

TDH Quarterly Antibiotic Resistant Isolate Reporting Form

Facility Name _____

Facility City: _____

Facility Phone Number: () _____

Immediately reportable by either fax (512) 458-7616 or phone (512) 458-7676 and shipment of isolate for further analysis to TDH laboratory (Attn: Specimen Acquisition 1100 West 49th street Austin, TX 78756-3194):

Vancomycin resistant (MIC > 8mcg/mL) <i>Staphylococcus aureus</i>*					
Patient Name	Date of Birth/Age	Sex	Anatomic Site of Culture	MIC	Date of Culture

Vancomycin resistant (MIC > 8mcg/mL) coagulase negative <i>Staphylococcus spp.</i>*						
Patient Name	Date of Birth/Age	Sex	Anatomic Site of Culture	Species Name	MIC	Date of Culture

*Voluntary reporting of *Staphylococcus spp.* with reduced susceptibility to vancomycin (MIC 4-8 mcg/mL) as well as shipment of any isolates for further analysis would be appreciated.

Quarterly reportable by the last working day of March, June, September, and December:

Vancomycin resistant (MIC > 16mcg/mL) <i>Enterococcus spp.</i>						
Patient Name	Date of Birth/Age	Sex	Anatomic Site of Culture	Species Name	MIC	Date of Culture

Enterococcus spp. total number of isolates (both resistant and nonresistant bacteria): _____

Penicillin intermediate resistant (MIC > 0.1mcg/mL) <i>Streptococcus pneumoniae</i>					
Patient Name	Date of Birth/Age	Sex	Anatomic Site of Culture	MIC	Date of Culture

Penicillin resistant (MIC > 2.0mcg/mL) <i>Streptococcus pneumoniae</i>					
Patient Name	Date of Birth/Age	Sex	Anatomic Site of Culture	MIC	Date of Culture

Streptococcus pneumoniae total number of isolates (both resistant and nonresistant bacteria): _____

Fax form to Infectious Disease Epidemiology and Surveillance Division at 512-458-7616 **or mail (quarterly information only)** to Texas Department of Health, IDEAS, 1100 W. 49th Street T801, Austin, Texas 78756-3199 (IDEAS 7/00)