

Microbiology Laboratory Data - Monthly Report Form

* 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*
GRAM POSITIVE ORGANISMS				
Coagulase-negative staphylococci				
vancomycin				
Enterococcus spp.				
vancomycin				
Staphylococcus aureus				
oxacillin				
vancomycin				
GRAM NEGATIVE ORGANISMS				
Acinetobacter spp.				
amikacin				
cefepime				
ceftazidime				
imipenem				
piperacillin/tazobactam				
ampicillin/sulbactam				
Enterobacter spp.				
cefotaxime				
ceftazidime				
imipenem				
meropenem				
Escherichia coli				
cefotaxime				
ceftazidime				
ciprofloxacin				
imipenem				
Klebsiella pneumoniae				
cefotaxime				
ceftazidime				
imipenem				
Pseudomonas aeruginosa				
cefepime				
ceftazidime				
ciprofloxacin				
levofloxacin				
imipenem				
meropenem				
piperacillin				
amikacin				

* Enter zero if not tested. an entry is required on every field.

