

Update 2005: Isolate Record Form *S. aureus*



To be filled out by laboratory

Instructions: please send data of the first **blood**-isolate of every patient with a *S. aureus* infection, confirmed by a coagulase test. Please send data on resistant and on susceptible isolates; use 1 form per isolate.

Laboratory Data

Current date dd/mm/yyyy
 Laboratory Code * IE000

__ / __ / ____
IE0 __

Isolate Data

Isolate sample number (lab) max. 12 characters
 Date of sample collection dd/mm/yyyy

 __ / __ / ____

Patient Data

Patient ID / Code max. 12 characters
 Sex tick box
 Month + Year of birth mm/yyyy
 Clinical diagnosis free text

 Male Female Unknown
 __ / ____

Hospital Data

Name/code of hospital** e.g. 000A
 Origin of patient tick box
 Date of admission dd/mm/yyyy
 Hospital Department tick box

 Please specify_
 Admitted Outpatient Unknown
 __ / __ / ____
 Surgery (Internal) Medicine Infectious diseases
 Ob/Gyn ICU Emergency
 Urology Haematology/oncology Pediatrics/neonatal
 Pediatric/neonatal ICU Other: _____

Antibiotic susceptibility testing

S/I/R, zone and/or MIC
 Cefoxitin Disk load.....AND/OR
 Oxacillin
 Linezolid
 Rifampin
 Vancomycin
 PCR mecA-gene
 PBP2a agglutination

S / I / R (fill in S, I or R)	Zone diameter (mm)	MIC (in mg/l)
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	-----
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	-----
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	-----
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	-----
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	-----
<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> unknown (incl. not done)		
<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> unknown (incl. not done)		

Optional

Ciprofloxacin
 Erythromycin
 Fusidic acid
 Gentamicin
 Tetracycline
 Clindamycin
 Other:
 Other:

<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	-----
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* The national co-ordinators provide the laboratory code, consisting of a Country Code (CC) followed by 3 numbers.
 ** Consists of three numbers of the laboratory code, followed by a letter identifying the hospital.

Send this form to: EARS-Net, Health Protection Surveillance Centre (HPSC)
 Address: 25-27 Middle Gardiner St, Dublin 1 Tel: 01-8765372 Fax: 01-8765384

Send MRSA isolate plus a copy of this form to: National MRSA Reference Laboratory
 Address: St James's Hospital, St James's St, Dublin 7 Tel: 01-4103662