

Alert form for reporting pathogens with Emerging Antibiotic Resistance (EAR)

A. Laboratory Information										
1. Name of the reporting laboratory:	2. Name and Contact Information of Microbiologist:									
B. Patient Demographic Information										
3. Patient ID:	4. Specimen ID:									
5. Completed Age (in years/months/weeks/days):	6. Sex (Tick one box): Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>									
7. District:	8. Village (rural) / Locality (urban):									
C. Admission Information										
9. Date of Hospital Admission	10. Location of patient at the time of sample collection									
<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	(Tick one box) ICU <input type="checkbox"/> IPD <input type="checkbox"/> OPD <input type="checkbox"/> Other <input type="checkbox"/>	
D	D	M	M	Y	Y	Y	Y			
D. Specimen Type and Pathogen Isolated										
11. Specimen Collection Date	Click here to enter a date. <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
12. Type of Specimen (Tick one box)	13. Isolated Pathogen (Tick one box)									
a. Blood <input type="checkbox"/> b. Urine <input type="checkbox"/> c. Stool <input type="checkbox"/> d. Pleural Fluid <input type="checkbox"/> e. CSF <input type="checkbox"/> f. Pus Aspirate <input type="checkbox"/> (specify: _____) g. Other Sterile Body Fluid <input type="checkbox"/> (specify: _____)	1. <i>Staphylococcus aureus</i> <input type="checkbox"/> 2. <i>Escherichia coli</i> <input type="checkbox"/> 3. <i>Klebsiella</i> species <input type="checkbox"/> specify species if known: 4. <i>Acinetobacter baumannii</i> / <i>calcoaceticus</i> complex <input type="checkbox"/> specify species if known 5. <i>Pseudomonas aeruginosa</i> <input type="checkbox"/> specify species if known 6. <i>Enterococcus</i> species <input type="checkbox"/> specify species if known 7. <i>Salmonella enterica</i> <input type="checkbox"/> specify serotype if known ser. Typhi/ Paratyphi									
E. Detected/ Suspected Resistance Pattern	F. Method of Detection (Tick all that apply)	G. AST details								
1. Suspected VISA (<i>Vancomycin Intermediate S. aureus</i>)	<input type="checkbox"/> Growth on Vancomycin Screen Agar <input type="checkbox"/> MIC 4-8 µg/ml by automated AST <input type="checkbox"/> MIC 4-8 µg/ml by broth microdilution									
2. Suspected VRSA (<i>Vancomycin Resistant S. aureus</i>)	<input type="checkbox"/> Growth on Vancomycin Screen Agar <input type="checkbox"/> MIC ≥ 16 µg/ml by automated AST <input type="checkbox"/> MIC ≥ 16 µg/ml by broth microdilution									
3. Suspected Colistin resistance (<i>Enterobacteriaceae & Non fermenters</i>)	<input type="checkbox"/> MIC ≥ 4 µg/ml by BMD for <i>Enterobacteriaceae</i> and <i>Acinetobacter baumannii</i> / <i>Acinetobacter calcoaceticus</i> complex <input type="checkbox"/> MIC ≥ 8 µg/ml by BMD for <i>P. aeruginosa</i>									
4. Suspected Linezolid resistance (in <i>Enterococci</i> and <i>S. aureus</i>)	<input type="checkbox"/> Zone diameter ≤ 20 mm by disc diffusion <input type="checkbox"/> MIC ≥ 8 µg/ml by automated AST <input type="checkbox"/> MIC ≥ 8 µg/ml by broth microdilution									
5. Suspected Ceftriaxone resistance in <i>Salmonella enterica</i> sero. Typhi/Paratyphi	<input type="checkbox"/> Zone diameter ≤ 19 mm by disc diffusion <input type="checkbox"/> MIC ≥ 4 µg/ml by automated AST									

	<input type="checkbox"/> MIC \geq 4 μ g/ml by broth microdilution	
6. Suspected ceftriaxone intermediate sensitive in <i>Salmonella enterica</i> sero. Typhi/Paratyphi	<input type="checkbox"/> Zone diameter 20-22 mm disc diffusion	
7. Suspected Azithromycin resistance in <i>Salmonella enterica</i> sero. Typhi	<input type="checkbox"/> Zone diameter \leq 12 mm by disc diffusion <input type="checkbox"/> MIC \geq 32 μ g/ml by automated AST <input type="checkbox"/> MIC \geq 32 μ g/ml by broth microdilutio	
8. Suspected Imipenem or Meropenem resistant <i>Salmonella enterica</i> sero. Typhi/Paratyphi	<input type="checkbox"/> Zone diameter \leq 19 mm by disc diffusion <input type="checkbox"/> MIC \geq 4 μ g/ml by automated AST <input type="checkbox"/> MIC \geq 4 μ g/ml by broth microdilution	
9. Other significant resistance Pathogen: (If other than listed in E. 8) Drug 1: _____ Drug 2: _____ Drug 3: _____ Drug 4: _____	Drug 1: <input type="checkbox"/> Zone diameter ____ by disc diffusior <input type="checkbox"/> MIC ____ μ g/ml by automated AST <input type="checkbox"/> MIC ____ μ g/ml by broth microdilution Drug 2: <input type="checkbox"/> Zone diameter ____ by disc diffusior <input type="checkbox"/> MIC ____ μ g/ml by automated AST <input type="checkbox"/> MIC ____ μ g/ml by broth microdilution Drug 3: <input type="checkbox"/> Zone diameter ____ by disc diffusior <input type="checkbox"/> MIC ____ μ g/ml by automated AST <input type="checkbox"/> MIC ____ μ g/ml by broth microdilution Drug 4: <input type="checkbox"/> Zone diameter ____ by disc diffusior <input type="checkbox"/> MIC ____ μ g/ml by automated AST <input type="checkbox"/> MIC ____ μ g/ml by broth microdilution	
H. Clinical Notes		

Date of Reporting:

Reported by:

(Name, signature & seal)

