

Alert Form for Reporting Emerging AMR Resistance of Public Health Concern

A. Laboratory Information										
1. Name of the reporting laboratory:		4. Name and Contact Information of Microbiologist:								
B. Patient Demographic Information										
3. Patient ID:		4. Specimen ID:								
5. Completed Age (in years/ month/ week/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 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y	10. Location of patient at the time of sample collection (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 <small>Click here to enter a date.</small>		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">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) 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 location: _____) g. Other Sterile Body Fluid <input type="checkbox"/> (specify: _____)		13. Isolated Pathogen (Tick one box) 1. <i>Staphylococcus aureus</i> <input type="checkbox"/> 2. <i>Escherichia coli</i> <input type="checkbox"/> 3. <i>Klebsiella</i> species <input type="checkbox"/> <small>specify species if known:</small> 4. <i>Acinetobacter</i> species <input type="checkbox"/> <small>specify species if known</small> 5. <i>Pseudomonas</i> species <input type="checkbox"/> <small>specify species if known</small> 6. <i>Enterococcus</i> species <input type="checkbox"/> <small>specify species if known</small> 7. <i>Salmonella enterica</i> <input type="checkbox"/> <small>specify serotype if known</small>								
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 > 2 µg/ml by broth microdilution									
4. Suspected Linezolid resistance (in VREs and <i>S. aureus</i>) (When testing linezolid using disk diffusion, zones should be examined using transmitted light. Organisms with resistant results by disk diffusion should be confirmed using MIC method)	<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> serovar Typhi	<input type="checkbox"/> Zone diameter ≤ 19 mm by disc diffu <input type="checkbox"/> MIC ≥ 4 µg/ml by automated AST <input type="checkbox"/> MIC ≥ 4 µg/ml by broth microdilution									

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

Date of Reporting:

Reported by:
(Name, signature & seal)