

5 Quick Steps to Digitally Complete and Upload Case Report Forms (CRFs)

- Download a PDF reader (Adobe Acrobat Reader DC recommended)
- □Open the Case Report Form in the PDF reader (enabled for digital completion with fields highlighted in blue)
- □If fillable fields do not appear in blue, select 'Fill and Sign'
- □Complete CRF and save
- □Upload completed PDF to http://healthsurveys.nj.gov/NoviSurvey/n/zz2g8.aspx



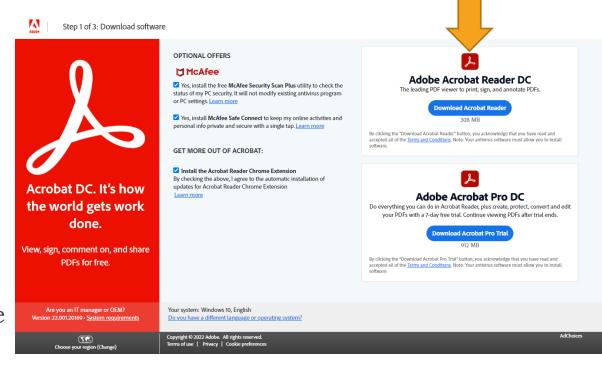
Downloading a PDF Reader to Use to Digitally Complete CRFs

□ Adobe Acrobat Reader DC is the recommended program to use for completing CRFs

☐It's FREE!

□Visit: get.adobe.com/reader/

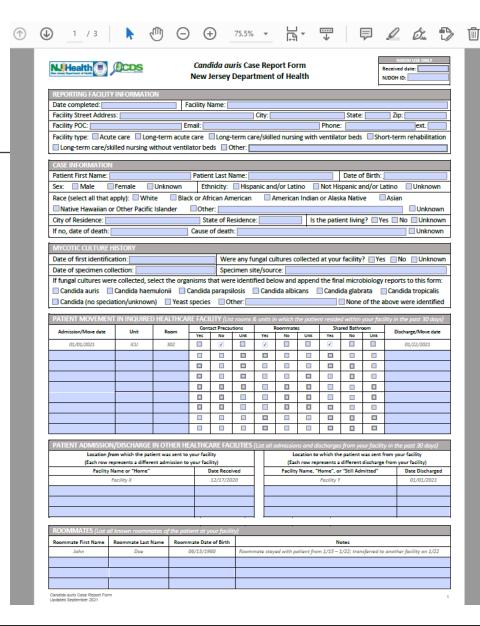
Other PDF readers enabled for digital completion (with fields highlighted in blue) are also acceptable





Opening and Viewing the Blank CRF in a PDF Reader

- Dopen the Case Report Form in the PDF reader (enabled for digital completion with fields highlighted in blue)
- □ If fillable fields do not appear in blue, select 'Fill and Sign'





REPORTING FACILITY INFORMATION			Candida auris Case Report Form New Jersey Department of Health									NIDOH USE ONLY Received date: NJDOH ID:		
REPORTING FACILITY	Y INFORMATIO	N												
Date completed: 07/2	5/2022		Facility N	lame: н	lospital A									
Facility Street Addre	SS: 135 E State Stree	et				City: T	renton			State	NJ	Z	ip: 00000	
Facility POC: Infection P	reventionist	E	mail: IP@)Hospital/	l.org] Phone	555-55	5-5555		ext. 123	
Facility type: <a>Z Acu Long-term care/sl		_		_		re/skille	ed nursi	ng with	ventilat	tor beds	□Sh	ort-te	erm rehabilitat	
CASE INFORMATION														
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Native Hawaiian o			Othe		nerican	□ <i>F</i>	mericar	n Indian	or Alas	ka Nativ	re L	JASI	an Unknov	
City of Residence: Tr	renton		Sta	ite of R	esidenc	e: NJ		Ist	he patie	ent livin	g? ∠ Y	es 🛚	No Unkno	
If no, date of death:			Cause	of deat	h:								Unknov	
I BICOTIC WATER	HETORY													
MYCOTIC CULTURE														
Date of first identific				_						r facility	?	5	No Unkno	
Date of specimen co	llection: 07/18/20	022		Spe	cimen si	ite/sour	ce: Nare	s/Axilla/G	roin swab					
						_ Cario				_	of the	abov	e were identifi	
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Candida (no speci	ation/unknown) Yeas	t species	UTY (Lis	ther:	& units ii	n which t	he patie	nt reside	None d within	your fac	cility ii	n the past 30 da	
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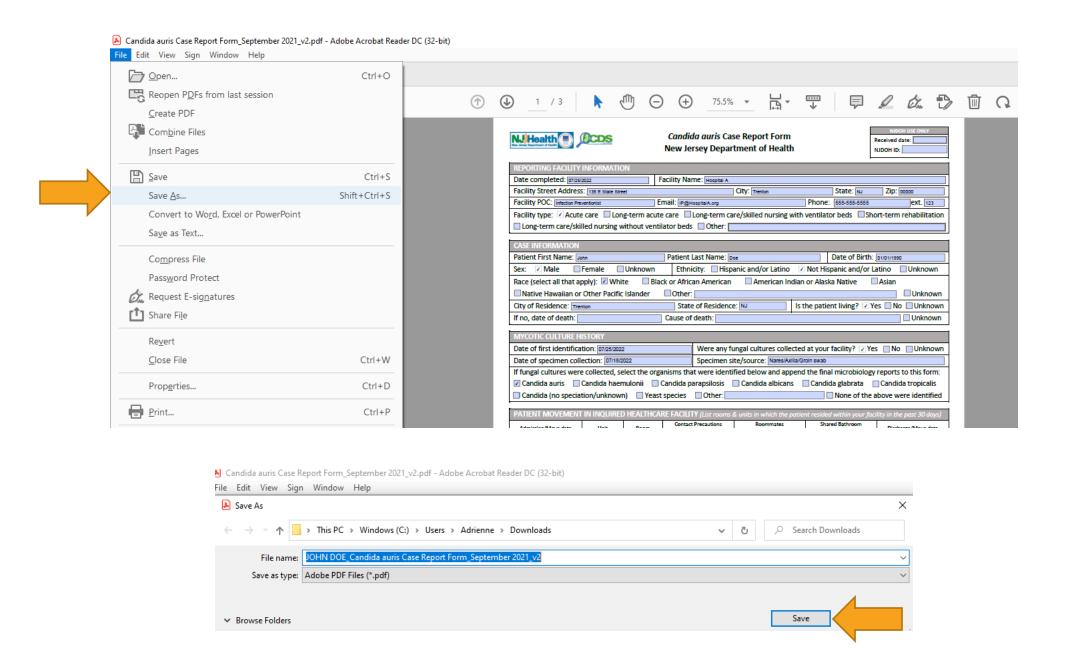
NJ Health		CDS							
HEALTHCARE S	SERVICES (Se	elect all hea	althcare sei	rvices prov	rided to the patier	nt within the po	ast 30 d	ays)	
Chemothera	ару 🗆 Е	СМО	✓ Imag	ging	Inpatient dia	alysis	IVIG	Outpatient dialysis	Rehabilitation
✓ Respiratory	therapy	✓ Wound	d care	✓ Ultra	sound 🔲 O	ther:			
MEDICAL CON	DITIONS (Sa	alact all of t	ho pationt	's procent i	madical condition	er and those av	ictina 1/	days prior to the day of repor	+)
Autoimmun			teremia		e marrow trans				cer (solid)
Cardiovascu			onic kidne					ID-19 (or history of COVID-	
☑ History of M			HIV/AIDS		idney failure	Liver dis		■ Neurologic disease	Obesity
✓ Respiratory					Solid organ t			berculosis Ventilato	
Other:		,							dependent
MEDICAL DEVI									
					er Colosto			sis catheter 🔲 Intraabdor	
	ventilator	Nephro	ostomy	Port(s) Surgical d	Irain 🔲 Tra	cheosto	omy/tracheostomy collar	Urinary catheter
Other:									
MEDICAL PRO	CEDURES								
		nedical pro	cedures i	n the pas	t 30 days (If yes	, list the proc	edures	below)? ✓ Yes □ No	Unknown
Date				Procedu				Location	Facility
01/01/2021			Lin	ne placemei	nt (PICC)			Interventional Radiology	Example Facility
06/05/2022				CT Imag	ging			Interventional Radiology Ste 6	Hospital A
06/06/2022				Intubati	ion			Bedside, ICU Rm 300	Hospital A
ANTIBIOTIC EX	(POSURES (Select all of	the patien	it's presen	t antibiotics and t	those administe	ered 14	days prior to the day of report,	
					t antibiotics and t				
	of the follow						Unk	nown None	
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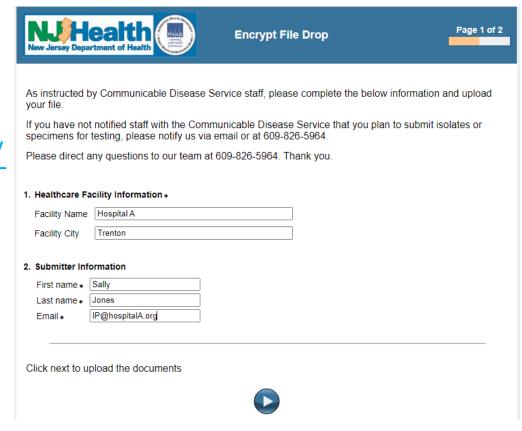
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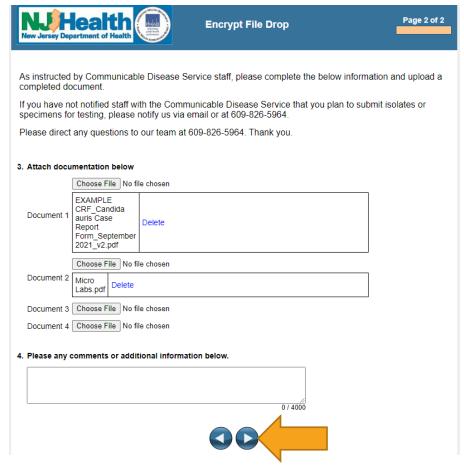
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