Facility Name/Address																		
Patient Name	Wing/Location	DOB	Sex (M or F)	Resident or Staff (R or S)	Illness onset date/Time	Death	Hospitalization	Emergency Department visits	Healthcare provider visits (not ED)	Vomiting	Vomiting duration or End Date/Time	Diarrhea	Diarrhea duration or End Date/Time	Bloody stool	Fever	Abdominal cramps	HUS or TTP	Specimen Submitted to SLD

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