EARS-Net Isolate Record Form: *S. pneumoniae*

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Instructions: Please send data on the **first blood and/or cerebrospinal fluid (CSF)** isolate of every patient with a *S. pneumoniae* infection. Please send data on resistant and on susceptible isolates; use 1 form per isolate.

Laboratory Data		
Current date	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Laboratory Code *	IE000	_ _ _ _ _ _ _
Isolate Data		
Isolate sample number (lab)	max. 12 characters	_ _ _ _ _ _ _ _ _ _ _ _
Isolate source	tick box	☐ Blood ☐ CSF
Date of sample collection	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Patient Data		
Patient ID / Code	max. 12 characters	_ _ _ _ _ _ _ _ _ _ _ _
Sex	tick box	☐ Male ☐ Female ☐ Unknown
Date of birth	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Clinical diagnosis	free text	_ _
Hospital Data		
Name/code of hospital**	000X	Please specify_ _ _ _ _ _ _ _ _
Origin of patient	tick box	☐ Admitted ☐ Outpatient ☐ Unknown
Date of admission	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Hospital Department	tick box	☐ 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		**S / I/ R** (fill in S, I or R)	**Zone diameter** (mm)	**MIC** (in mg/l)
☐ Cefotaxime	AND/OR	|__|	|__||__|	_ _ _ _ _ _ _ _ _
☐ Ceftriaxone		|__|	|__||__|	_ _ _ _ _ _ _ _ _
Ciprofloxacin		|__|	|__||__|	_ _ _ _ _ _ _ _ _
Norfloxacin Disk load…….		|__|	|__||__|	_ _ _ _ _ _ _ _ _
Oxacillin Disk load…….		|__|	|__||__|	_ _ _ _ _ _ _ _ _
Penicillin		|__|	|__||__|	_ _ _ _ _ _ _ _ _
Erythromycin		|__|	|__||__|	_ _ _ _ _ _ _ _
Optional				
Clindamycin		|__|	|__||__|	_ _ _ _ _ _ _ _
Levofloxacin		|__|	|__||__|	_ _ _ _ _ _ _ _
Moxifloxacin		|__|	|__||__|	_ _ _ _ _ _ _ _
Rifampin		|__|	|__||__|	_ _ _ _ _ _ _ _
Tetracycline		|__|	|__||__|	_ _ _ _ _ _ _ _
Vancomycin		|__|	|__||__|	_ _ _ _ _ _ _ _
Other: ……..		|__|	|__||__|	_ _ _ _ _ _ _ _

Sent for serotyping ☐ Yes ☐ No

* HPSC provides the laboratory code, consisting of a Country Code (IE) followed by 3 numbers.
** Consists of three numbers of the laboratory code, followed by a letter identifying the hospital/institution

Send this form to:

EARS-Net, Health Protection Surveillance Centre (HPSC), 25-27 Middle Gardiner St, Dublin 1

Tel: 01-8765372 Fax: 01-8561299

Send a slope of the isolate for serotyping + a copy of this form to:

Mary Corcoran, Irish Pneumococcal Reference Laboratory, Epidemiology and Molecular Biology Unit (EMBU) Laboratory, Temple Street Children's University Hospital, Temple Street, Dublin 1

EARS-Net Isolate Record Form: *S. aureus*

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

Laboratory Data		
Current date	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Laboratory Code *	IE000	_ _ _ _ _ _ _
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	☐ Male ☐ Female ☐ Unknown
Date of birth	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Clinical diagnosis	free text	_ _
Hospital Data		
Name/code of hospital**	000X	Please specify_ _ _ _ _ _ _ _
Origin of patient	tick box	☐ Admitted ☐ Outpatient ☐ Unknown
Date of admission	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Hospital Department	tick box	☐ 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	**S /I/ R** (fill in S, I or R)	**Zone diameter** (mm)	**MIC** (in mg/l)
☐ Cefoxitin ……AND/OR	|__|	|__||__|	_ _ _ _ _ _ _ _
☐ Oxacillin……..AND/OR	|__|	|__||__|	_ _ _ _ _ _ _ _
☐ Meticillin	|__|	|__||__|	_ _ _ _ _ _ _ _
Linezolid	|__|	|__||__|	_ _ _ _ _ _ _ _
Rifampin	|__|	|__||__|	_ _ _ _ _ _ _ _
PCR mecA-gene	positive	negative	unknown (incl. not done)
PBP2a agglutination	positive	negative	unknown (incl. not done)
Optional			
Vancomycin	|__|	|__||__|	_ _ _ _ _ _ _ _
Ciprofloxacin	|__|	|__||__|	_ _ _ _ _ _ _ _
Erythromycin	|__|	|__||__|	_ _ _ _ _ _ _ _
Fusidic acid	|__|	|__||__|	_ _ _ _ _ _ _ _
Gentamicin	|__|	|__||__|	_ _ _ _ _ _ _ _
Tetracycline	|__|	|__||__|	_ _ _ _ _ _ _ _
Clindamycin	|__|	|__||__|	_ _ _ _ _ _ _ _
Other: ……..	|__|	|__||__|	_ _ _ _ _ _ _ _

* HPSC provides the laboratory code, consisting of a Country Code (IE) followed by 3 numbers.
** Consists of three numbers of the laboratory code, followed by a letter identifying the hospital/institution

Send this form to:

EARS-Net, Health Protection Surveillance Centre (HPSC), 25-27 Middle Gardiner St, Dublin 1

Tel: 01-8765372 Fax: 01-8561299

MRSA isolates only: Please send a slope of the isolate + a copy of this form to:

Grainne Brennan, National MRSA Reference Laboratory, St James's Hospital, Dublin 8

EARS-Net Isolate Record Form: *E. coli*

Instructions: Please send data of the first **blood and/or cerebrospinal fluid (CSF) -** isolate of every patient with an invasive *E. coli* infection. Send data on resistant and susceptible isolates; use 1 form per isolate.

Laboratory Data		
Current date	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Laboratory Code *	IE000	_ _ _ _ _ _ _
Isolate Data		
Isolate sample number (lab)	max. 12 characters	_ _ _ _ _ _ _ _ _ _ _ _
Isolate source	tick box	☐ Blood ☐ CSF
Date of sample collection	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Patient Data		
Patient ID / Code	max. 12 characters	_ _ _ _ _ _ _ _ _ _ _ _
Sex	tick box	☐ Male ☐ Female ☐ Unknown
Date of birth	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Clinical diagnosis *(optional)*	free text	_ _
Hospital Data		
Name/code of hospital**	000X	Please specify_ _ _ _ _ _ _ _
Origin of patient	tick box	☐ Admitted ☐ Outpatient ☐ Unknown
Date of admission	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Hospital Department	tick box	☐ 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

		S / I/ R (fill in S, I or R)	**Zone diameter** (mm)	**MIC** (in mg/l)
Amoxicillin	AND/OR	_|	_|_|	_ _ _ _ _ _ _
Ampicillin		_|	_|_|	_ _ _ _ _ _ _
Gentamicin	AND/OR	_|	_|_|	_ _ _ _ _ _ _
Tobramycin	AND/OR	_|	_|_|	_ _ _ _ _ _ _
Amikacin		_|	_|_|	_ _ _ _ _ _ _
Ciprofloxacin	AND/OR	_|	_|_|	_ _ _ _ _ _ _
Levofloxacin		_|	_|_|	_ _ _ _ _ _ _
Cefotaxime	AND/OR	_|	_|_|	_ _ _ _ _ _ _
Ceftriaxone		_|	_|_|	_ _ _ _ _ _ _
Ceftazidime		_|	_|_|	_ _ _ _ _ _ _
Imipenem	AND/OR	_|	_|_|	_ _ _ _ _ _ _
Meropenem	AND/OR	_|	_|_|	_ _ _ _ _ _ _
Ertapenem		_|	_|_|	_ _ _ _ _ _ _
ESBL present		☐ Yes	☐ No	☐ Not tested
Carbapenemase detected		☐ Yes	Enzyme: _ _ _ _ _ _ _ _ _	
Optional		**S / I/ R**	**Zone diameter**	**MIC**
Co-trimoxazole		_|	_|_|	_ _ _ _ _ _ _
Piperacillin+tazobactam		_|	_|_|	_ _ _ _ _ _ _
Other: ……..		_|	_|_|	_ _ _ _ _ _ _
Other: ……..		_|	_|_|	_ _ _ _ _ _ _

* HPSC provides the laboratory code, consisting of a Country Code (IE) followed by 3 numbers.
** Consists of three numbers of the laboratory code, followed by a letter identifying the hospital/institution

Send this form to:
EARS-Net, Health Protection Surveillance Centre (HPSC), 25-27 Middle Gardiner St, Dublin 1
Tel: 01-8765372 Fax: 01-8561299

For suspected carbapenemase-producing isolates only, please send a slope of the isolate + a copy of this form to:
Elaine McGrath, CPEaRLS, University Hospital Galway, Newcastle Rd, Galway

EARS-Net Isolate Record Form: *K. pneumoniae*

Instructions: Please send data of the first **blood and/or cerebrospinal fluid (CSF) -** isolate of every patient with an invasive *K. pneumoniae* infection. Send data on resistant and susceptible isolates; use 1 form per isolate.

Laboratory Data		
Current date	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Laboratory Code *	IE000	_ _ _ _ _ _ _
Isolate Data		
Isolate sample number (lab)	max. 12 characters	_ _ _ _ _ _ _ _ _ _ _ _
Isolate source	tick box	☐ Blood ☐ CSF
Date of sample collection	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Patient Data		
Patient ID / Code	max. 12 characters	_ _ _ _ _ _ _ _ _ _ _ _
Sex	tick box	☐ Male ☐ Female ☐ Unknown
Date of birth	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Clinical diagnosis *(optional)*	free text	_ _
Hospital Data		
Name/code of hospital**	000X	Please specify_ _ _ _ _ _ _ _
Origin of patient	tick box	☐ Admitted ☐ Outpatient ☐ Unknown
Date of admission	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Hospital Department	tick box	☐ 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

		S / I/ R (fill in S, I or R)	**Zone diameter** (mm)	**MIC** (in mg/l)
Amoxicillin	AND/OR	_|	_|_|	_ _ _ _ _ _ _
Ampicillin		_|	_|_|	_ _ _ _ _ _ _
Gentamicin	AND/OR	_|	_|_|	_ _ _ _ _ _ _
Tobramycin	AND/OR	_|	_|_|	_ _ _ _ _ _ _
Amikacin		_|	_|_|	_ _ _ _ _ _ _
Ciprofloxacin	AND/OR	_|	_|_|	_ _ _ _ _ _ _
Levofloxacin		_|	_|_|	_ _ _ _ _ _ _
Cefotaxime	AND/OR	_|	_|_|	_ _ _ _ _ _ _
Ceftriaxone		_|	_|_|	_ _ _ _ _ _ _
Ceftazidime		_|	_|_|	_ _ _ _ _ _ _
Imipenem	AND/OR	_|	_|_|	_ _ _ _ _ _ _
Meropenem	AND/OR	_|	_|_|	_ _ _ _ _ _ _
Ertapenem		_|	_|_|	_ _ _ _ _ _ _
ESBL present		☐ Yes	☐ No	☐ Not tested
Carbapenemase detected		☐ Yes	Enzyme: _ _ _ _ _ _ _ _ _	
Optional		**S / I/ R**	**Zone diameter**	**MIC**
Co-trimoxazole		_|	_|_|	_ _ _ _ _ _ _
Piperacillin+tazobactam		_|	_|_|	_ _ _ _ _ _ _
Other: ……..		_|	_|_|	_ _ _ _ _ _ _
Other: ……..		_|	_|_|	_ _ _ _ _ _ _

* HPSC provides the laboratory code, consisting of a Country Code (IE) followed by 3 numbers.
** Consists of three numbers of the laboratory code, followed by a letter identifying the hospital/institution

Send this form to:
EARS-Net, Health Protection Surveillance Centre (HPSC), 25-27 Middle Gardiner St, Dublin 1
Tel: 01-8765372 Fax: 01-8561299

For suspected carbapenemase-producing isolates and/or isolates with the invasive MDRKP/Non-CRE phenotype, please send a slope of the isolate + a copy of this form to:
Elaine McGrath, CPEaRLS, University Hospital Galway, Newcastle Rd, Galway

EARS-Net Isolate Record Form: *E. faecium/faecalis*

Instructions: please send data of the first **blood**-isolate of every patient with invasive *E. faecium/faecalis* infection. It is essential to differentiate between *E. faecium* and *E. faecalis*. Send data on resistant and on susceptible isolates; use 1 form per isolate.

Laboratory Data		
Current date	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Laboratory Code *	IE000	_ _ _ _ _ _ _
Isolate Data		
Pathogen		☐ *E. faecium* ☐ *E. faecalis*
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	☐ Male ☐ Female ☐ Unknown
Date of birth	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Clinical diagnosis *(optional)*	free text	_ _
Hospital Data		
Name/code of hospital**	000X	Please specify_ _ _ _ _ _ _ _
Origin of patient	tick box	☐ Admitted ☐ Outpatient ☐ Unknown
Date of admission	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Hospital Department	tick box	☐ 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		**S / I/ R** (fill in S, I or R)	**Zone diameter** (mm)	**MIC** (in mg/l)
Amoxicillin	AND/OR	|__|	|__||__|	_ _ _ _ _ _ _ _
Ampicillin		|__|	|__||__|	_ _ _ _ _ _ _ _
Gentamicin HIGH	Disk-load ……	|__|	|__||__|	_ _ _ _ _ _ _ _
Vancomycin		|__|	|__||__|	_ _ _ _ _ _ _ _
Optional				
Linezolid		|__|	|__||__|	_ _ _ _ _ _ _ _
Teicoplanin		|__|	|__||__|	_ _ _ _ _ _ _ _
Other: ……..		|__|	|__||__|	_ _ _ _ _ _ _ _
Other: ……..		|__|	|__||__|	_ _ _ _ _ _ _ _
Other: ……..		|__|	|__||__|	_ _ _ _ _ _ _ _
Other: ……..		|__|	|__||__|	_ _ _ _ _ _ _ _
Other: ……..		|__|	|__||__|	_ _ _ _ _ _ _ _

* HPSC provides the laboratory code, consisting of a Country Code (IE) followed by 3 numbers.
** Consists of three numbers of the laboratory code, followed by a letter identifying the hospital/institution

Send this form to:

EARS-Net, Health Protection Surveillance Centre (HPSC), 25-27 Middle Gardiner St, Dublin 1

Tel: 01-8765372 Fax: 01-8561299

EARS-Net Isolate Record Form: *P. aeruginosa*

Instructions: Please send data on the **first blood and/or cerebrospinal fluid (CSF)** isolate of every patient with a *P. aeruginosa* infection. Please send data on resistant and on susceptible isolates; use 1 form per isolate.

Laboratory Data		
Current date	dd/mm/yyyy	__ / __ / ____
Laboratory Code *	IE000	_ _ _ _ _ _ _
Isolate Data		
Isolate sample number (lab)	max. 12 characters	_ _ _ _ _ _ _ _ _ _ _ _
Isolate source	tick box	☐ Blood ☐ CSF
Date of sample collection	dd/mm/yyyy	__ / __ / ____
Patient Data		
Patient ID / Code	max. 12 characters	_ _ _ _ _ _ _ _ _ _ _ _
Sex	tick box	☐ Male ☐ Female ☐ Unknown
Date of birth	dd/mm/yyyy	__ / __ / ____
Clinical diagnosis	free text	_ _
Hospital Data		
Name/code of hospital**	000X	Please specify_ _ _ _ _ _ _ _
Origin of patient	tick box	☐ Admitted ☐ Outpatient ☐ Unknown
Date of admission	dd/mm/yyyy	__ / __ / ____
Hospital Department	tick box	☐ 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		**S / I/ R** (fill in S, I or R)	**Zone diameter** (mm)	**MIC** (in mg/l)
Piperacillin	AND/OR	|__|	|__||__|	_ _ _ _ _ _ _ _
Piperacillin-tazobactam		|__|	|__||__|	_ _ _ _ _ _ _ _
Ceftazidime		|__|	|__||__|	_ _ _ _ _ _ _ _
Ciprofloxacin	AND/OR	|__|	|__||__|	_ _ _ _ _ _ _ _
Levofloxacin		|__|	|__||__|	_ _ _ _ _ _ _ _
Imipenem	AND/OR	|__|	|__||__|	_ _ _ _ _ _ _ _
Meropenem		|__|	|__||__|	_ _ _ _ _ _ _ _
Gentamicin	AND/OR	|__|	|__||__|	_ _ _ _ _ _ _ _
Tobramycin	AND/OR	|__|	|__||__|	_ _ _ _ _ _ _ _
Amikacin		|__|	|__||__|	_ _ _ _ _ _ _ _
Optional				
Other: ……..		|__|	|__||__|	_ _ _ _ _ _ _ _
Other: ……..		|__|	|__||__|	_ _ _ _ _ _ _ _
Other: ……..		|__|	|__||__|	_ _ _ _ _ _ _ _
Other: ……..		|__|	|__||__|	_ _ _ _ _ _ _ _

* HPSC provides the laboratory code, consisting of a Country Code (IE) 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), 25-27 Middle Gardiner St, Dublin 1

Tel: 01-8765372 Fax: 01-8561299

EARS-Net Isolate Record Form: *Acinetobacter* spp.

Instructions: Please send data on the **first blood and/or cerebrospinal fluid (CSF)** isolate of every patient with an *Acinetobacter* spp. infection. Please send data on resistant and on susceptible isolates; use 1 form per isolate.

Laboratory Data		
Current date	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Laboratory Code *	IE000	_ _ _ _ _ _ _
Isolate Data		
Isolate sample number (lab)	max. 12 characters	_ _ _ _ _ _ _ _ _ _ _ _
Isolate source	tick box	☐ Blood ☐ CSF
Date of sample collection	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Patient Data		
Patient ID / Code	max. 12 characters	_ _ _ _ _ _ _ _ _ _ _ _
Sex	tick box	☐ Male ☐ Female ☐ Unknown
Date of birth	dd/mm/yyyy	_ _ / _ _ / _ _ _ _
Clinical diagnosis	free text	_ _
Hospital Data		Please specify_ _ _ _ _ _ _ _ _
Name/code of hospital**	000X	☐ Admitted ☐ Outpatient ☐ Unknown
Origin of patient	tick box	_ _ / _ _ / _ _ _ _
Date of admission	dd/mm/yyyy	☐ Surgery ☐ (Internal) Medicine ☐ Infectious diseases ☐ Ob/Gyn ☐ ICU ☐ Emergency ☐ Urology ☐ Haematology/oncology ☐ Pediatrics/neonatal ☐ Pediatric/neonatal ICU ☐ Other: _ _ _ _ _ _ _
Hospital Department	tick box	
Isolate identification	tick box/free text	*A. baumanii* *A. lwoffii* Other – Please state: _ _ _ _ _ _ _ _ _ _ _

Antibiotic susceptibility testing S/I/R, zone and/or MIC			**S / I/ R** (fill in S, I or R)	**Zone diameter** (mm)	**MIC** (in mg/l)
Ciprofloxacin	AND/OR		|__|	|__||__|	_ _ _ _ _ _ _ _
Levofloxacin			|__|	|__||__|	_ _ _ _ _ _ _ _
Gentamicin	AND/OR		|__|	|__||__|	_ _ _ _ _ _ _ _
Tobramycin	AND/OR		|__|	|__||__|	_ _ _ _ _ _ _ _
Imipenem	AND/OR		|__|	|__||__|	_ _ _ _ _ _ _ _
Meropenem	AND/OR		|__|	|__||__|	_ _ _ _ _ _ _ _
Doripenem			|__|	|__||__|	_ _ _ _ _ _ _ _
Optional					
Other: ……..			|__|	|__||__|	_ _ _ _ _ _ _ _
Other: ……..			|__|	|__||__|	_ _ _ _ _ _ _ _
Other: ……..			|__|	|__||__|	_ _ _ _ _ _ _ _

* HPSC provides the laboratory code, consisting of a Country Code (IE) 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), 25-27 Middle Gardiner St, Dublin 1

Tel: 01-8765372 Fax: 01-8561299

Isolate Record Form: invasive Group A Streptococci (iGAS)

Instructions: Please send data on the **first isolate from blood, cerebrospinal fluid (CSF) and/or any other sterile site** of every patient with an iGAS infection (including probable cases with STSS ± necrotising fasciitis from non-sterile sites)

Laboratory Data		
Current date	dd/mm/yyyy	__ / __ / ____
Laboratory Code *	IE000	_ _ _ _ _ _ _
Isolate Data		
Isolate sample number (lab)	max. 12 characters	_ _ _ _ _ _ _ _ _ _ _ _
Isolate source	tick box/free text	☐ Blood ☐ CSF ☐ Other – Please state: _ _ _ _ _ _ _ _ _ _ _ _
Date of sample collection	dd/mm/yyyy	__ / __ / ____
Patient Data		
Patient ID / Code	max. 12 characters	_ _ _ _ _ _ _ _ _ _ _ _
Sex	tick box	☐ Male ☐ Female ☐ Unknown
Date of birth	dd/mm/yyyy	__ / __ / ____
Clinical diagnosis	free text	_ _
Hospital Data		
Name/code of hospital**	000X	Please specify:_ _ _ _ _ _ _ _ _
Origin of patient	tick box	☐ Admitted ☐ Outpatient ☐ Unknown
Date of admission	dd/mm/yyyy	__ / __ / ____
Hospital Department	tick box	☐ 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	**S / I/ R** (fill in S, I or R)	**Zone diameter** (mm)	**MIC** (in mg/l)
Penicillin	|__|	|__||__|	_ _ _ _ _ _ _ _
Erythromycin	|__|	|__||__|	_ _ _ _ _ _ _ _
Clindamycin	|__|	|__||__|	_ _ _ _ _ _ _ _
Moxifloxacin	|__|	|__||__|	_ _ _ _ _ _ _ _
Rifampin	|__|	|__||__|	_ _ _ _ _ _ _ _
Tetracycline	|__|	|__||__|	_ _ _ _ _ _ _ _
Vancomycin	|__|	|__||__|	_ _ _ _ _ _ _ _
Other: ……..	|__|	|__||__|	_ _ _ _ _ _ _ _
Other: ……..	|__|	|__||__|	_ _ _ _ _ _ _ _
Sent for typing	☐ Yes ☐ No		

* HPSC provides the laboratory code, consisting of a Country Code (IE) 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), 25-27 Middle Gardiner St, Dublin 1

Tel: 01-8765372 Fax: 01-8561299

Send a slope of the isolate for typing + a copy of this form to:

Mary Meehan, iGAS Typing Project, Epidemiology and Molecular Biology Unit, Children's University Hospital, Temple Street, Dublin 1