

Dept of Medical Microbiology, Division of Clinical Microbiology, Galway University Hospitals		
CPE Request Form	Version: 2.0	Ref: MICFM192
Issued by: Prof. Martin Cormican	Issue Date: 22/04/2017	Page 1 of 1

### SENDERS INFORMATION

**Senders Name & Address**

**Consultant in Charge:**

**Contact Number:**

### PATIENT/SOURCE INFORMATION

Human  Environment  Other\*

\*Please specify

Inpatient  Outpatient  GP Patient  Other\*

\*Please specify

**Surname**

**Date of Birth**

**Forename**

**Sex**       Male     Female     Unknown

**Hospital Name** (*if different from senders name*)

**Hospital No.**

**Foreign Travel?**     No     Yes    Country:

### SAMPLE INFORMATION

**Reference No.**

**Isolate Site**

**Date of Collection**

**Presumptive Identification**

**Date of Isolation**

### TESTS REQUESTED

Carbapenem Resistance

Colistin Susceptibility

ESBL (CTX-M) Detection

Other (*please specify*)

mcr-1 Detection

### SENDERS LABORATORY RESULTS

*(please include Antimicrobial Susceptibility Results and methods used)*

### LABORATORY USE ONLY