



Section 1 - Patient Information

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

DATE RECEIVED

LABORATORY USE ONLY

Section 2 - Submitting Laboratory Details

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

SAMPLE REF. NO.

DATE COLLECTED (DD/MMM/YYYY)

Section 3 - Specimen Details

ORGANISM IDENTIFICATION:	Genus	Species	SPECIMEN SOURCE	<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: _____				
PREVIOUS CPO SCREENING:	<input type="checkbox"/> NO <input type="checkbox"/> YES	DATE:			

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:	Other Results:																
E-test/discs	ESBL E-test Interpretation: _____																
<table border="1"> <thead> <tr> <th>Antibiotic</th> <th>MIC</th> <th>Zone diameter</th> <th>Interpretation</th> </tr> </thead> <tbody> <tr><td>Ertapenem</td><td></td><td></td><td></td></tr> <tr><td>Meropenem</td><td></td><td></td><td></td></tr> <tr><td>Imipenem</td><td></td><td></td><td></td></tr> </tbody> </table>	Antibiotic	MIC	Zone diameter	Interpretation	Ertapenem				Meropenem				Imipenem				Other Tests and Interpretation: _____
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Rosco Disc Interpretation: _____	CPO PCR Interpretation: _____																