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4.1 FOCI OF INFECTION RECOGNISED AT TIME INDEX BLOOD CULTURE WAS COLLECTED (*as stated in CRF 1, section 1.1 inclusion criteria)*

Tick all that apply

4.1.1 Primary blood stream infection ☐ 4.1.2 Infective endocarditis *(modified Duke criteria)* ☐

4.1.3 Native Osteoarticular…… ☐ 4.1.4 Pleuropulmonary infection ……. ☐

4.1.5 Skin and soft tissue infection ☐ 4.1.6 Intra-abdominal infection …… ☐

4.1.7 CNS infection *(if yes please tick type below 4.1.7.1 – 4.1.7.3)*

☐ 4.1.7.1 Brain abscess ☐ 4.1.7.2 Cranial epidural abscess ☐ 4.1.7.3 Spinal epidural abscess

4.1.8 Intravascular line-related infection *(if yes please tick type below 4.1.8.1 – 4.1.8.6)*

☐ 4.1.8.1 Peripheral IV cannula ☐ 4.1.8.2 CVC

☐ 4.1.8.3 Tunnelled/buried line/vascath ☐ 4.1.8.4 PICC line

☐ 4.1.8.5 Arterial line ☐ 4.1.8.6 Other *(specify)*_____

4.1.9 Other device-related infection *(if yes please tick type below 4.1.9.1 – 4.1.9.7)*

☐ 4.1.9.1 Prosthetic joint ☐ 4.1.9.2 Other orthopaedic device

☐ 4.1.9.3 Pacemaker ☐ 4.1.9.4 Implantable defibrillator

☐ 4.1.9.5 Peritoneal dialysis catheter ☐ 4.1.9.6 Intravascular graft

☐ 4.1.9.7 Other (specify)_____

4.1.10 Urinary tract infection …… ☐ 4.1.11 Other ☐ *(specify)*_____

4.2 ADDITIONAL FOCI OF INFECTION RECOGNISED DAYS 4 to 90 AFTER INDEX BLOOD CULTURE (*as stated in CRF 1, section 1.1 inclusion criteria)*

Tick all that apply

Were any additional foci of infection diagnosed after presentation but before day 90? Yes ☐ No ☐

If no, go to 4.3

4.2.1 Infective endocarditis *(modified Duke criteria)* ☐ 4.2.2 Native osteoarticular …… ☐

4.2.3 Pleuropulmonary infection ……. ☐ 4.2.4 Skin and soft tissue infection …….. ☐

4.2.5 Intra-abdominal infection …… ☐

4.2.6 CNS infection *(if yes please tick type below 4.2.6.1 – 4.2.6.3)*

☐ 4.2.6.1 Brain abscess ☐ 4.2.6.2 Cranial epidural abscess ☐ 4.2.6.3 Spinal epidural abscess

4.2.7 Intravascular line-related infection *(if yes please tick type below 4.2.7.1 – 4.2.7.6)*

☐ 4.2.7.1 Peripheral IV cannula ☐ 4.2.7.2 CVC

☐ 4.2.7.3 Tunnelled/buried line/vascath ☐ 4.2.7.4 PICC line

☐ 4.2.7.5 Arterial line ☐ 4.2.7.6 Other *(specify)*_____

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4.2.8 Other device-related infection *(if yes please tick type below 4.2.8.1 – 4.2.8.7)*

☐ 4.2.8.1 Prosthetic joint ☐ 4.2.8.2 Other orthopaedic device

☐ 4.2.8.3 Pacemaker ☐ 4.2.8.4 Implantable defibrillator

☐ 4.2.8.5 Peritoneal dialysis catheter ☐ 4.2.8.6 Intravascular graft

☐ 4.2.8.7 Other (specify)_____

4.2.9 Urinary tract infection …….. ☐ 4.2.10 Other ☐ *(specify)*_____

4.3 DETAILS OF HOSPITAL ADMISSIONS *(Including index admission, up until day 90)*

	Place (Tick & add name of facility)	**DATE ADMITTED**	**DATE DISCHARGED**
4.3.1	**Institution Name** *(please don't abbreviate):*		
	☐ Hospital ☐ ICU ☐ HITH	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐
4.3.2	**Institution Name** *(please don't abbreviate):*		
	☐ Hospital ☐ ICU ☐ HITH	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐
4.3.3	**Institution Name** *(please don't abbreviate):*		
	☐ Hospital ☐ ICU ☐ HITH	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐
4.3.4	**Institution Name** *(please don't abbreviate):*		
	☐ Hospital ☐ ICU ☐ HITH	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐
4.3.5	**Institution Name** *(please don't abbreviate):*		
	☐ Hospital ☐ ICU ☐ HITH	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐
4.3.6	**Institution Name** *(please don't abbreviate):*		
	☐ Hospital ☐ ICU ☐ HITH	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐

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4.3.7	**Institution Name** *(please don't abbreviate):*		
	☐ Hospital ☐ ICU ☐ HITH	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐
4.3.8	**Institution Name** *(please don't abbreviate):*		
	☐ Hospital ☐ ICU ☐ HITH	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐

Note HITH is counted as part of hospital stay. If died, date of death=date of discharge.

4.4 DETAILS OF BLOOD CULTURES

4.4.1 Were any blood cultures taken from day 8 until day 90? Yes ☐ No ☐ *skip to 4.5*

4.4.2 Details of blood cultures taken between days 8 and 90:

Date	Blood Culture Results	No further cultures
☐☐/☐☐/20☐☐	☐Not taken ☐No MRSA Growth ☐Grew MRSA: Lab#__________________	☐
☐☐/☐☐/20☐☐	☐Not taken ☐No MRSA Growth ☐Grew MRSA: Lab#__________________	☐
☐☐/☐☐/20☐☐	☐Not taken ☐No MRSA Growth ☐Grew MRSA: Lab#__________________	☐
☐☐/☐☐/20☐☐	☐Not taken ☐No MRSA Growth ☐Grew MRSA: Lab#__________________	☐
☐☐/☐☐/20☐☐	☐Not taken ☐No MRSA Growth ☐Grew MRSA: Lab#__________________	☐
☐☐/☐☐/20☐☐	☐Not taken ☐No MRSA Growth ☐Grew MRSA: Lab#__________________	☐
☐☐/☐☐/20☐☐	☐Not taken ☐No MRSA Growth ☐Grew MRSA: Lab#__________________	☐
☐☐/☐☐/20☐☐	☐Not taken ☐No MRSA Growth ☐Grew MRSA: Lab#__________________	☐
☐☐/☐☐/20☐☐	☐Not taken ☐No MRSA Growth ☐Grew MRSA: Lab#__________________	☐
☐☐/☐☐/20☐☐	☐Not taken ☐No MRSA Growth ☐Grew MRSA: Lab#__________________	☐
☐☐/☐☐/20☐☐	☐Not taken ☐No MRSA Growth ☐Grew MRSA: Lab#__________________	☐

4.5 DETAILS OF CULTURES APART FROM BLOOD DAYS 8-90

4.5.1 Were there any other cultures (apart from blood) taken on days 8-90 which grew MRSA? Y ☐ N ☐

If No go to 4.6

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Table 1: Use this table to identify site number

Site No	Site of Infection culture was taken from
1	Superficial skin or soft tissue (swab from ulcer, abscess, wound)
2	Deep skin or soft tissue including muscle (myositis, necrotising fasciitis)
3	Respiratory – superficial (sputum)
4	Respiratory – deep (bronchoscopy, tracheal aspirate)
5	Visceral abscess
6	Bone / joint (bone biopsy, joint aspirate)
7	CNS (CSF, brain biopsy)
8	Other normally sterile fluid (peritoneal fluid, pleural fluid)
9	Line tip (peripheral IV, CVC, PICC etc)
10	Prosthetic material (joint specimen, cardiac valve, cardiac device)
11	Urine (MSU, catheter specimen)
12	Other: Specify _____

Site No (Use table 1)	**Date of Culture**	Tick if no further cultures
Site # _____	☐☐/☐☐/20☐☐	☐
Site # _____	☐☐/☐☐/20☐☐	☐
Site # _____	☐☐/☐☐/20☐☐	☐
Site # _____	☐☐/☐☐/20☐☐	☐
Site # _____	☐☐/☐☐/20☐☐	☐
Site # _____	☐☐/☐☐/20☐☐	☐
Site # _____	☐☐/☐☐/20☐☐	☐
Site # _____	☐☐/☐☐/20☐☐	☐
Site # _____	☐☐/☐☐/20☐☐	☐

4.6 DETAILS OF ANTIBTIOTIC TREATMENT

4.6.1 Any antibiotics given from days 8-90 inclusive? *If no, skip to 4.7* Yes☐ No ☐

Refer table 2	**Route**	**Date commenced**	**Date ceased**	OR ongoing at day 90
☐☐	☐PO or ☐IV	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐	☐
☐☐	☐PO or ☐IV	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐	☐
☐☐	☐PO or ☐IV	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐	☐
☐☐	☐PO or ☐IV	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐	☐

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☐☐	☐PO or ☐IV	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐	☐
☐☐	☐PO or ☐IV	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐	☐
☐☐	☐PO or ☐IV	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐	☐
☐☐	☐PO or ☐IV	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐	☐
☐☐	☐PO or ☐IV	☐☐/☐☐/20☐☐	☐☐/☐☐/20☐☐	☐

Table 2: Please add the corresponding number for the relevant antibiotic

1. Amoxycillin	10. Cefotaxime	19. Daptomycin	28. Lincomycin	37. Rifampicin
2. Augmentin	11. Cephalexin	20. Dicloxacillin	29. Linezolid	38. Roxithromycin
3. Azitrhomycin	12. Cephalothin	21. Doxycycline	30. Meropenem	39. Teicoplanin
4. Cefaclor	13. Cephazolin	22. Ertapenem	31. Metronidazole	40. Tigecycline
5. Cefepime	14. Ciprofloxacin	23. Erythromycin	32. Moxifloxacin	41. Timentim
6. Ceftaroline	15. Clarithromycin	24. Flucloxacillin	33. Nitrofurantoin	42. Vancomycin
7. Ceftazidime	16. Clindamycin	25. Fusidic acid	34. Norfloxacin	43. Other: ______________
8. Ceftriaxone	17. Cloxicillin	26. Gentamicin	35. Penicillin	
9. Cefuroxime	18. Cotrimoxazole	27. Imipenem	36. Pip/tazo	

4.7 ECHOCARDIOGRAPHY/COMPLICATIONS

4.7.1 Was an echocardiogram performed on days 1-90? ………………………… Yes☐ No ☐
If No, go to 4.8

4.7.1.1 Was a trans-thoracic echo performed? ……………………………… Yes☐ No ☐
If No, go to 4.7.1.5

4.7.1.2 Date of **most abnormal** TTE ……………………….. ☐☐/☐☐/20☐☐

4.7.1.3 Results of **most abnormal** TTE

☐ No evidence of endocarditis

☐ Possible endocarditis

☐ Changes diagnostic of endocarditis (complete details below)

Affected valve(s) tick all that apply: ☐aortic, ☐mitral, ☐tricuspid or ☐pulmonary

4.7.1.4 Were any of the affected valves prosthetic? …………… Yes☐ No ☐

4.7.1.5 Was a trans-oesophageal echo performed? ……………………….. Yes☐ No ☐

4.7.1.6 Date of **most abnormal** TOE ………………………….. ☐☐/☐☐/20☐☐

4.7.1.7 Results of **most abnormal** TOE

☐ No evidence of endocarditis

☐ Possible endocarditis

☐ Changes diagnostic of endocarditis (complete details below)

Affected valve(s) tick all that apply: ☐aortic, ☐mitral, ☐tricuspid or ☐pulmonary

4.7.1.8 Were any of the affected valves prosthetic? ……………. Yes☐ No ☐

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4.8 SOURCE CONTROL

4.8.1 Removal of indwelling devices

4.8.1.1 Were there any indwelling devices present on baseline assessment? (refer 2.4) Yes☐ No ☐
If no, go to 4.8.2

4.8.1.2 Name of device #1 _____

4.8.1.3 Was device #1 removed? …… Yes☐ No ☐
If no, go to 4.8.1.5

4.8.1.4 Date of removal of device#1 ……..... ☐☐/☐☐/20☐☐

4.8.1.5 Were there more than one indwelling devices? (refer 2.4) ……... Yes☐ No ☐
If no go to 4.8.2

4.8.1.6 Name of device #2 _____

4.8.1.7 Was device #2 removed? …… Yes☐ No ☐
If no, but a 3rd device go to 4.8.1.10 otherwise 4.8.2

4.8.1.8 Date of removal of device#2 ……..... ☐☐/☐☐/20☐☐

4.8.1.9 Was there another device? …… Yes☐ No ☐
If no, go to 4.8.2

4.8.1.10 Name of device #3 _____

4.8.1.11 Was device #3 removed? …… Yes☐ No ☐
If no, but a 4th device go to 4.8.1.13 otherwise 4.8.2

4.8.1.12 Date of removal of device#3 …… ☐☐/☐☐/20☐☐

4.8.1.13 Was there another device? …… Yes☐ No ☐
If no, go to 4.8.2

4.8.1.14 Name of device #4 _____

4.8.1.15 Was device #4 removed? …… Yes☐ No ☐
If no, go to 4.8.2

4.8.1.16 Date of removal of device#4 …… ☐☐/☐☐/20☐☐

4.8.2 Other source control

4.8.2.1 Were any other source control procedures performed? *If no, go to 4.9* Yes☐ No ☐

4.8.2.2 If yes, please tick all that apply

☐ Drainage of skin abscess ☐ Drainage of deep / visceral abscess
☐ Debridement of infected tissue ☐ Joint washout
☐ Other: specify _____

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4.9 OTHER COMPLICATIONS

4.9.1 Did the patient receive any renal replacement therapy during days 1-90? (includes CRRT, intermittent haemodialysis, peritoneal dialysis) Yes ☐ No ☐

If no, go to 4.10

Yes, but were on it at baseline …… ☐

Yes, new since baseline and now ceased …… ☐

Yes, new since baseline and ongoing at day 90 …… ☐

4.10 VITAL STATUS

4.10.1 Was the patient alive at 90 days post randomisation? Yes ☐ No ☐ Unknown ☐

If no, 4.10.1.1 Date of death …… ☐☐/☐☐/20☐☐

If no, 4.10.1.2 Likely cause of death: Unknown ☐

Or specify:_____

4.10.2 How was vital status at 90 days determined?

4.10.2.1 Hospital database/records …… ☐

4.10.2.2 Communication with patient's GP or health clinic …… ☐

4.10.2.3 Phone call to patient or patient's family …… ☐

4.10.2.4 Other: _____

Record details below of any discussion required to ascertain 4.10.2 (include date, time & who was contact)

4.11 COMMENTS/NARRATIVE OF PROGRESS DAYS 8-90

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4.12 SERUM CREATININE MEASUREMENTS DAYS 8-90

4.12.1 Serum creatinine day 14 (+/-3 days) ☐☐☐ μmol /L 4.12.2 Date ☐☐/☐☐/20☐☐

Or N/A ☐

4.12.3 Serum creatinine day 28 (+/-7 days) ☐☐☐ μmol /L 4.12.4 Date ☐☐/☐☐/20☐☐

Or N/A ☐

4.12.5 Last available serum creatinine on or before day 90 ☐☐☐ μmol /L

4.12.6 Date last available creatinine ☐☐/☐☐/20☐☐

Please provide the latest available creatinine, even if it is already included on CRF3 (e.g. day 7). Please check every available source including blood tests done outside the hospital system.

Name of person filling in form (block letters)	Signature

Date form filled out ☐☐/☐☐/20☐☐

Please enter into database & store securely