

## **Antimicrobial Use and Resistance (AUR)** Microbiology Laboratory Data - Monthly Report Form

OMB No. 0920-0666 Exp. Date: xx-xx-20xx

\* required for saving

*Facility ID#:	*Month:	*Year:	*Location Code:

Do not report duplicate isolates (i.e., the same patient with the same species) or surveillance cultures					
	Susceptible*	Intermediate*	Resistant*	Total Tested*	
<b>GRAM POSITIVE ORGANISMS</b>					
Coagulase-negative staphyloco	cci	_			
vancomycin					
Enterococcus spp.					
vancomycin					
Staphylococcus aureus					
oxacillin					
vancomycin				<b>&gt;</b>	
GRAM NEGATIVE ORGANISMS	5				
Acinetobacter spp.					
amikacin					
cefepime	$\sim$				
ceftazidime					
imipenem		///			
piperacillin/tazobactam					
ampicillin/sulbactam					
Enterobacter spp.					
cefotaxime					
ceftazidime					
imipenem					
meropenem )				I	
Escherichia coli					
cefotaxime					
ceftazidime					
ciprofloxacin					
imipenem				_	
Klebsiella pneumoniae					
cefotaxime					
ceftazidime					
imipenem					
Pseudomonas aeruginosa			,		
cefepime					
ceftazidime					
ciprofloxacin					
levofloxacin					
imipenem					
meropenem					
piperacillin					
amikacin					

<sup>\*</sup> Enter zero if not tested, an entry is required on every field.
Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)). Public reporting burden of this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-79, Atlanta, GA 30333, ATTN: PRA (0920-0666).