



EMERGING INFECTIONS PROGRAM
PULMONARY NONTUBERCULOUS MYCOBACTERIA
(NTM) SURVEILLANCE CASE REPORT FORM - 2025

Patient's Name:		Phone no. ()	
Address:		MRN:	
City:	State:	ZIP:	Facility:

-PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC-

1. STATE: _____	2. COUNTY: _____	3. STATE ID: _____	4. PATIENT ID: _____	5. LABORATORY ID WHERE NTM INITIALLY IDENTIFIED: _____	6. PROVIDER ID WHO ORDERED INDEX SPECIMEN COLLECTION: _____
7. DATE OF BIRTH: ____ - ____ - ____		8. AGE: _____ <input type="checkbox"/> Days <input type="checkbox"/> Mos. <input type="checkbox"/> Yrs		9. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Missing value	
10. RACE AND/OR ETHNICITY: (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Unknown					
11. WEIGHT: _____ lbs. _____ oz. OR _____ kg <input type="checkbox"/> Unknown		12. HEIGHT: _____ ft. _____ in. OR _____ cm <input type="checkbox"/> Unknown		13. BMI: (record only if height or weight is not available) _____ <input type="checkbox"/> Unknown	
15. LOCATION OF EXTRAPULMONARY INDEX SPECIMEN COLLECTION: <input type="checkbox"/> OUTPATIENT: Facility ID: _____ <input type="checkbox"/> Emergency room <input type="checkbox"/> Clinic/Doctor's office <input type="checkbox"/> Dialysis center <input type="checkbox"/> Surgery <input type="checkbox"/> Observational/Clinical decision unit <input type="checkbox"/> Other outpatient <input type="checkbox"/> INPATIENT: Facility ID: _____ <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Radiology <input type="checkbox"/> Other inpatient <input type="checkbox"/> LTCF: Facility ID: _____ <input type="checkbox"/> LTACH: Facility ID: _____ <input type="checkbox"/> Autopsy <input type="checkbox"/> Other <input type="checkbox"/> Unknown				16. PULMONARY INDEX SPECIMEN COLLECTION SITE (Check all that apply): <input type="checkbox"/> BAL <input type="checkbox"/> Lung tissue <input type="checkbox"/> Sputum (expectorated or induced) <input type="checkbox"/> Tracheal aspirate <input type="checkbox"/> Other lower respiratory site (specify): _____	
16b. <input type="checkbox"/> Index specimen(s) detected solely via multiplex/NGS lab-developed test?				16a. Collected for: <input type="checkbox"/> TB evaluation <input type="checkbox"/> CF follow-up <input type="checkbox"/> Other/ not documented	
17. FINAL RESULT DATE: ____ - ____ - ____					
18. NTM SPECIES IDENTIFIED FROM EXTRAPULMONARY INDEX SPECIMEN: <input type="checkbox"/> <i>M. avium</i> complex (MAC) <input type="checkbox"/> <i>M. avium</i> (AVI) <input type="checkbox"/> <i>M. intracellulare</i> subsp. <i>chimaera</i> (CHIM) <input type="checkbox"/> <i>M. intracellulare</i> subsp. <i>intracellulare</i> (INT) <input type="checkbox"/> Other MAC, specify: _____ (MOTH) <input type="checkbox"/> MAC, not otherwise specified (MND) <input type="checkbox"/> Non- <i>M. avium</i> complex (NMAC) <input type="checkbox"/> <i>M. abscessus</i> complex (ABS) <input type="checkbox"/> <i>M. abscessus</i> subsp. <i>abscessus</i> <input type="checkbox"/> <i>M. abscessus</i> subsp. <i>bolletii</i> <input type="checkbox"/> <i>M. abscessus</i> subsp. <i>massiliense</i> <input type="checkbox"/> <i>M. abscessus</i> subsp. identification not performed <input type="checkbox"/> <i>M. chelonae</i> complex (CHEL) <input type="checkbox"/> <i>M. fortuitum</i> complex (FOR) <input type="checkbox"/> <i>M. kansasii</i> complex (KAN) <input type="checkbox"/> <i>M. marinum</i> (MAR) <input type="checkbox"/> Other non-MAC, specify: _____ (NOTH) <input type="checkbox"/> Non-MAC, not otherwise specified (NND) <input type="checkbox"/> Not TB, not characterized further (NTB)					
19. CLINICIAN-DIAGNOSED PULMONARY NTM DISEASE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				19a. <input type="checkbox"/> Contamination or colonization suspected	
20. WERE MICROBIOLOGICAL TESTS OF PULMONARY SPECIMENS POSITIVE FOR NTM IN THE 12 MONTHS BEFORE THE DISC? <input type="checkbox"/> No microbiological tests, and NO medical record documentation that infection was present → INCIDENT CASE <input type="checkbox"/> No microbiological tests, but medical record documentation indicates infection WAS PRESENT → PREVALENT CASE <input type="checkbox"/> Yes → PREVALENT CASE (complete table below) <input type="checkbox"/> Unknown					
IF YES, INDICATE SITE(S), DATE(S) OF COLLECTION, AND SPECIES:					
	Date #1	Species	Date #2	Species	Date #3
<input type="checkbox"/> BAL	____ - ____	_____	____ - ____	_____	____ - ____
<input type="checkbox"/> Lung tissue	____ - ____	_____	____ - ____	_____	____ - ____
<input type="checkbox"/> Sputum	____ - ____	_____	____ - ____	_____	____ - ____
<input type="checkbox"/> Tracheal aspirate	____ - ____	_____	____ - ____	_____	____ - ____
<input type="checkbox"/> Other, specify: _____	____ - ____	_____	____ - ____	_____	____ - ____

21. USING THE INFORMATION IN QUESTIONS 16 AND 20, INDICATE WHICH PULMONARY NTM CRITERIA WERE MET AS OF THE DISC (Check all that apply):

- ☐ A. NTM identified from microbiological testing (culture or culture independent diagnostic test [CIDT]) of ≥1 BAL or bronchial wash specimen or lung tissue specimen—**CONFIRMED CASE**
- ☐ B. NTM identified from microbiological testing (culture or CIDT) of ≥2 sputum specimens or tracheal aspirates—**CONFIRMED CASE**
- ☐ C. Lung biopsy specimen with histopathologic features (granulomatous inflammation or acid-fast bacilli) PLUS NTM identified from microbiological testing (culture or CIDT) of ≥1 pulmonary specimen—**CONFIRMED CASE**
- ☐ D. NTM identified from microbiological testing (culture or CIDT) of 1 sputum specimen or tracheal aspirate only—**POSSIBLE CASE**

*****If CONFIRMED CASE, complete CRF. If POSSIBLE CASE, then pulmonary NTM criteria are NOT YET MET*****

22. WERE EITHER E OR F (BELOW) REPORTED IN THE 12 MONTHS AFTER THE DISC?

- ☐ Not applicable—already a confirmed case
- ☐ E. Lung biopsy specimen with mycobacterial histopathologic features (granulomatous inflammation or acid-fast bacilli)—**CONFIRMED CASE, complete CRF**
Date of collection ____ - ____ - ____
- ☐ F. NTM identified from microbiological testing (culture or CIDT) of ≥1 pulmonary specimen other than index specimen—**CONFIRMED CASE, complete CRF**
Date of collection ____ - ____ - ____ Species: _____
Site: ☐ BAL ☐ Lung tissue ☐ Sputum (expectorated or induced) ☐ Tracheal aspirate ☐ Other lower respiratory site (specify): _____
☐ Specimen(s) detected solely via multiplex/NGS lab-developed test?
- ☐ No→STOP ABSTRACTION ☐ Unknown→STOP ABSTRACTION

*****Complete CRF for CONFIRMED CASES*****

23. NTM ANTIMICROBIAL SUSCEPTIBILITY TEST (AST) RESULTS: ☐ None ☐ Unknown

LABORATORY ID WHERE AST TESTING PERFORMED: _____

NTM SPECIES: _____ **DATE OF COLLECTION:** ____ - ____ - ____

NON-MOLECULAR METHODS:

Antimicrobial	Test method	If BMD enter MIC (mg/ml)	Interpretation
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD <input type="checkbox"/> ADE <input type="checkbox"/> Oth <input type="checkbox"/> Unk	_____ or <input type="checkbox"/> Unk	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> Unknown
	<input type="checkbox"/> BMD <input type="checkbox"/> DD		

MOLECULAR METHODS:			
Gene name	Test method	Result	Interpretation
<input type="checkbox"/> <i>erm</i> <input type="checkbox"/> <i>rpoB</i> <input type="checkbox"/> <i>rrl</i> <input type="checkbox"/> <i>rrs</i> <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Line Probe <input type="checkbox"/> PCR <input type="checkbox"/> Sanger Sequencing <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Gene absent <input type="checkbox"/> Indeterminate <input type="checkbox"/> Mutations/variants, specify: _____ <input type="checkbox"/> Other abnormal result, specify: _____ <input type="checkbox"/> No abnormal results <input type="checkbox"/> Unknown	<input type="checkbox"/> Suggests resistance/ Resistance is predicted <input type="checkbox"/> Suggests susceptibility/ Resistance not predicted <input type="checkbox"/> Other interpretation, specify: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/> <i>erm</i> <input type="checkbox"/> <i>rpoB</i> <input type="checkbox"/> <i>rrl</i> <input type="checkbox"/> <i>rrs</i> <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Line Probe <input type="checkbox"/> PCR <input type="checkbox"/> Sanger Sequencing <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Gene absent <input type="checkbox"/> Indeterminate <input type="checkbox"/> Mutations/variants, specify: _____ <input type="checkbox"/> Other abnormal result, specify: _____ <input type="checkbox"/> No abnormal results <input type="checkbox"/> Unknown	<input type="checkbox"/> Suggests resistance/ Resistance is predicted <input type="checkbox"/> Suggests susceptibility/ Resistance not predicted <input type="checkbox"/> Other interpretation, specify: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/> <i>erm</i> <input type="checkbox"/> <i>rpoB</i> <input type="checkbox"/> <i>rrl</i> <input type="checkbox"/> <i>rrs</i> <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Line Probe <input type="checkbox"/> PCR <input type="checkbox"/> Sanger Sequencing <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Gene absent <input type="checkbox"/> Indeterminate <input type="checkbox"/> Mutations/variants, specify: _____ <input type="checkbox"/> Other abnormal result, specify: _____ <input type="checkbox"/> No abnormal results <input type="checkbox"/> Unknown	<input type="checkbox"/> Suggests resistance/ Resistance is predicted <input type="checkbox"/> Suggests susceptibility/ Resistance not predicted <input type="checkbox"/> Other interpretation, specify: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/> <i>erm</i> <input type="checkbox"/> <i>rpoB</i> <input type="checkbox"/> <i>rrl</i> <input type="checkbox"/> <i>rrs</i> <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Line Probe <input type="checkbox"/> PCR <input type="checkbox"/> Sanger Sequencing <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Gene absent <input type="checkbox"/> Indeterminate <input type="checkbox"/> Mutations/variants, specify: _____ <input type="checkbox"/> Other abnormal result, specify: _____ <input type="checkbox"/> No abnormal results <input type="checkbox"/> Unknown	<input type="checkbox"/> Suggests resistance/ Resistance is predicted <input type="checkbox"/> Suggests susceptibility/ Resistance not predicted <input type="checkbox"/> Other interpretation, specify: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/> <i>erm</i> <input type="checkbox"/> <i>rpoB</i> <input type="checkbox"/> <i>rrl</i> <input type="checkbox"/> <i>rrs</i> <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Line Probe <input type="checkbox"/> PCR <input type="checkbox"/> Sanger Sequencing <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Gene absent <input type="checkbox"/> Indeterminate <input type="checkbox"/> Mutations/variants, specify: _____ <input type="checkbox"/> Other abnormal result, specify: _____ <input type="checkbox"/> No abnormal results <input type="checkbox"/> Unknown	<input type="checkbox"/> Suggests resistance/ Resistance is predicted <input type="checkbox"/> Suggests susceptibility/ Resistance not predicted <input type="checkbox"/> Other interpretation, specify: _____ <input type="checkbox"/> Unknown
24. NTM SIGNS & SYMPTOMS IN THE 90 DAYS BEFORE THE DISC (Check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Prevalent case, no symptoms found			
<input type="checkbox"/> Chest Pain <input type="checkbox"/> Chills <input type="checkbox"/> Cough	<input type="checkbox"/> Dyspnea/Shortness of breath <input type="checkbox"/> Fatigue or malaise <input type="checkbox"/> Fever	<input type="checkbox"/> Hemoptysis <input type="checkbox"/> Night sweats <input type="checkbox"/> Sputum production	<input type="checkbox"/> Weight loss <input type="checkbox"/> Wheezing <input type="checkbox"/> Other, specify: _____
25. IMMUNOSUPPRESSIVE MEDICATION IN THE 90 DAYS BEFORE THE DISC (Check all that apply): <input type="checkbox"/> None of the below <input type="checkbox"/> Unknown			
<input type="checkbox"/> Abatacept/Orencia <input type="checkbox"/> Azathioprine <input type="checkbox"/> B Cell depletion agent <input type="checkbox"/> Checkpoint inhibitor	<input type="checkbox"/> Cyclophosphamide <input type="checkbox"/> Deucravacitinib <input type="checkbox"/> IL-6 blocker <input type="checkbox"/> IL-17 inhibitor	<input type="checkbox"/> IL-23 blocker <input type="checkbox"/> JAK inhibitor <input type="checkbox"/> Mycophenolate	<input type="checkbox"/> Other chemotherapy <input type="checkbox"/> S1PR modulator <input type="checkbox"/> Steroid, IV, IM, or oral <input type="checkbox"/> Steroid, inhaled <input type="checkbox"/> Tacrolimus <input type="checkbox"/> TNF- α inhibitor
26. HOSPITALIZATION(S) IN THE 12 MONTHS BEFORE TO 30 DAYS AFTER THE DISC: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			27. LAST KNOWN STATUS WITHIN 180 DAYS OF THE DISC: <input type="checkbox"/> Alive <input type="checkbox"/> Died <input type="checkbox"/> Unknown Date of last known status: _____
Admission date	Discharge date	Due to NTM infection?	
____ - ____ - ____ <input type="checkbox"/> Unknown	____ - ____ - ____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
____ - ____ - ____ <input type="checkbox"/> Unknown	____ - ____ - ____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
____ - ____ - ____ <input type="checkbox"/> Unknown	____ - ____ - ____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
____ - ____ - ____ <input type="checkbox"/> Unknown	____ - ____ - ____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

28. DID PATIENT RECEIVE CARE FROM OR WERE THEY REFERRED TO A SPECIALIST FOR NTM EVALUATION OR MANAGEMENT WITHIN 12 MONTHS BEFORE TO 90 DAYS AFTER THE INDEX SPECIMEN RESULT DATE? <i>(Check all that apply):</i> <div><input type="checkbox"/> Infectious diseases specialist<input type="checkbox"/> Pulmonary specialist<input type="checkbox"/> Surgeon</div> <div><input type="checkbox"/> Other, specify: <input type="checkbox"/> None<input type="checkbox"/> Unknown</div>			28a. WERE ANY REFERRALS WITHIN 12 MONTHS BEFORE TO 30 DAYS AFTER THE INDEX SPECIMEN RESULT DATE? <div><input type="checkbox"/> Yes<input type="checkbox"/> No<input type="checkbox"/> Unknown</div>			
28b. DID THE PATIENT UNDERGO SURGERY TO MANAGE NTM INFECTION ON THE DISC THROUGH 180 DAYS AFTER THE INDEX SPECIMEN RESULT DATE? <div><input type="checkbox"/> Yes; specify type of surgery: <input type="checkbox"/> No<input type="checkbox"/> Unknown</div>		29. INFECTION TYPE <div><input type="checkbox"/> Disseminated<input type="checkbox"/> Not disseminated<input type="checkbox"/> Unknown</div>				
30. UNDERLYING CONDITIONS <i>(Check all that apply):</i> <input type="checkbox"/> None <input type="checkbox"/> Unknown <table><tr><td>Chronic Lung Disease <div><input type="checkbox"/> Cystic fibrosis<input type="checkbox"/> Chronic pulmonary disease</div> Chronic Metabolic Disease <div><input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> With chronic complications</div> Cardiovascular Disease <div><input type="checkbox"/> CVA/Stroke/TIA<input type="checkbox"/> Congenital heart disease<input type="checkbox"/> Congestive heart failure<input type="checkbox"/> Myocardial infarction<input type="checkbox"/> Peripheral vascular disease (PVD)</div> Gastrointestinal Disease <div><input type="checkbox"/> Diverticular disease<input type="checkbox"/> Inflammatory bowel disease<input type="checkbox"/> Peptic ulcer disease<input type="checkbox"/> Short gut syndrome</div></td><td>Immunocompromised Condition <div><input type="checkbox"/> HIV infection<input type="checkbox"/> AIDS/CD4 count <200<input type="checkbox"/> Primary immunodeficiency<input type="checkbox"/> Transplant, hematopoietic stem cell<input type="checkbox"/> Transplant, solid organ (specify): Liver Disease <div><input type="checkbox"/> Chronic liver disease<input type="checkbox"/> Ascites<input type="checkbox"/> Cirrhosis<input type="checkbox"/> Hepatic encephalopathy<input type="checkbox"/> Variceal bleeding<input type="checkbox"/> Hepatitis C<input type="checkbox"/> Treated, in SVR<input type="checkbox"/> Current, chronic</div></div></td><td>Malignancy <div><input type="checkbox"/> Malignancy, hematologic<input type="checkbox"/> Malignancy, solid organ (non-metastatic)<input type="checkbox"/> Malignancy, solid organ (metastatic)</div> Neurologic Condition <div><input type="checkbox"/> Cerebral palsy<input type="checkbox"/> Chronic cognitive deficit<input type="checkbox"/> Dementia<input type="checkbox"/> Epilepsy/seizure/seizure disorder<input type="checkbox"/> Multiple sclerosis<input type="checkbox"/> Neuropathy<input type="checkbox"/> Paresis<input type="checkbox"/> Parkinson's disease<input type="checkbox"/> Spinal cord injury</div> Plegias/Paralysis <div><input type="checkbox"/> Hemiplegia<input type="checkbox"/> Paraplegia<input type="checkbox"/> Quadriplegia</div></td><td>Renal Disease <div><input type="checkbox"/> Chronic kidney disease<input type="checkbox"/> Lowest serum creatinine: mg/dL<input type="checkbox"/> Unknown or not done</div> Skin Condition <div><input type="checkbox"/> Blistering disease<input type="checkbox"/> Burn<input type="checkbox"/> Decubitus/pressure ulcer<input type="checkbox"/> Eczema<input type="checkbox"/> Psoriasis<input type="checkbox"/> Surgical wound<input type="checkbox"/> Other chronic ulcer or chronic wound</div> Other <div><input type="checkbox"/> Connective tissue disease<input type="checkbox"/> Obesity or morbid obesity<input type="checkbox"/> Pregnant</div></td></tr></table>			Chronic Lung Disease <div><input type="checkbox"/> Cystic fibrosis<input type="checkbox"/> Chronic pulmonary disease</div> Chronic Metabolic Disease <div><input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> With chronic complications</div> Cardiovascular Disease <div><input type="checkbox"/> CVA/Stroke/TIA<input type="checkbox"/> Congenital heart disease<input type="checkbox"/> Congestive heart failure<input type="checkbox"/> Myocardial infarction<input type="checkbox"/> Peripheral vascular disease (PVD)</div> Gastrointestinal Disease <div><input type="checkbox"/> Diverticular disease<input type="checkbox"/> Inflammatory bowel disease<input type="checkbox"/> Peptic ulcer disease<input type="checkbox"/> Short gut syndrome</div>	Immunocompromised Condition <div><input type="checkbox"/> HIV infection<input type="checkbox"/> AIDS/CD4 count <200<input type="checkbox"/> Primary immunodeficiency<input type="checkbox"/> Transplant, hematopoietic stem cell<input type="checkbox"/> Transplant, solid organ (specify): Liver Disease <div><input type="checkbox"/> Chronic liver disease<input type="checkbox"/> Ascites<input type="checkbox"/> Cirrhosis<input type="checkbox"/> Hepatic encephalopathy<input type="checkbox"/> Variceal bleeding<input type="checkbox"/> Hepatitis C<input type="checkbox"/> Treated, in SVR<input type="checkbox"/> Current, chronic</div></div>	Malignancy <div><input type="checkbox"/> Malignancy, hematologic<input type="checkbox"/> Malignancy, solid organ (non-metastatic)<input type="checkbox"/> Malignancy, solid organ (metastatic)</div> Neurologic Condition <div><input type="checkbox"/> Cerebral palsy<input type="checkbox"/> Chronic cognitive deficit<input type="checkbox"/> Dementia<input type="checkbox"/> Epilepsy/seizure/seizure disorder<input type="checkbox"/> Multiple sclerosis<input type="checkbox"/> Neuropathy<input type="checkbox"/> Paresis<input type="checkbox"/> Parkinson's disease<input type="checkbox"/> Spinal cord injury</div> Plegias/Paralysis <div><input type="checkbox"/> Hemiplegia<input type="checkbox"/> Paraplegia<input type="checkbox"/> Quadriplegia</div>	Renal Disease <div><input type="checkbox"/> Chronic kidney disease<input type="checkbox"/> Lowest serum creatinine: mg/dL<input type="checkbox"/> Unknown or not done</div> Skin Condition <div><input type="checkbox"/> Blistering disease<input type="checkbox"/> Burn<input type="checkbox"/> Decubitus/pressure ulcer<input type="checkbox"/> Eczema<input type="checkbox"/> Psoriasis<input type="checkbox"/> Surgical wound<input type="checkbox"/> Other chronic ulcer or chronic wound</div> Other <div><input type="checkbox"/> Connective tissue disease<input type="checkbox"/> Obesity or morbid obesity<input type="checkbox"/> Pregnant</div>
Chronic Lung Disease <div><input type="checkbox"/> Cystic fibrosis<input type="checkbox"/> Chronic pulmonary disease</div> Chronic Metabolic Disease <div><input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> With chronic complications</div> Cardiovascular Disease <div><input type="checkbox"/> CVA/Stroke/TIA<input type="checkbox"/> Congenital heart disease<input type="checkbox"/> Congestive heart failure<input type="checkbox"/> Myocardial infarction<input type="checkbox"/> Peripheral vascular disease (PVD)</div> Gastrointestinal Disease <div><input type="checkbox"/> Diverticular disease<input type="checkbox"/> Inflammatory bowel disease<input type="checkbox"/> Peptic ulcer disease<input type="checkbox"/> Short gut syndrome</div>	Immunocompromised Condition <div><input type="checkbox"/> HIV infection<input type="checkbox"/> AIDS/CD4 count <200<input type="checkbox"/> Primary immunodeficiency<input type="checkbox"/> Transplant, hematopoietic stem cell<input type="checkbox"/> Transplant, solid organ (specify): Liver Disease <div><input type="checkbox"/> Chronic liver disease<input type="checkbox"/> Ascites<input type="checkbox"/> Cirrhosis<input type="checkbox"/> Hepatic encephalopathy<input type="checkbox"/> Variceal bleeding<input type="checkbox"/> Hepatitis C<input type="checkbox"/> Treated, in SVR<input type="checkbox"/> Current, chronic</div></div>	Malignancy <div><input type="checkbox"/> Malignancy, hematologic<input type="checkbox"/> Malignancy, solid organ (non-metastatic)<input type="checkbox"/> Malignancy, solid organ (metastatic)</div> Neurologic Condition <div><input type="checkbox"/> Cerebral palsy<input type="checkbox"/> Chronic cognitive deficit<input type="checkbox"/> Dementia<input type="checkbox"/> Epilepsy/seizure/seizure disorder<input type="checkbox"/> Multiple sclerosis<input type="checkbox"/> Neuropathy<input type="checkbox"/> Paresis<input type="checkbox"/> Parkinson's disease<input type="checkbox"/> Spinal cord injury</div> Plegias/Paralysis <div><input type="checkbox"/> Hemiplegia<input type="checkbox"/> Paraplegia<input type="checkbox"/> Quadriplegia</div>	Renal Disease <div><input type="checkbox"/> Chronic kidney disease<input type="checkbox"/> Lowest serum creatinine: mg/dL<input type="checkbox"/> Unknown or not done</div> Skin Condition <div><input type="checkbox"/> Blistering disease<input type="checkbox"/> Burn<input type="checkbox"/> Decubitus/pressure ulcer<input type="checkbox"/> Eczema<input type="checkbox"/> Psoriasis<input type="checkbox"/> Surgical wound<input type="checkbox"/> Other chronic ulcer or chronic wound</div> Other <div><input type="checkbox"/> Connective tissue disease<input type="checkbox"/> Obesity or morbid obesity<input type="checkbox"/> Pregnant</div>			
31. OTHER UNDERLYING CONDITIONS <i>(Check all that apply):</i> <input type="checkbox"/> None <input type="checkbox"/> Unknown <table><tr><td><div><input type="checkbox"/> Bronchiectasis<input type="checkbox"/> Chest wall deformity (e.g., pectus excavatum)<input type="checkbox"/> COPD<input type="checkbox"/> Cough suppression disorder<input type="checkbox"/> Emphysema</div></td><td><div><input type="checkbox"/> GERD<input type="checkbox"/> History of tuberculosis<input type="checkbox"/> Lung cancer / History of lung cancer<input type="checkbox"/> Mitral valve prolapse</div></td><td><div><input type="checkbox"/> Pulmonary surgical procedure Specify surgery: <input type="checkbox"/> Scoliosis <input type="checkbox"/> Unknown Date of surgery: - - <input type="checkbox"/> Unknown</div><div><input type="checkbox"/> Rheumatoid arthritis</div></td></tr></table>			<div><input type="checkbox"/> Bronchiectasis<input type="checkbox"/> Chest wall deformity (e.g., pectus excavatum)<input type="checkbox"/> COPD<input type="checkbox"/> Cough suppression disorder<input type="checkbox"/> Emphysema</div>	<div><input type="checkbox"/> GERD<input type="checkbox"/> History of tuberculosis<input type="checkbox"/> Lung cancer / History of lung cancer<input type="checkbox"/> Mitral valve prolapse</div>	<div><input type="checkbox"/> Pulmonary surgical procedure Specify surgery: <input type="checkbox"/> Scoliosis <input type="checkbox"/> Unknown Date of surgery: - - <input type="checkbox"/> Unknown</div> <div><input type="checkbox"/> Rheumatoid arthritis</div>	
<div><input type="checkbox"/> Bronchiectasis<input type="checkbox"/> Chest wall deformity (e.g., pectus excavatum)<input type="checkbox"/> COPD<input type="checkbox"/> Cough suppression disorder<input type="checkbox"/> Emphysema</div>	<div><input type="checkbox"/> GERD<input type="checkbox"/> History of tuberculosis<input type="checkbox"/> Lung cancer / History of lung cancer<input type="checkbox"/> Mitral valve prolapse</div>	<div><input type="checkbox"/> Pulmonary surgical procedure Specify surgery: <input type="checkbox"/> Scoliosis <input type="checkbox"/> Unknown Date of surgery: - - <input type="checkbox"/> Unknown</div> <div><input type="checkbox"/> Rheumatoid arthritis</div>				
32. SUBSTANCE USE SMOKING <i>(Check all that apply):</i> <div><input type="checkbox"/> None documented<input type="checkbox"/> Unknown</div> <div><input type="checkbox"/> Tobacco<input type="checkbox"/> E-nicotine delivery system<input type="checkbox"/> Marijuana</div>	HISTORY OF SMOKING <i>(Check all that apply):</i> <div><input type="checkbox"/> None documented<input type="checkbox"/> Unknown</div> <div><input type="checkbox"/> Tobacco<input type="checkbox"/> E-nicotine delivery system<input type="checkbox"/> Marijuana</div>	ALCOHOL ABUSE: <div><input type="checkbox"/> Yes<input type="checkbox"/> None documented<input type="checkbox"/> Unknown</div>				
33. WAS THE PATIENT HOMELESS IN THE YEAR BEFORE THE DISC? <div><input type="checkbox"/> Yes<input type="checkbox"/> No<input type="checkbox"/> Unknown</div>	33a. OVERNIGHT STAY IN LTCF IN THE YEAR BEFORE THE DISC? <div><input type="checkbox"/> Yes<input type="checkbox"/> No<input type="checkbox"/> Unknown</div> IF YES, FACILITY ID:	33b. WAS THE PATIENT IN '5' 7 CFF97 HCB5 @CF 8 9 H9 BHC B: 57 -GIM IN THE YEAR BEFORE THE DISC? <div><input type="checkbox"/> Yes<input type="checkbox"/> No<input type="checkbox"/> Unknown</div>				

34. CHEST IMAGING					
Chest imaging 90 days before to 180 days after the DISC (Check all that apply): <input type="checkbox"/> Chest CT scan <input type="checkbox"/> None of the above <input type="checkbox"/> Chest x-ray <input type="checkbox"/> Unknown					
34a. Did any of this imaging take place within 90 days before or after the DISC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
34b. If chest CT scan and/or chest x-ray, chest imaging findings (Check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Bronchiectasis <input type="checkbox"/> Nodular opacities <input type="checkbox"/> Cavity or cavitation <input type="checkbox"/> Nodules <input type="checkbox"/> Consolidation <input type="checkbox"/> Tree-in-bud <input type="checkbox"/> Infiltrate					
35. DID THE PATIENT HAVE A POSITIVE TEST(S) FOR SARS-CoV-2 (MOLECULAR ASSAY, ANTIGEN, OR OTHER VIRAL TEST; EXCLUDING SEROLOGY) IN THE 90 DAYS BEFORE OR DAY OF THE DISC?					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
SPECIMEN COLLECTION DATES FOR POSITIVE TESTS IN THE 90 DAYS BEFORE OR DAY OF DISC: FIRST POSITIVE TEST: _____ - ____ - ____ OR <input type="checkbox"/> Date unknown MOST RECENT POSITIVE TEST: _____ - ____ - ____ OR <input type="checkbox"/> Date unknown					
36. WAS CASE FIRST IDENTIFIED THROUGH AUDIT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		37. CRF STATUS: <input type="checkbox"/> Complete <input type="checkbox"/> Pending <input type="checkbox"/> Chart unavailable after 3 requests		38. WAS THIS PATIENT PREVIOUSLY REPORTED TO HAIC NTM SURVEILLANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown IF YES, PREVIOUS (1ST) STATEID: _____	
		39. DATE OF ABSTRUCTION:		40. SO INITIALS:	
		_____ - ____ - ____		_____ _____	
41. COMMENTS:					

[illegible]