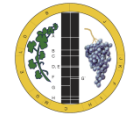


ST. JAMES'S HOSPITAL LABMED DIRECTORATE					
Edition No.:	05	National MRSA Reference Form	Doc No	LF-MRSA-0049	
Authorised By	Brian O'Connell	Date:	19/08/2021	Date of Issue:	20/08/2021



Sender's Details	Please provide any relevant clinical details
Name	<p><i>Where possible for PVL detection requests please include travel history, ethnicity and clinical presentation. For outbreak investigations please list linked isolates.</i></p>
Position	
Hospital	
Email/Telephone Number	

Reports will be returned to the nominated recipients by email. Isolates listed on single form will be reports together. For unrelated isolates, please use separate forms.

Please ensure all nutrient agar slopes are labeled with at least 2 unique identifiers

Sender Lab Number	Surname	Forename	Hospital Number	Date of birth	Ward	Site	Spec date	Organism	Fox	Gent	Tet	Mup	MRSARL lab number

Tests requested

NMRSARL USE

Strain	Investigation	Tick	Strain	Investigation	Tick	Incident No.	
<i>S. aureus</i>	Confirmation of <i>S. aureus</i> identity and meticillin resistance		S. aureus	EARS-Net Surveillance			
	Investigation of glycopeptide resistance		CNS	Susceptibility testing		Date received	
	Broth microdilution* Linezolid Mupirocin			Confirmation of glycopeptide resistance			
	Epidemiological typing			Confirmation of linezolid resistance		Date frozen	
	PVL Toxin testing		Enterococci	Confirmation of linezolid resistance			
	Exfoliative toxin testing (<i>etA, etB, etD</i>)		Other (state details)				Comment
	Microarray investigation/TSST						
	Outbreak investigation (WGS available on request. Please give details of epidemiological basis for submission including details of other isolates to be included in investigation. See additional details in user manual.)						

*Broth MIC plate includes the following antibiotics: linezolid, ceftaroline, daptomycin, tigecycline, telavancin, dalbavancin, vancomycin and teicoplanin