

Global-PPS OUTPATIENT Form : Complete for outpatients seen on the unit/room who are not on antimicrobials during the timeslot of survey

Name/code of unit		Name/code of the room within the unit		Presenting symptoms or reason of consultation on the day of the survey <i>(tick if present, multiple choice, max. 6 choices)</i>	Ordered tests <i>(tick all that apply)</i>	Admission status
Pat ID sequent ial N°	Survey Number	Sex (M, F, U)	Age group ≥18 yrs, ≤17 yrs, Neonate			
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