

## Infectious Disease Laboratory CRO Isolate - Supplemental Submission Form

*Attach to required Submission Form*

Patient Name: \_\_\_\_\_

Please attach automated AST report.

If any of the following tests were performed, please include your results below.

**Phenotypic carbapenemase test:**

Test performed (select one):    mCIM                      CIM                      MHT                      Carba NP

Negative  
Positive  
Indeterminate

**Molecular carbapenemase test:**

Test performed (select one):    Cepheid-Carba-R                      Verigene                      Biofire                      Other: \_\_\_\_\_

Negative  
Positive  
If positive, select one:  
KPC                      NDM                      VIM                      IMP                      OXA:                      Other:

**E-test:**

Antibiotic: \_\_\_\_\_ MIC: \_\_\_\_\_ Interp: \_\_\_\_\_  
Antibiotic: \_\_\_\_\_ MIC: \_\_\_\_\_ Interp: \_\_\_\_\_  
Antibiotic: \_\_\_\_\_ MIC: \_\_\_\_\_ Interp: \_\_\_\_\_

**Disk Diffusion:**

Antibiotic: \_\_\_\_\_ Zone Size: \_\_\_\_\_ Interp: \_\_\_\_\_  
Antibiotic: \_\_\_\_\_ Zone Size: \_\_\_\_\_ Interp: \_\_\_\_\_  
Antibiotic: \_\_\_\_\_ Zone Size: \_\_\_\_\_ Interp: \_\_\_\_\_

**Results for any of the following:**

Tigecycline    MIC: \_\_\_\_\_ Zone Size: \_\_\_\_\_ Interp: \_\_\_\_\_  
Colistin        MIC: \_\_\_\_\_ Zone Size: \_\_\_\_\_ Interp: \_\_\_\_\_  
Polymyxin B    MIC: \_\_\_\_\_ Zone Size: \_\_\_\_\_ Interp: \_\_\_\_\_

**Any other test results or comments:**