

Susceptibility Testing Report Form

Laboratory Name:				Laboratory No:			
Specimen No:			Source/Site:				
Microbiology Identification:							
Additional Comments (check all that apply) <input type="checkbox"/> this laboratory does not perform susceptibility tests <input type="checkbox"/> this isolate would be referred out for susceptibility testing <input type="checkbox"/> this isolate would be referred for additional susceptibility testing							
Please indicate the Antimicrobial Susceptibility Testing Method or system used for each isolate							
<input type="checkbox"/> Kirby Bauer		<input type="checkbox"/> ATB Biomérieux		<input type="checkbox"/> MicroScan		<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Replicator (agar dilution)		<input type="checkbox"/> E-test		<input type="checkbox"/> Vitek		β-lactamase Result: Method:	
For each antimicrobial tested, please provide actual and reported results, MIC (mg/L) or zone size (mm)							
Antimicrobial Agent	Actual S/I/R	Reported S/I/R	MIC/Zone	Antimicrobial Agent	Actual S/I/R	Reported S/I/R	MIC/Zone
Amoxicillin				Gentamicin			
Amoxicillin/ clavulanic acid				High Level Gentamicin Screen			
Ticarcillin/ clavulanic acid				High Level Streptomycin Screen			
Ticarcillin				Amikacin			
Piperacillin				Tobramycin			
Piperacillin/ tazobactam				Trimethoprim/ sulfamethoxazole			
Ampicillin				Erythromycin			
Oxacillin				Azithromycin			
Oxacillin Screen				Clarithromycin			
Penicillin				Clindamycin			
Tetracycline				Fusidic Acid			
Cephalothin				Rifampin			
Cefazolin				Vancomycin			
Cefoxitin				Vancomycin Screen			
Cefuroxime				Ciprofloxacin			
Cefotaxime				Norfloxacin			
Ceftriaxone				Nitrofurantoin			
Ceftazidime				Imipenem			
Signature:						Date:	