

**REQUEST FORM**  
**CARBAPENEM RESISTANT ISOLATE REFERRAL (CPI)**

MDU No.  
(MDU Use only)

**Microbiological Diagnostic Unit Public Health Laboratory**

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Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB

FM2458

**Sender information**

Laboratory: .....  
Address: .....  
Postcode: .....  
Phone no: ..... Fax no: .....  
Requesting doctor: ..... Requesting doctor phone no: .....  
Copy to: Name: ..... Fax no: .....

**Patient details**

Surname: ..... Given Name(s): ..... Sex: M  F  Not known   
Date of birth: ..... Postcode: ..... Patient identifier (UR no.): .....  
Patient phone no: .....

**Patient risk factors**

At the time of sample collection, patient was in a:  
Health care facility  Aged care facility  GP/Medical clinic  Other  Not known   
Facility name: .....  
Ward or unit: ..... Date of admission: .....

**Isolate and sample details**

Organism name (species): ..... Submitting laboratory number: .....  
Isolated from (sample type): ..... Date of sample collection: .....  
Reason for sampling: Clinically indicated  Screening  Not known

**Submitting laboratory testing results**

**Tick all that apply**

- Meropenem MIC  $\geq 0.5\text{mg/L}$ , or disc diffusion zone  $\leq 24\text{mm}$  (CLSI or EUCAST) or CDS disc diffusion zone  $\leq 6\text{mm}$ .
- Positive     Negative    Carbapenem hydrolysis test (CarbaNP or BlueCarba)
- Positive     Negative    Modified Hodge test
- Positive     Negative    CIM
- Positive     Negative    Positive carbapenem double-disc synergy test
- Positive     Negative    molecular assay for carbapenemase gene – state gene(s) positive: .....

**Please send a printout of your antimicrobial results with this form**

**Submitted by:**

Name: ..... Signed: ..... Date: .....



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