Result Form for Survey Samples BACBC-E_2026_04

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-E	**Identification**: primary Pathogen					
BACBC-E	**Identification**: additional Pathogen					
BACBC-E	**Identification**: additional Pathogen					

Program	Analyte	Method (required)	Instrument (optional)	Reagent (optional)	b Result	
					Genus	Species
BACBC-E	**Identification**: primary Pathogen					
BACBC-E	**Identification**: additional Pathogen					
BACBC-E	**Identification**: additional Pathogen					

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Program	Analyte	Method (required)	Instrument (optional)	Reagent (optional)
BACBC-E	Antimicrobial Susceptibility (AST)			
c Result	**Antibiotic**	**S**	**I**	**R**
	Amikacin			
	Amoxicillin-clavulanic acid iv			
	Ampicillin iv			
	Cefepime			
	Ceftazidime			
	Ceftazidime-avibactam			
	Ceftriaxone			
	Cefuroxime iv			
	Ciprofloxacin			
	Colistin			
	Ertapenem			
	Imipenem			
	Meropenem			
	Piperacillin-tazobactam			
	Tobramycin			
	Trimethoprim-sulfamethoxazole			

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Program	Analyte	Method (required)	Instrument (optional)	Reagent (optional)
BACBC-E	Antimicrobial Susceptibility (AST)			
d Result	**Antibiotic**	**S**	**I**	**R**
	Amoxicillin iv			
	Amoxicillin-clavulanic acid iv			
	Ampicillin iv			
	Ampicillin-sulbactam iv			
	Gentamicin (High-Level Screen)			
	Imipenem			
	Levofloxacin			
	Linezolid			
	Quinupristin-dalfopristin			
	Streptomycin (High-Level Screen)			
	Teicoplanin			
	Tigecycline			
	Vancomycin			

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)