

## Result Form for Survey Samples BACBC-C\_2026\_03

Laboratory Name: \_\_\_\_\_

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

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

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

Program	Analyte	Method (required)	Instrument (optional)	Reagent (optional)	a Result	
					Genus	Species
BACBC-C	<b>Identification:</b> primary Pathogen					
BACBC-C	<b>Identification:</b> additional Pathogen					
BACBC-C	<b>Identification:</b> additional Pathogen					

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Program	Analyte	Method (required)	Instrument (optional)	Reagent (optional)
BACBC-C	Antimicrobial Susceptibility (AST)			
<b>c</b> <b>Result</b>	<b>Antibiotic</b>	<b>S</b>	<b>I or SDD</b>	<b>R</b>
	Azithromycin			
	Cefoxitin-Screen			
	Chloramphenicol			
	Ciprofloxacin			
	Clindamycin			
	Daptomycin			
	Erythromycin			
	Gatifloxacin			
	Gentamicin			
	Linezolid			
	Oxacillin			
	Penicillin			
	Rifampin			
	Tetracycline			
	Trimethoprim-sulfamethoxazole			
	Vancomycin			

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BACBC-C	Antimicrobial Susceptibility (AST)			
<b>d Result</b>	<b>Antibiotic</b>	<b>S</b>	<b>I or SDD</b>	<b>R</b>
	Amikacin			
	Amoxicillin-clavulanate			
	Ampicillin			
	Cefazolin			
	Cefepime			
	Ceftazidime			
	Ceftriaxone			
	Ciprofloxacin			
	Ertapenem			
	Gentamicin			
	Imipenem			
	Meropenem			
	Nitrofurantoin			
	Piperacillin-tazobactam			
	Tobramycin			
Trimethoprim-sulfamethoxazole				

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

Date \_\_\_\_\_

By signing this form, you confirm that the results you have indicated have been obtained in your organization (e.g. laboratory, hospital etc.)

**Please send the filled form to ESfEQA by Fax (+49 6221 4166-790) or by E-Mail (surveys@esfeqa.eu)**