

2025 NHSN MRSA Bacteremia LabID Event Medical Record Abstraction Tool (MRAT)

V1.0 Updated March 2026 – for validating 2025 data

Refer to associated 2025 MRAT instructions for additional details.

Section 1. Patient Information and Sampling Type			
1a. Patient Information and Medical Identifiers			
Facility (NHSN) OrgID:	Date of Audit: ___/___/___	Review Start Time: ___/___/___	Review End Time: ___/___/___
Patient ID:	Patient DOB: ___/___/___	Reviewer Initials:	
1b. Sampling Type: Select sample type and enter the respective PBS date.			
<input type="checkbox"/> <u>Sample A</u> : validating first positive MRSA blood specimen (PBS) specimen from episode of care (EOC) Date of first MRSA PBS from EOC: ___/___/___		<input type="checkbox"/> <u>Sample B</u> : validating selected, non-first MRSA PBS from EOC Date of selected MRSA PBS from EOC: ___/___/___	

Section 2. Positive MRSA Blood Specimens: Enter the first (sample A) or selected (sample B) MRSA PBS in the first row. Review the prior 14 days and enter any additional MRSA PBS identified in the same location in subsequent rows. If additional MRSA PBS are identified, continue reviewing prior 14 days from earliest collection date until no additional PBS are found in the same location.										
Lab list #	Date of specimen collection	Location of specimen collection	Number of days since last positive MRSA blood specimen	Was last positive MRSA blood specimen from same NHSN location?			Was this a duplicate specimen?		Reportable to NHSN	
S1	___/___/___		___ days <input type="checkbox"/> no prior	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> no prior	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
S2	___/___/___		___ days	<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
S3	___/___/___		___ days	<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Add rows if needed										

Section 3. Case Classification: Determine the correct classification for the first/selected MRSA PBS.

Correctly Reported or Correctly Not Reported HAI Over Reported HAI Under Reported HAI

Section 4. Misclassification Reason: If PBS was misclassified by the facility, select the most applicable reason for misclassification.

1. Lab ID definition misapplication (Specimen not a unique blood event)
2. Duplicate reporting (≤ 14 days since the last positive MRSA blood specimen in same location)
3. Missed case finding/failure to review positive specimen
4. Did not review previous inpatient episode
5. Used outdated criteria
6. Other (specify): _____

Don't forget to record the abstraction end time in section 1a.