

Expanded AST Testing



Patient Information: (Name, DOB)	
Health Agency State	
Date of Request (contacted Mountain ARLN)	
Institution name:	
Street Address	
City, State and Zip	
Phone number of the Institution:	
Primary Contact at the Institution:	
Name:	
Phone number:	
Email address	
Secondary Contact at the Institution:	
Name:	
Phone number:	
Email address	
Requisition form needed?	YES / NO
Suspected Organism	
Infectious disease physician and/or facility's infection control department have be notified of or consulted on test request	YES / NO
Enterobacterales tests non-susceptible to all beta-lactams, including ceftazidime-avibactam	YES / NO
Enterobacterales tests non-susceptible to all beta-lactams, including meropenem-vaborbactam	YES / NO
Enterobacterales confirmed as a metallo- β -lactamase (MBL) producer with laboratory test (e.g. eCIM, MBL Etest)	YES / NO
Enterobacterales with IMP gene detected	YES / NO
Enterobacterales with NDM gene detected	YES / NO
Enterobacterales with VIM gene detected	YES / NO

Email AST results and above form to ARLNutah@utah.gov