Expanded Antimicrobial Susceptibility Testing for Hard-to-Treat Infections (ExAST) Authorization Form

Department of Health & Human Services

Instructions: Please provide the following information and submit the completed form via email to **arlnutah@utah.gov** with subject line "ExAST Request." If the request is approved, additional guidance will be provided for isolate submission.

Testing Requested

___ Aztreonam-avibactam susceptibility for metallo-β-lactamase (MBL) producing Enterobacterales
Carbapenemase /MDRO gene ☐ NDM ☐ VIM ☐ IMP ☐ None ☐ Unknown Other:
_____
Tests non-susceptable to all beta-lactams ☐ Y ☐ No ☐ Test Not Done
Ceftazidime-avibactam susceptibility ☐ S ☐ I ☐ R ☐ Test Not Done
Meropenem-vaborbactam susceptibility ☐ S ☐ I ☐ R ☐ Test Not Done

___ Imepenem-relebactam susceptibility for carbapenemase-producing Enterobacterales & *P. aeruginosa* (except *Proteus spp.*, *Providencia spp.*, *Morganella spp.*)
Imipenem susceptibility ☐ S ☐ I ☐ R ☐ Test Not Done

____ Meropenem-vaborbactam susceptibility for carbapenemase-producing Enterobacterales
Meropenem susceptibility ☐ S ☐ I ☐ R ☐ Test Not Done

____ Sulbactam-durlobactam susceptibility for extensively drug-resistant *Acinetobacter baumannii*
Imipenem susceptibility ☐ S ☐ I ☐R ☐ Test Not Done
Meropenem susceptibility ☐ S ☐ I ☐R ☐ Test Not Done

Patient/Isolate Information

Patient Name: _____ Patient DOB: _____
Specimen collection date: _____ Organism: _____
Specimen source: _____
Isolate ID (submitting facility ID or accession number): _____
Expected Shipping Date: _____

Submitter Contact Information

Ordering Physician : _____ Test Request Date: _____
Healthcare Facility Name and Address: _____

1st Point of Contact:_____ Phone Number:_____

Email: _____

2nd Point of Contact:_____ Phone Number:_____

Email: _____

State/Local Health Dept Point of Contact: _____

Phone Number: _____ Email: _____

Results will be returned by lab-web portal or encrypted email.

ARLABnetwork