

Insert Hospital/Facility Letterhead

Date

Dear Staff,

As part of **Insert facility** Infection Prevention and Control Program's ongoing efforts to improve patient safety, your unit will be participating in a screening survey to assess the prevalence of **Insert type/name of organism**.

A process has been put in place to minimize the impact that this survey will have on your unit. We hope to complete the survey during **Number of days**.

All patients will receive screening cultures of **Adapt for specific methods e.g., rectal, wound, urine, or respiratory**.

The risk of survey cultures is considered minimal, and there will be no additional cost to the patients. Patients may request to know their results.

Please direct further questions to your supervisor.

Signed by IP at the Facility