

St. Elsewhere Hospital Positive Blood Culture Line List, 1/1/14-6/30/14

| | | Patient Last Name | Patient First Name | MR# | Sex | Age | Accn# | Coll Date | Culture | Organism Translation | Location | Admit Date |
|----|----|-------------------|--------------------|---------|-----|-----|--------|-----------|---------|---|----------|------------|
| M1 | 1 | ABRAHAM | Mark | 3091412 | M | 85 | 89721 | 2/13/14 | BLOOD | MRSA (STAPH.AUREUS METHICILLIN RESISTANT) | ER | 2/13/14 |
| | 2 | BROWN | Rena | 3011142 | F | 22 | 429288 | 2/6/14 | BLOOD | STAPHYLOCOCCUS SP.COAG.NEGATIVE | ICU | 1/14/14 |
| | | BROWN | Rena | 3011142 | F | 22 | 429285 | 2/8/14 | BLOOD | STAPHYLOCOCCUS SP.COAG.NEGATIVE | ICU | 1/14/14 |
| | 3 | CLARK | Alma | 411404 | F | 65 | 398785 | 3/13/14 | BLOOD | KLEBSIELLA PNEUMONIAE | Onc | 3/13/14 |
| | | CLARK | Alma | 411404 | F | 65 | 398782 | 3/13/14 | BLOOD | KLEBSIELLA PNEUMONIAE | Onc | 3/13/14 |
| | 4 | CLARK, | Alma | 411404 | F | 65 | 599058 | 3/24/14 | BLOOD | ENTEROCOCCUS AVIUM | Onc | 3/13/14 |
| | 5 | DUBBIN | Mort | 1113101 | F | 45 | 398155 | 5/13/14 | BLOOD | STAPHYLOCOCCUS SP.COAG.NEGATIVE | Onc | 5/10/14 |
| | 6 | EVANS | Betty | 490902 | F | 79 | 570588 | 2/26/14 | BLOOD | ESCHERICHIA COLI | M/S | 2/1/14 |
| | | EVANS | Betty | 490902 | F | 79 | 570589 | 2/27/14 | BLOOD | ESCHERICHIA COLI | M/S | 2/1/14 |
| | | EVANS | Betty | 490902 | F | 79 | 570980 | 2/28/14 | BLOOD | ESCHERICHIA COLI | M/S | 2/1/14 |
| V1 | 7 | FRUGAL | Hal | 3041131 | M | 79 | 781918 | 6/5/14 | BLOOD | VRE VANCOMYCIN RESISTANT ENTEROCOCCUS | ER | 6/6/14 |
| V2 | | FRUGAL | Hal | 3041131 | M | 79 | 781919 | 6/10/14 | BLOOD | VRE VANCOMYCIN RESISTANT ENTEROCOCCUS | Onc | 6/6/14 |
| | 8 | GREAT | Robert | 214293 | M | 59 | 755928 | 1/19/14 | BLOOD | STAPHYLOCOCCUS SP.COAG.NEGATIVE | ICU | 1/12/14 |
| | | GREAT | Robert | 214293 | M | 59 | 755928 | 1/20/14 | BLOOD | STAPHYLOCOCCUS SP.COAG.NEGATIVE | ICU | 1/12/14 |
| M2 | 9 | GREAT | Robert | 214293 | M | 59 | 755928 | 1/28/14 | BLOOD | MRSA (STAPH.AUREUS METHICILLIN RESISTANT) | ICU | 1/12/14 |
| M3 | | GREAT | Robert | 214293 | M | 59 | 755928 | 2/1/14 | BLOOD | MRSA (STAPH.AUREUS METHICILLIN RESISTANT) | M/S | 1/12/14 |
| | 10 | HEART | Bobby | 4132142 | M | 79 | 559992 | 4/12/14 | BLOOD | STREPTOCOCCUS PNEUMONIAE | ER | 4/12/14 |
| | 11 | IGGINS | Henry | 131341 | M | 79 | 320595 | 1/4/14 | BLOOD | STAPHYLOCOCCUS SP.COAG.NEGATIVE | M/S | 1/4/14 |
| M4 | 12 | KEARCH | Butch | 392242 | M | 64 | 311595 | 2/1/14 | BLOOD | MRSA (STAPH.AUREUS METHICILLIN RESISTANT) | M/S | 1/28/14 |
| M5 | | KEARCH | Butch | 392242 | M | 64 | 311595 | 2/1/14 | BLOOD | MRSA (STAPH.AUREUS METHICILLIN RESISTANT) | M/S | 1/28/14 |
| M6 | | KEARCH | Butch | 392242 | M | 64 | 318590 | 2/8/04 | BLOOD | MRSA (STAPH.AUREUS METHICILLIN RESISTANT) | M/S | 1/28/14 |
| M7 | | KEARCH | Butch | 392242 | M | 64 | 251915 | 2/10/14 | BLOOD | MRSA (STAPH.AUREUS METHICILLIN RESISTANT) | ICU | 1/28/14 |
| V3 | 13 | LARK | Darla | 999191 | F | 89 | 21577 | 1/12/14 | BLOOD | VRE VANCOMYCIN RESISTANT ENTEROCOCCUS | ICU | 1/7/14 |
| V4 | | LARK | Darla | 999191 | F | 89 | 21578 | 1/17/14 | BLOOD | VRE VANCOMYCIN RESISTANT ENTEROCOCCUS | M/S | 1/7/14 |

3. CLABSI Validation Instructions

STEP 1: Refer to the [report](#) generated from your laboratory information system containing all final positive blood cultures during the first and second quarters of 2014 (January 1-June 30) from all inpatients and emergency department patients. Also refer to the NHSN line list of CLABSI Events reported by your hospital for the 6-month validation review period (January-June 2014).

STEP 2: Using the lab line list sorted by name, number each positive blood culture on your lab line list as 1, 2, etc. (number each one individually, not as BSI events or clusters)

STEP 3: Indicate the total number of positive blood cultures 24

Indicate the number of positive, separate BSI events* 13 [Include in CLABSI Review]

*Event = “Cluster” of positive blood cultures near same date for same patient counts as 1 event; single positive blood cultures also count as 1 event

STEP 4: Add each positive culture (e.g., 1, 2) to the corresponding CLABSI Validation table, and also include the date the specimen was collected;

For CLABSI validation, enter data in [Form 1](#) (page 10)

STEP 5: From your lab line list, for **each** positive blood culture, fill in the hospital unit of the patient when the test was sent.

STEP 6: For each numbered blood culture, answer Q1 by referring to your NHSN line list. For cases reported to NHSN, record the NHSN Event number.

STEP 7: Using the patient information on the lab line list (i.e. name or medical record number), for each numbered blood culture, review each patient’s medical record to verify your decision to report each case, or not report it, to NHSN. Carefully follow NHSN CLABSI protocols/definitions.

- For each blood culture **NOT** reported to NHSN (i.e., Q1 answer is No), indicate the reason why in the appropriate column. If the case should have been reported but was not, record it as missed and provide a reason.
- For each blood culture **Reported** to NHSN (i.e., Q1 answer is Yes), verify if the case met inpatient CLABSI criteria. If each case does meet the criteria, compare the specimen date, admission, and location as reported on the NHSN line list in order to verify accuracy. Next, check the box indicating the case was correctly reported. If the case was **reported in error**, indicate a reason for the error in the appropriate column.

STEP 8: Sum the columns and keep this form on hand as it will be used to populate the [Review of Findings](#) form.



CLABSI Validation - Form 1

When the review is complete, please make all necessary corrections to your data in NHSN

| Lab List No. | Date of first positive blood culture of BSI Event: | Admit Date: | Hosp. Unit of patient when test was sent: | Q1. Was Event reported to NHSN as a CLABSI? | | | If Q1 answer is NO, complete this section: | | | | | | If Q1 answer is YES but event was reported in ERROR: Not a CLABSI √ Why? | If Q1 answer is YES and event was Reported Correctly , check box below: | |
|--------------|--|-------------|---|---|--------------|-------------------------------------|---|--|---|-------------------------------------|--|--|---|--|-------------------------------------|
| | | | | YES | NHSN Event # | NO | NO central line >2d or line not in place day of event or previous day | Present on admission (and not discharged in previous 2 days) | Contaminant i.e. Common skin commensals | | Secondary BSI Primary site of infection | MISSED Should have been reported: √ Reason? | | | |
| | | | | | | | | | Single +bld cx | 2 +bld cx w/ in 2d but no S/S | | | | | |
| 1 | 2/13/14 | 2/13/14 | ER | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | 2/6/14 | 1/14/14 | ICU | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2 commensals missed | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | 3/13/14 | 3/13/14 | ONC | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3/24/14 | 3/13/14 | ONC | <input checked="" type="checkbox"/> | 123456 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 | 5/13/14 | 5/10/14 | ONC | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | 2/26/14 | 2/1/14 | M/S | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ABUTI | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | 1/5/14 | 1/6/14 | ONC | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | 1/19/14 | 1/12/14 | ICU | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | 1/28/14 | 1/12/14 | ICU | <input checked="" type="checkbox"/> | 123692 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 | 4/12/14 | 4/12/14 | ER | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | 1/4/14 | 1/4/14 | M/S | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | 2/1/14 | 1/28/14 | M/S | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | No MRSA in 1 st 48 hrs | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | 1/12/14 | 1/7/14 | ICU | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Dialysis cath | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

CLABSI Total Missed: (A) 3

Total Correct: (B) 2

4. MRSA and VRE Validation Instructions

STEP 1: Refer to the [report](#) generated from your laboratory information system containing all final positive blood cultures during the first and second quarters of 2014 (previously used for CLABSI validation). Also refer to the NHSN line list of MRSA & VRE BSI Events reported by your hospital for the 6-month validation review period (January-June 2014).

STEP 2: Using the lab line list sorted by name, number each positive MRSA blood culture on your lab line list as M1, M2, M3, etc. (number each one individually, not as BSI events or clusters).

STEP 3: Using the lab line list sorted by name, number each positive VRE blood culture on your lab line list as V1, V2, V3, etc. (number each one individually, not as BSI events or clusters).

STEP 4: From the positive **blood cultures**, indicate:

The total number of MRSA-positive blood cultures 2 [Include in MRSA BSI Review]

The total number of VRE-positive blood cultures 4 [Include in VRE BSI Review]

STEP 5: Add each positive culture (e.g., M1, M2; V1, V2) to the corresponding MRSA BSI and VRE BSI validation tables, and also include the date the specimen was collected:

For MRSA-positive blood cultures, enter data in [Form 2](#) (page 11)

For VRE-positive blood cultures, enter data in [Form 3](#) (page 12)

STEP 6: From your lab line list, for **each** MRSA and VRE positive blood culture, fill in the hospital unit of patient when the test was sent.

STEP 7: For each numbered blood culture below, answer Q1 by referring to your NHSN line list. For cases reported to NHSN, record the NHSN Event number. If cases on your NHSN list are not included (i.e. were not on lab line list), add them to the bottom of the appropriate table (MRSA or VRE).

STEP 8: Using the patient information on the lab line list (i.e. name or medical record number), for each numbered blood culture, review each patient's medical record to verify your decision to report each case, or not report it, to NHSN. Carefully follow NHSN MDRO LabID protocols/definitions.

- For each blood culture **NOT** reported to NHSN (i.e., Q1 answer is No), indicate the reason why in the appropriate column. If the case should have been reported but was not, record it as missed and provide a reason.
- For each blood culture **Reported** to NHSN (i.e., Q1 answer is Yes), verify if the case met inpatient LabID criteria. If each case does meet the MDRO LabID criteria, compare the specimen date, admission, and location as reported on the NHSN line list in order to verify accuracy. Next, check the box indicating the case was correctly reported. If the case was reported in error, indicate a reason for the error in the appropriate column.

STEP 9: Sum the columns and keep this form on hand as it will be used to populate the [Review of Findings](#) form.



MRSA Validation - Form 2

When the review is complete, please make all necessary corrections to your data in NHSN

| Lab List No. | MRSA-positive blood specimen date: | Admit Date | Hospital Unit of patient when test was sent: | Q1. Was MRSA Event reported to NHSN? | | | If Q1 answer is NO, complete this section: | | | If Q1 answer is YES but event was reported in ERROR, complete section: Does not meet inpatient Lab ID criteria: √ Reason? | If Q1 answer is YES and event was Reported Correctly , check box below: |
|--------------|------------------------------------|------------|--|--------------------------------------|--------------|-------------------------------------|---|---|---|--|--|
| | | | | YES | NHSN Event # | NO | Outpatient or ED specimen from patient <u>not</u> admitted to hospital same calendar day: | Duplicate <14 days since last positive: | MISSED Should have been reported: √ Reason? | | |
| M1 | 2/13/14 | 2/13/14 | ER | <input checked="" type="checkbox"/> | 123476 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| M2 | 1/28/14 | 1/12/14 | ICU | <input checked="" type="checkbox"/> | 123477 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| M3 | 2/1/14 | 1/12/14 | M/S | <input checked="" type="checkbox"/> | 123478 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| M4 | 2/1/14 | 1/28/14 | M/S | <input checked="" type="checkbox"/> | 123479 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| M5 | 2/1/14 | 1/28/14 | M/S | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M6 | 2/8/14 | 1/28/14 | M/S | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M7 | 2/10/14 | 1/28/14 | ICU | <input checked="" type="checkbox"/> | 123480 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| M8 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M9 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M10 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M11 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M12 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M13 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M14 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M15 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MRSA Total Missed: (A) 0

Total Correct: (B) 5



VRE Validation - Form 3

When the review is complete, please make all necessary corrections to your data in NHSN

| Lab List No. | VRE-positive blood specimen date: | Admit Date | Hospital Unit of patient when test was sent: | Q1. Was MRSA Event reported to NHSN? | | | If Q1 answer is NO, complete this section: | | | If Q1 answer is YES but event was reported in ERROR, complete section: Does not meet inpatient Lab ID criteria: √ Reason? | If Q1 answer is YES and event was Reported Correctly , check box below: |
|--------------|-----------------------------------|------------|--|--------------------------------------|--------------|-------------------------------------|---|---|--|--|--|
| | | | | YES | NHSN Event # | NO | Outpatient or ED specimen from patient <u>not</u> admitted to hospital same calendar day: | Duplicate <14 days since last positive: | MISSED Should have been reported: √ Reason? | | |
| V1 | 6/5/14 | 6/6/14 | ER | <input checked="" type="checkbox"/> | 123481 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| V2 | 6/10/14 | 6/6/14 | ONC | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Pt loc changed | <input type="checkbox"/> | <input type="checkbox"/> |
| V3 | 1/12/14 | 1/7/14 | ICU | <input checked="" type="checkbox"/> | 123482 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| V4 | 1/17/14 | 1/7/14 | M/S | <input checked="" type="checkbox"/> | 123483 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| V5 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V6 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V7 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V8 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V9 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V10 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V11 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V12 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V13 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V14 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V15 | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VRE Total Missed: (A) 1

Total Correct: (B) 3