

## CRE/CRA/CRPA Isolate - Supplemental Submission Form

*Attach to required Submission Form*

**Patient Name:** \_\_\_\_\_

**Please attach automated AST report.**

**If any of the following tests were performed, please include your results below.**

**Phenotypic carbapenemase test:**

**Test performed (select one):**    **mCIM**                      **CIM**                      **MHT**                      **Carba NP**

- Negative
- Positive
- Indeterminate

**Molecular carbapenemase test:**

**Test performed (select one):**    **Cepheid-Carba-R**                      **Verigene**                      **Biofire**                      **Other:** \_\_\_\_\_

- Negative
- Positive
- If positive, select one:
- KPC                      NDM                      VIM                      IMP                      OXA:                      Other:

**E-test:**

Antibiotic: \_\_\_\_\_ MIC: \_\_\_\_\_ Interp: \_\_\_\_\_  
 Antibiotic: \_\_\_\_\_ MIC: \_\_\_\_\_ Interp: \_\_\_\_\_  
 Antibiotic: \_\_\_\_\_ MIC: \_\_\_\_\_ Interp: \_\_\_\_\_

**Disk Diffusion:**

Antibiotic: \_\_\_\_\_ Zone Size: \_\_\_\_\_ Interp: \_\_\_\_\_  
 Antibiotic: \_\_\_\_\_ Zone Size: \_\_\_\_\_ Interp: \_\_\_\_\_  
 Antibiotic: \_\_\_\_\_ Zone Size: \_\_\_\_\_ Interp: \_\_\_\_\_

**Results for any of the following:**

Tigecycline    MIC: \_\_\_\_\_ Zone Size: \_\_\_\_\_ Interp: \_\_\_\_\_  
 Colistin        MIC: \_\_\_\_\_ Zone Size: \_\_\_\_\_ Interp: \_\_\_\_\_  
 Polymyxin B    MIC: \_\_\_\_\_ Zone Size: \_\_\_\_\_ Interp: \_\_\_\_\_

**Any other test results or comments:**