|  |  |
| --- | --- |
| **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/Healthcare Facility** **Hospital No.**  *(if different from senders name)* | |
| **Foreign Travel?** €No €Yes Country: | |
| **SAMPLE INFORMATION** | |
| **Reference No. Isolate Site** | |
| **Date of Collection** | **Date of Isolation** |
|  |  |
| **TESTS REQUESTED** | |
| € Carbapenem Resistance (WGS) € Colistin Susceptibility  (including mcr resistance) | |
| **SENDERS LABORATORY RESULTS** | |
| ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Method:\_\_\_\_\_\_\_\_\_\_\_\_\_  Meropenem MIC: \_\_\_\_\_\_\_\_\_\_\_\_\_ Method:\_\_\_\_\_\_\_\_\_\_\_\_\_  Carbapenemase target detection method (e.g. Molecular, lateral flow):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Result:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **LABORATORY USE ONLY** | |
|  | |

**Carbapenemase Producing Enterobacterialaes (CPE) Reference Laboratory,**

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