1. Personal data

Social security number:………………………………….
Name:…………………………………………………..
Date of birth:………………………………….
Phone number:………………………………………..
Gender: Female / Male

2. Percutaneous drainage

Inpatient treatment? yes / no / N/A

     If yes, in which department is the patient treated? …………………………………(internal medicine, surgery, intensive care unit)

Was the intervention ultrasound guided? yes / no

     Date of intervention………………..

     Number of inserted drains:…………………………

     Type of inserted drains: …………………………

     Diameter of inserted drains: …………………….(Ch)

Was the intervention CT guided? yes / no

     Date of intervention………………..

     Number of inserted drains:…………………………

     Type of inserted drains: …………………………

     Diameter of inserted drains: …………………….(Ch)

Further intervention on WOPN was needed? yes / no

     If yes, what ?…………………………

     Date of intervention:…………………………

Was sample taken from WOPN? yes / no / N/A

What kind of pathogenic agent was identified from the sample?
…………………………….………………………………………….

Amount of fluid: ……………..ml/day

Was necrosectomy done? yes / no / N/A

Date of emission: ……………………..
Date of the removal of the drain: …………………………

Country:

City:

Hospital:

Doctor:

Blood sample code:

Date of blood sampling: