

Insert Hospital/Facility Letterhead

Insert Date

Dear Patient/Resident,

As part of Insert facility Infection Prevention and Control Program's ongoing efforts to improve patient safety, your health care provider would like to take a swab culture ("screening survey") to look for Insert type/name of organism. Further information about Insert type/name of organism is available from your healthcare provider.

This survey has been recommended by the Centers for Disease Control and Prevention and the Oregon Public Health Division; Insert facility is voluntarily participating.

This survey will be of no additional cost to you, and will not interfere with your usual care.

One swab will be obtained from the rectum or peri-rectal area. Optional: If you have a wound, breathing tube or urine foley, your provider will also swab it. There is no risk to you.

Infection Prevention and Control Program works to reduce the risk of infection to patients and staff within Insert facility. Screening is a useful way of seeing if this organism is present and needs further action.

Thank you for your participation.

Should you have any questions, please ask your health care provider.

Use bottom half only IF written consent is deemed necessary by your facility:

By signing below, I consent to collection of the cultures as described above.

Refusal to participate in this study will not adversely affect your ability to receive health care services.

Date

Signature

Patient Sticker