

Mycology Susceptibility Testing Report Form

Laboratory Name:		Lab No:	Submitted by:	Date:			
Specimen No:	Mycology Culture Identification:						
<p>Additional Comments (check all that apply)</p> <p><input type="checkbox"/> this laboratory does not perform susceptibility tests</p> <p><input type="checkbox"/> this isolate would be referred out for susceptibility testing</p> <p><input type="checkbox"/> this isolate would be referred for additional susceptibility testing</p>							
Please indicate the Antimicrobial Susceptibility Testing Method or system used for each isolate							
<input type="checkbox"/> Disk Diffusion	<input type="checkbox"/> E-test	<input type="checkbox"/> Microbroth dilution	<input type="checkbox"/> Macrobroth dilution				
<input type="checkbox"/> Fungitest®	<input type="checkbox"/> Sensititre® YeastOne™	<input type="checkbox"/> Other, please specify:					
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
Amphotericin B				Voriconazole			
Fluconazole				5-Fluorocytosine			
Itraconazole				Posaconazole			
Ravuconazole				Ketoconazole			
Anidulafungin				Micafungin			
Caspofungin				Other: _____			
Comment (s):							

If you're having trouble entering results on-line, please contact CMPT at 604-827-1754 (or 1-866-579-2678). You can submit your results by e-mail (cmpt.path@ubc.ca) or you can fax your report to CMPT at 604-827-1338 (or 1-866-580-2678). CMPT only accepts reports submitted on CMPT report forms.