

### Section 1 - Patient Information

<b>PERSONAL HEALTH NUMBER</b> (or out-of province Health Number and province)	<b>DOB</b> (DD/MMM/YYYY)	<b>GENDER</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK
<b>PATIENT SURNAME</b>	<b>PATIENT FIRST AND MIDDLE NAME</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>POSTAL CODE</b>

DATE RECEIVED \_\_\_\_\_

**PHSA LABORATORIES  
USE ONLY**

### Section 2 - Submitting Laboratory Details

<b>CONTACT PERSON</b>	<b>HOSPITAL</b> (Name and address for report delivery)
<b>TELEPHONE NUMBER</b>	
<b>ADDITIONAL COPIES TO:</b>	

**SAMPLE REF. NO.** \_\_\_\_\_

**DATE COLLECTED** (DD/MMM/YYYY) \_\_\_\_\_

### Section 3 - Specimen Details

<b>ORGANISM IDENTIFICATION:</b>	<b>Genus</b>	<b>Species</b>	<b>SPECIMEN SOURCE</b>	<input type="checkbox"/> respiratory	<input type="checkbox"/> blood
<input type="checkbox"/> SCREENING ISOLATE	<input type="checkbox"/> CLINICAL ISOLATE	<input type="checkbox"/> CONTACT TRACING	<input type="checkbox"/> urine	<input type="checkbox"/> wound	
<input type="checkbox"/> rectal	<input type="checkbox"/> other: _____				
<b>PREVIOUS CPO SCREENING:</b>	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<b>DATE:</b>		

#### Automated Antibiogram:

Antibiotic	MIC	Interpretation (S, I, R)	Antibiotic	MIC	Interpretation (S, I, R)
Ampicillin		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	Gentamicin		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>
Ampicillin/Clavulanate		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	Imipenem		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>
Aztreonam		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	Levofloxacin		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>
Amikacin		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	Meropenem		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>
Cefazolin		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	Minocycline		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>
Cefepime		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	Nitrofurantoin		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>
Cefoxitin		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	Pefloxacin		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>
Cefpodoxime		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	Piperacillin		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>
Ceftazidime		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	Piperacillin/Tazobactam		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>
Cefixime		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	Rifampin		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>
Ceftriaxone		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	Ticarillin		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>
Cephalothin/Cephalexin		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	Ticarillin/Clavulanic Acid		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>
Ciprofloxacin		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	Tigecycline		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>
Colistin		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	Tobramycin		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>
Ertapenem		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	Trimethoprim/Sulfamethoxazole		S <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>

OR, See attached for automated AST results

#### Phenotypic Confirmation:

E-test/discs

Antibiotic	MIC	Zone diameter	Interpretation
Ertapenem			
Meropenem			
Imipenem			

Rosco Disc Interpretation: \_\_\_\_\_  
\_\_\_\_\_

#### Other Results:

ESBL E-test Interpretation: \_\_\_\_\_

Other Tests and Interpretation: \_\_\_\_\_

CPO PCR Interpretation: \_\_\_\_\_