trauma	☐ Gynaecological
	☐ Connective tissue disease / Rheumatologic	☐ Dermatological	☐ Oncologic
	☐ Undetermined		

Comorbidities

	☐ Congestive heart failure	☐ Chronic pulmonary disease	☐ Mild liver disease
	☐ Moderate or severe liver disease	☐ Connective tissue / rheumatologic disease	☐ Peptic ulcer
	☐ Diabetes	☐ Diabetes with end organ damage	☐ Hemi- or paraplegia
	☐ Renal disease	☐ Cancer/leukaemia	☐ Metastatic solid tumour

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	☐ AIDS		☐ Dementia		☐ Malaria
	☐ HIV on ART		☐ HIV without ART		☐ Malnutrition
	☐ Tuberculosis				

Recent healthcare exposure					
Overnight hospitalisation in the 3 months (90 days) before admission	☐ Yes		☐ No		☐ Unknown
Regular hospital contact (e.g. dialysis, cancer treatment in the 3 months (90 days before admission)	☐ Yes		☐ No		☐ Unknown
Surgery in the 3 months (90 days) before admission	☐ Yes		☐ No		☐ Unknown

Completed by: _____

Completion date: _____