

Section A

Isolate reported (please tick one):

Staphylococcus aureus**Enterococci** (glycopeptide R)**Enterobacteriaceae** (carbapenems R)***Streptococcus pneumoniae*** (blood and/or CSF)**Enterobacteriaceae** (ESBL producers)**Other:** _____**Section B (All questions relate to the patient at the time the sample was taken)**

1. Laboratory: _____ EARSS code: _____		Please complete 11-16 if information is available	
2. Specimen source: Hospital – name/EARSS code: _____ Other – (please specify) _____		11. Was the patient directly transferred from another Hospital?	Yes No Not known
3. Specimen Date: / /		12. Does the patient normally reside in a nursing or residential facility?	Yes No Not known
4. Lab Ref Number:		13. Clinical diagnosis / underlying condition:	
5. Patient identifier / Hospital code:			
6. Patient name:		Not known	
7. DOB (min. Month/ Year) / /	8. Sex: Male Female	14. Is the infection considered to be associated with an intravascular device?	Yes No Not known
9. Specialty admitted to: (as indicated on lab request form or indicated by name of consultant)		If yes, device:	
Internal (medicine)	Surgery	ICU	15. Is the patient on dialysis?
Obs/Gynae	Paed/Neonatal	Paed/Neonatal ICU	Yes No Not known
Haematology	Renal	Urology	If yes, type: haemo peritoneal
Oncology	Cardiac	Infectious Diseases	16. Does the patient have a long term urinary catheter?
Emergency	Other _____		Yes No Not known
10. Date of admission: / / not admitted			

Section C (complete as appropriate)

Antibiotic Susceptibilities:							
	S/I/R	Zone diameter (mm)	MIC (mg/l)		S/I/R	Zone diameter (mm)	MIC (mg/l)
Benzylpenicillin				Ampicillin/Amoxycillin			
Chloramphenicol				Amikacin			
Ciprofloxacin				Cefotaxime			
Clindamycin				Ceftriaxone			
Erythromycin				Ceftazidime			
Fusidic Acid				Co-amoxyclav			
Gentamicin				Imipenem			
Linezolid				Meropenem			
Oxacillin				Netilmicin			
Penicillin				Piperacillin/tazobactam			
Quin/Dalfopristin				Tobramycin			
Rifampicin				Trimethoprim			
Teicoplanin				Other(s)			
Tetracycline							
Vancomycin							

Please return this form to Lynsey Patterson at:

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