

Scottish Microbiology Reference Laboratories	SHLMPRL_WF_118
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EARSS Isolate Record Form 1: *Streptococcus pneumoniae*

Blood or CSF isolates

Instructions: Please send data of the first **blood** or **cerebrospinal fluid (CSF)** isolate of every patient with *S. pneumoniae* infection, confirmed by an optochin test.

Please send data on resistant and susceptible isolates; use one form per isolate

Isolate Source (*please circle*) Blood CSF

Name of Laboratory _____ Laboratory Code **UK** _____

ISOLATE DATA Date Sample Collected DD / MM / YYYY

Laboratory Specimen Number (*max 12 characters*) _____

PATIENT DATA

Patient ID. Number/Name _____

Sex (*please circle*) Male Female Unknown Date of Birth DD / MM / YYYY

Clinical Diagnosis (*If known*) _____

HOSPITAL DATA

Name/Code of Hospital _____

Origin of patient Inpatient Outpatient GP Unknown
(*please circle*)

Hospital Dept (at time of testing) Surgery (excl. neuro) Medicine HDU/ICU

Neurosurgery Infectious Diseases Accident & Emergency Paediatrics

Oncology Paediatric ICU Care of the Elderly Renal Other/Unknown

Is the isolate device-associated? Yes No Unknown

ANTIBIOTIC SUSCEPTIBILITY TESTING (*SR, Zone, MIC only if available*)

Oxacillin susceptible/resistant Zone diameter (mm) _____
(*delete as appropriate*)

MIC /E-test (*in mg/l*) _____

Send this form (with pneumococcal isolate) to:

Scottish Microbiology Reference Laboratory
(SHLMPRL)
Level 5 New Lister Building
Glasgow Royal Infirmary
Alexandra Parade
GLASGOW G31 2ER