

# Meropenem and Vaborbactam (M-V) Reference Isolate Submission Form

Laboratory Specialists, Inc. 26214 Center Ridge Rd., Westlake, OH 44145 Ph: 440-835-4458 Fx: 440-835-5786

**Complete one form per isolate and return along with isolate in the shipment box provided**

**The following bacterial species collected from urine and blood sources will be accepted:** *Escherichia coli*, *Enterobacter cloacae*, and *Klebsiella pneumoniae*, *Citrobacter freundii*, *Citrobacter koseri*, *Enterobacter aerogenes*, *Klebsiella oxytoca*, *Morganella morganii*, *Proteus mirabilis*, *Providencia spp.*, *Pseudomonas aeruginosa\**, *Serratia marcescens*

\*The MIC only will be reported for *P. aeruginosa* as there are no susceptibility testing interpretive criteria

## **Submitting Laboratory:**

Contact Name, Department

Institution Name

Address

City, State, Zip

Phone:

Fax:

Email:

LSI Use Only:

Site Code: \_\_\_\_\_

Isolate No. \_\_\_\_\_

## **Isolate and De-identified Patient Information:**

Isolate Reference Number: \_\_\_\_\_

Organism Identification: \_\_\_\_\_

Specimen Source (Please Check One): **Urinary tract:**  **Blood:**

Patient DOB: \_\_\_\_\_ Specimen Collection: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Was M-V MIC testing performed? \_\_\_\_\_ If so, what was the MIC result? \_\_\_\_\_  $\mu\text{g/mL}$

What testing system was used? (i.e. Etest, MTS, BMD or Disk) \_\_\_\_\_

What was the lot # of the testing device? \_\_\_\_\_

What QC strain was tested? \_\_\_\_\_ MIC result = \_\_\_\_\_  $\mu\text{g/mL}$

What antimicrobial susceptibility testing system is routinely used in your laboratory? \_\_\_\_\_

Gram Negative Plate/Card Catalog Number: \_\_\_\_\_

## **By submitting the isolate and signing this form, the Laboratory acknowledges and agrees to the following terms and conditions:**

1. Isolates submitted must be labeled with date of specimen collection; banked isolates are not eligible for testing.
2. Specimen sources for isolates are limited to urine and blood.
3. The only bacterial species that will be accepted are: *Escherichia coli*, *Enterobacter cloacae*, and *Klebsiella pneumoniae*, *Citrobacter freundii*, *Citrobacter koseri*, *Enterobacter aerogenes*, *Klebsiella oxytoca*, *Morganella morganii*, *Proteus mirabilis*, *Providencia spp.*, *Pseudomonas aeruginosa\**, *Serratia marcescens*.
4. The provision of the testing services is not contingent upon, nor intended to serve as an inducement or reward for, any past or future purchases of any product or service.
5. Laboratory shall comply with all applicable laws and regulations.
6. Laboratory shall not charge or bill any patient or payer (including, but not limited to, Medicare, Medicaid, and commercial insurers) any amount associated with the testing services.
7. Laboratory Specialists, Inc., or a third party, may perform additional research on the isolates and the results of any such research may be published. To the extent reasonably practical, any such publication will acknowledge the source of the isolate.

**This AGREEMENT is effective upon signature of the authorized official:**

SUBMITTING LABORATORY

\_\_\_\_\_  
Signature (sign above)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_