

FM2458**Carbapenem resistant isolate referral form
Microbiological Diagnostic Unit – Public Health Laboratory**

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MDU no (MDU use only)

Sender information

Laboratory:

Address: Postcode:

Phone no: Fax no:

Patient details

Name: Sex: M F Not known

Date of birth: Postcode: Patient identifier (UR no.):

Patient phone no:

GP name: GP phone no:

Patient risk factors

At the time of sample collection, patient was in a: Health care facility Aged care facility Neither Not known

Facility name:

Ward or unit: Date of admission:

Has the patient travelled overseas in the past twelve months? Yes No Not known

If yes, state country visited:

Has the patient been hospitalised overseas in the past twelve months? Yes No Not known

If yes, state country visited:

Isolate and sample details

Organism name (species): Submitting laboratory number:

Isolated from (sample type): Date of sample collection:

Reason for sampling: Clinically indicated Screening Not known

Submitting laboratory testing results**Tick those that apply**

- Positive carbapenem hydrolysis test (CarbaNP or BlueCarba)
- Positive modified Hodge test
- Positive carbapenem double-disc synergy test
- Meropenem MIC $\geq 0.5\text{mg/L}$, or disc diffusion zone $\leq 24\text{mm}$ (CLSI or EUCAST) or CDS disc diffusion zone $\leq 6\text{mm}$.
- Positive molecular assay for carbapenemase gene - state gene positive:

Please send a printout of your antimicrobial results with this form**Submitted by:**

Name: Signed: Date:



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