

Annex 5. FORM B: Patient metadata (data collection tool for each patient with an eligible isolate)

FORM B: Patient metadata ECDC CRAB survey, 2024–2025



Complete for patients that supplied an eligible *A. baumannii* sample, if requested by the receiving laboratory

Information to ensure a matching identify of the patient and isolate

Name of person completing this form: _____

For internal (hospital) use only; must not be included in the exported national dataset.

Name (or code) of laboratory that recommended collection of this patient data: _____

Sample identifier: _____

Unique identifier for each sample, from the laboratory system.

Patient identifier: _____

For internal (hospital) use only; must not be included in the exported national dataset.

Patient gender: ___ (M / F / OTH) Patient age: ___ (years)

Hospital name and code: _____

Hospital name is recorded for internal (project) use only; must not be included in the exported national dataset.

Hospital code is provided by your National Survey Coordinator.

Information on the current hospitalisation

Origin of patient: Admitted (inpatient) Outpatient only Other

Patient's admission category

Date of the patient's hospitalisation or outpatient visit: 20 __ / __ / __ (YYYY-MM-DD)

Hospital department of the patient when the sample was taken (TICK ONE):

- ED ICU INFECT INPATIENT INTMED OBGYN ONCOL
 PEDS PEDIUCU PHC SURG URO OTH No data

ED = Emergency Department, ICU = Intensive Care Unit, INFECT = Infectious Disease Ward, INPATIENT = Inpatient ward, INTMED = Internal Medicine, OBGYN = Obstetrics/Gynaecology, ONCOL = Haematology/Oncology, PEDS = Paediatrics/neonatal, PEDIUCU = Paediatrics/neonatal ICU, PHC = Primary Health Care, SURG = Surgery, URO = Urology Ward, OTH = Other.

Previous healthcare and travel

Direct hospital transfer (TICK ONE):

- Yes, in this country Yes, from another country (Please specify: _____)
 No No data

Direct transfer of this patient from another hospital to this current hospital.

Hospitalisation in the last 6 months (TICK ONE):

- Yes, in this country Yes, in another country (Please specify: _____)
 No No data

Residence in a long-term care facility in the last 6 months (TICK ONE):

- Yes, in this country Yes, in another country (Please specify: _____)
 No No data

Foreign travel in the previous month:

- Yes (Please specify country(s): _____)
 No No data

If more >1 country visited, specify at least the most recent country visited >4 days before the onset of symptoms.

Additional information about the case**Clinical significance (TICK ONE):**

- Colonisation
- Infection (date of symptom onset: 2 0 __ / __ / __ YYYY-MM-DD)
- Undetermined or unknown

Case origin (TICK ONE):

- Hospital-acquired (sample collected more than 48 hours post admission)
- Community-onset (sample collected less than 48 hours post admission).

Outcome of hospital stay (TICK ONE)

Optional. If necessary, complete this at the end of the survey.

- Discharged alive (Date: 2 0 __ / __ / __ (YYYY-MM-DD))
- Still admitted at end of survey period
- Died during the current hospitalisation, from any cause (Date: 2 0 __ / __ / __ (YYYY-MM-DD))
- Unknown

Antimicrobial agents prescribed/received following the clinical suspicion or diagnosis of *Acinetobacter* infection (LIST ALL)

Optional. Preferably report ATC codes, available from https://www.whooc.no/atc_ddd_index. Alternatively, report local codes. These data will generate European-level summary statistics; and not patient-, ward-, or hospital-level analyses.

Note: this survey obtains insufficient data to ascertain the appropriateness of individual patient care.
