

EARS-Net Isolate Record Form: S. pneumoniae

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 ☐ Unl	known	
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 ☐ U	nknown	
Date of admission	dd/mm/yyyy	_	_ / /		
Hospital Department	tick box	☐ Surgery ☐ Ob/Gyn ☐ Urology ☐ Pediatric/neonat	☐ (Internal) Medicine ☐ ICU ☐ Haematology/oncology al ICU	☐ Infectious diseases ☐ Emergency ☐ Pediatrics/neonatal ☐ 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	<u> </u>			
☐ Ceftriaxone		<u> </u>			
Ciprofloxacin		<u> </u>			
Norfloxacin Disk load		<u> </u>			
Oxacillin Disk load					
Penicillin		<u> </u>			
Erythromycin		<u> </u>			
Optional					
Clindamycin		<u> </u>			
Levofloxacin		<u> </u>			
Moxifloxacin		<u> </u>			
Rifampin		<u> </u>			
Tetracycline		<u> </u>			
Vancomycin					
Other:					
		☐ Yes ☐ No			

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 <u>and</u> on susceptible isolates; use 1 form per isolate.

Laboratory Data		<u> </u>		
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 ☐ Ob/Gyn ☐ Urology ☐ Pediatric/neon	☐ (Internal) Medici☐ ICU☐ Haematology/ond	Emergency
Antibiotic susceptibility testing S/I/R, zone and/or MIC		S/I/R (fill in S, I or l	Zone diam (mm)	
CefoxitinAND/Ol	R			l
OxacillinAND/OI	R			l
☐ Meticillin				
Linezolid				
Rifampin		<u> </u>		l
PCR mecA-gene		positive	negative	unknown (incl. not done)
PBP2a agglutination		positive	negative	unknown (incl. not done)
Optional				
Vancomycin		<u> </u>		
Ciprofloxacin		<u> </u>		
Erythromycin		<u> </u>		
Fusidic acid				
Gentamicin				
Tetracycline		<u> </u>		
Clindamycin		<u> </u>		
Other:				
	aboratory code, consisting o			
Send this form to:				
EARS-Net, Health Pro	tection Surveillance Centre	e (HPSC), 25-27 Mid	dle Gardiner St, Dublin 1	
Tel: 01-8765372	Fax: 01-856129	99		
MRSA isolates only:	Please send a slope of the is	solate + a copy of thi	s form to:	
Grainne Brennan, Natio	onal MRSA Reference Lab	ooratory, St James's I	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 <u>and</u> susceptible isolates; use 1 form per isolate.

Laboratory Data						
Current date		dd/mm/yyyy	//			
Laboratory Code *		IE000				
Isolate Data			İ			
Isolate sample numb	oer (lab)	max. 12 characters			_	
Isolate source		tick box		☐ Blood ☐ CSI	F	
Date of sample colle	ection	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 (a	optional)	free text				
Hospital Data						
Name/code of hospi	tal**	000X		Please specify		
Origin of patient		tick box	☐ Admitted	☐ Outpatient ☐	Unknown	
Date of admission		dd/mm/yyyy		/ /		
Hospital Departmen	ıt	tick box	Surgery	[(Internal) Medicine	Infectious diseases	
			☐ Ob/Gyn	□ICU	☐ Emergency	
			☐ Urology ☐ Pediatric/neona	Haematology/oncolog	y Pediatrics/neonatal Other:	
Antibiotic susceptibil	lity testing S/I/I	2 zone and/or MIC	S / I/ R	Zone diameter	MIC	
Allubione susception	nty testing 5/41	X, Zone and or mic	(fill in S, I or R)		(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	11112/01			 		
ышренен			i—i	I——I I——i		
ESBL present			☐ Yes	□ No	☐ Not tested	
Carbapenemase dete	ected		☐ Yes	Enzyme:		
Optional			S/I/R	Zone diameter		
Co-trimoxazole						
Piperacillin+tazobac	ctam					
Other:						
Other:			<u> </u>			
		boratory code, consisting of mbers of the laboratory code		followed by 3 numbers. dentifying the hospital/institu	ıtion	
EARS-1 Tel: 01	-8765372	ection Surveillance Centre (I Fax: 01-8561299 emase-producing isolates on			is 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 <u>and</u> susceptible isolates; use 1 form per isolate.

Laboratory Data						
Current date		dd/mm/yyyy		/ /		
Laboratory Code	*	IE000				
Isolate Data						
Isolate sample nu	mber (lab)	max. 12 characters				
Isolate source		tick box		☐ Blood ☐ CSF		
Date of sample co	ollection	dd/mm/yyyy	/ /			
Patient Data						
Patient ID / Code max. 12 characters						
Sex		tick box		☐ Male ☐ Female ☐ U	nknown	
Date of birth		dd/mm/yyyy	//			
Clinical diagnosis	s (optional)	free text				
Hospital Data						
Name/code of ho	spital**	000X		Please specify		
Origin of patient		tick box	☐ Admitted	☐ Outpatient ☐	Unknown	
Date of admission	n	dd/mm/yyyy		/ /		
Hospital Departm	nent	tick box	Surgery	[(Internal) Medicine	☐ Infectious diseases	
			☐ Ob/Gyn	□ICU	☐ Emergency	
			Urology	Haematology/oncology	Pediatrics/neonatal	
		1/ 1/0	Pediatric/neona		Other:	
Antibiotic suscepti	bility testing S/1/1	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	111,12,1011					
Gentamicin	AND/OR			 		
Tobramycin	AND/OR					
Amikacin						
Ciprofloxacin	AND/OR					
Levofloxacin						
Cefotaxime	AND/OR					
Ceftriaxone						
Ceftazidime						
Imipenem	AND/OR					
Meropenem	AND/OR		<u> </u>			
Ertapenem						
ESBL present			☐ Yes	□ No	☐ Not tested	
Carbapenemase d	etected		☐ Yes	Enzyme:		
Optional			S/I/R	Zone diameter	MIC	
Co-trimoxazole			<u> </u>			
Piperacillin+tazo	bactam		<u> </u>			
Other:			<u> </u>			
Other:			<u> </u>			
		boratory code, consisting of a mbers of the laboratory code,		followed by 3 numbers. identifying the hospital/institution	on	
Send EAR. Tel: For s	this form to: S-Net, Health Prot 01-8765372 uspected carbapen e isolate + a copy o	ection Surveillance Centre (Fax: 01-8561299) emase-producing isolates and of this form to:	IPSC), 25-27 Middle	e Gardiner St, Dublin 1 invasive MDRKP/Non-CRE ph		
Elain	e McGrath, CPEal	RLS, University Hospital Gal	way, 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 <u>and</u> on susceptible isolates; use 1 form per isolate.

Laboratory Data					
Current date	dd/mm/yyyy	//			
Laboratory Code *	IE000				
Isolate Data					
Pathogen		☐ E. fa	aecium 🔲 E. faecali	s	
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	□ M	fale Female Unk	nown	
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 ☐ O	Outpatient U	nknown	
Date of admission	dd/mm/yyyy	/ _	/		
Hospital Department	tick box		(Internal) Medicine	☐ Infectious diseases	
			ICU	Emergency	
			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/0	OR				
Ampicillin					
Gentamicin HIGH Disk-load					
			•		
Vancomycin					
Vancomycin Optional					
•					
Optional					
Optional Linezolid					
Optional Linezolid Teicoplanin					
Optional Linezolid Teicoplanin Other:				 	
Optional Linezolid Teicoplanin Other: Other:			 	 	
Optional Linezolid Teicoplanin Other: Other:				 	
Optional Linezolid Teicoplanin Other: Other: Other: Other: Other: * HPSC provides the later in the state of the st		_ _ _ _ _ f a Country Code (IE) followe, followed by a letter identi		 	
Optional Linezolid Teicoplanin Other: Other: Other: Other: Other: * HPSC provides the late ** Consists of three numerical streets.				 	
Optional Linezolid Teicoplanin Other: Other: Other: Other: Other: * HPSC provides the latest Consists of three notes.	umbers of the laboratory code	e, followed by a letter identif	wed by 3 numbers. fying the hospital/institution	 	
Optional Linezolid Teicoplanin Other: Other: Other: Other: Other: * HPSC provides the latest Consists of three notes.	umbers of the laboratory code		wed by 3 numbers. fying the hospital/institution	 	



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 <u>and</u> on susceptible isolates; use 1 form per isolate.



Laboratory Data						
Current date dd	/mm/yyyy	//				
Laboratory Code * IE	000					
Isolate Data						
Isolate sample number (lab) ma	ax. 12 characters					
Isolate source tic	k box		☐ Blood ☐ C	CSF		
Date of sample collection dd	/mm/yyyy	/ /				
Patient Data						
Patient ID / Code ma	ax. 12 characters					
Sex tic	k box		☐ Male ☐ Female ☐	Unknown		
Date of birth dd	/mm/yyyy		/ /			
Clinical diagnosis fre	e text					
Hospital Data						
Name/code of hospital** 00	0X		Please specify			
Origin of patient tic	k box	☐ Admitted	☐ Outpatient	Unknown		
Date of admission dd	/mm/yyyy	_	/ /			
Hospital Department tic	k box	Surgery	[(Internal) Medicine	☐ Infectious diseases		
		Ob/Gyn	□ICU	Emergency		
		Urology	☐ Haematology/oncol			
		Pediatric/neona	iai icu	Other:		
Antibiotic susceptibility testing S/I/R, zone and/or MIC		S/I/R (fill in S, I or R	Zone diamet) (mm)	ter MIC (in mg/l)		
Piperacillin AND/OR						
Piperacillin-tazobactam		1 1				
Ceftazidime			 			
Ciprofloxacin AND/OR		 				
Levofloxacin		 				
Imipenem AND/OR		.—. I I	I II I			
Meropenem			. <u></u> , . <u></u> ,			
Gentamicin AND/OR						
Tobramycin AND/OR						
Amikacin						
Optional		<u> </u>				
Other:		1 1				
Other:						
Other:	-					
Other:		<u> </u>				
* HPSC provides the laborato ** Consists of three numbers) followed by 3 numbers.			
Send this form to:						
EARS-Net, Health Protection	Surveillance Centre (HPSC), 25-27 Middl	le Gardiner St. Dublin 1			
Tel: 01-8765372	Fax: 01-8561299		9			



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 <u>and</u> on susceptible isolates; use 1 form per isolate.

1			
Feidhmeannacht na Seirbhíse Sláinte			

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	on dd/mm/yyyy	//			
Patient Data					
Patient ID / Code	max. 12 characters				
Sex	tick box		☐ Male ☐ Female ☐ Unk	known	
Date of birth	dd/mm/yyyy		/ /		
Clinical diagnosis	free text				
Hospital Data			Please specify		
Name/code of hospital*	* 000X	☐ Admitted	Outpatient U	nknown	
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/neor	natal ICU	Other:	
Hospital Department	tick box				
		A. baumanii	A. lwoffii Othe	r – Please state:	
Isolate identification	tick box/free text		S/I/R (fill in S, I or R)		
Antibiotic susceptibility S/I/R, zone and/or MIC	testing		Zone diameter (mm)	MIC (in mg/l)	
Ciprofloxacin	AND/OR	<u> </u>			
Levofloxacin					
Gentamicin	AND/OR	<u> </u>			
Tobramycin	AND/OR	<u> </u>			
•					
Imipenem	AND/OR				
Meropenem	AND/OR	<u> </u>			
Doripenem		<u> </u>			
_					
Optional					
Other:					
Other:					
Other:					
		''	I—I I—I		
	ides the laboratory code, consisting of three numbers of the laboratory code				
Send this for	m to:				
		amaa)			
EARS-Net, H	ealth Protection Surveillance Centre	e (HPSC), 25-27 Mid	dle Gardiner St, Dublin 1		
Tel: 01-8765	372 Fax: 01-856129	99			



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 \pm 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 ☐ Unl	known	
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 ☐ U	Jnknown	
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/neonata	ıl ICU	Other:	
Antibiotic susceptibility testing		S/I/R	Zone diameter	MIC	
S/I/R, zone and/or MIC		(fill in S, I or R)	(mm)	(in mg/l)	
Penicillin					
Erythromycin					
Clindamycin					
Moxifloxacin					
Rifampin					
Tetracycline					
Vancomycin					
•			I		
Other:					
Other:			 		
			I		
Sent for typing		□ Ye	es 🗆 No		
	aboratory code, consisting of ambers of the laboratory cod				
Send this form to:					
	otection Surveillance Centre	(HPSC), 25-27 Middle	Gardiner St, Dublin 1		
Tel: 01-8765372	Fax: 01-856129		•		
	- 2				
Send a slope of the iso	late for typing + a copy of the	his form to:			
•	** * **		gy Unit, Children's University l	Hospital, Temple Street,	
Dublin 1	JP	,,,	5) 01, 0	,,	