# ISOLATE/CASE INFORMATION FORM

**Patient ID:**

**Name:**

**Age:**

**Gender:** ◯ Female ◯ Male ◯ Other

**Occupation:**

**Surveillance Site:**

**Location:** ◯ Out-patient ◯ In-patient

**If in-patient, Department:**

**Isolate identified:**

**Isolate/specimen source:**

**Culture and AST performed:** ◯ Yes ◯ No ◯ If YES

**AST result:**

| Antibiotic | Result (S/I/R) | Antibiotic | Result (S/I/R) |
|---|---|---|---|
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| | | | |
| | | | |
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| | | | |
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**Isolate sub-cultured to:** ◯ Nutrient agar ◯ LBB

**Shipping condition:** ◯ 2 - 8 degrees ◯ - 20 degrees ◯ - 40 degrees

**Isolate shipped on:**

**Shipped by (name):**

**Received by:** **Date:**