

## Fax Form for Survey Sample BAC-E\_2021\_02

Participant Name: \_\_\_\_\_

Lab Client Code: \_\_\_\_\_

Country: \_\_\_\_\_

Please use this fax form for data submission only if you cannot submit the data online (<https://teqa.esfeqa.eu>).

**Deadline for Data Submission: 03/05/2021**

Program	Analyte	Method-Key (required)	Instrument-Key (optional)	Reagent-Key (optional)	BAC-E_2021_02_a Result	
					Genus	Species
BAC-E	<b>Identification:</b> primary Pathogen					
BAC-E	<b>Identification:</b> additional Pathogen					
BAC-E	<b>Identification:</b> additional Pathogen					

Program	Analyte	Method-Key (required)	Instrument-Key (optional)	Reagent-Key (optional)	BAC-E_2021_02_b Result	
					Genus	Species
BAC-E	<b>Identification:</b> primary Pathogen					
BAC-E	<b>Identification:</b> additional Pathogen					
BAC-E	<b>Identification:</b> additional Pathogen					

Program	Analyte	Method- Key (required)	Instrument- Key (optional)	Reagent- Key (optional)
BAC-E	Antimicrobial Susceptibility (AST)			
<b>BAC-E_2021_02_c</b> <b>Result</b>	<b>Antibiotic</b>	<b>S</b>	<b>I</b>	<b>R</b>
	Amikacin			
	Ciprofloxacin			
	Colistin			
	Gentamicin			
	Imipenem			
	Levofloxacin			
	Meropenem			
	Tobramycin			
	Trimethoprim-Sulfamethoxazole			

Program	Analyte	Method-Key (required)	Instrument-Key (optional)	Reagent-Key (optional)
BAC-E	Antimicrobial Susceptibility (AST)			
<b>BAC-E_2021_02_d Result</b>	<b>Antibiotic</b>	<b>S</b>	<b>I</b>	<b>R</b>
	Amoxicillin			
	Amoxicillin-clavulanic acid			
	Ampicillin			
	Ampicillin-sulbactam			
	Ciprofloxacin			
	Gentamicin (High-Level Screen)			
	Imipenem			
	Levofloxacin			
	Linezolid			
	Nitrofurantoin			
	Quinupristin-dalfopristin			
	Streptomycin (High-Level Screen)			
	Teicoplanin			
	Tigecycline			
	Vancomycin			

Stamp/Signature \_\_\_\_\_

\_\_\_\_\_ Date

**Please send the filled form to ESfEQA by Fax (+49 6221 894669-90) or by E-Mail (info@esfeqa.eu)**