Patient Management Module

SUSCEPTIBILITY

CLIENT NAME: (Last, First,, Middle)		DATE OF BIRTH: / /	Age:
SS #:	STATE CASE #:	CITY/COUNTY CASE #:	
SITE:	SPECIAL ATTENTION REQUIRED: Explain		

Test # ____ of _____ Date Reported: _____/____/____ Specimen ID #: _____ Lab: _____

Drug	Concentration (µg/mL)	Lab Findings	Method (check one in each column)		Susceptibility (check one)
_____	_____	_____	G Conventional G Radiometric	G Direct G Indirect	G Resistant G Susceptible G Not Done G Unknown
_____	_____	_____	G Conventional G Radiometric	G Direct G Indirect	G Resistant G Susceptible G Not Done G Unknown
_____	_____	_____	G Conventional G Radiometric	G Direct G Indirect	G Resistant G Susceptible G Not Done G Unknown
_____	_____	_____	G Conventional G Radiometric	G Direct G Indirect	G Resistant G Susceptible G Not Done G Unknown
_____	_____	_____	G Conventional G Radiometric	G Direct G Indirect	G Resistant G Susceptible G Not Done G Unknown
_____	_____	_____	G Conventional G Radiometric	G Direct G Indirect	G Resistant G Susceptible G Not Done G Unknown
_____	_____	_____	G Conventional G Radiometric	G Direct G Indirect	G Resistant G Susceptible G Not Done G Unknown
_____	_____	_____	G Conventional G Radiometric	G Direct G Indirect	G Resistant G Susceptible G Not Done G Unknown
_____	_____	_____	G Conventional G Radiometric	G Direct G Indirect	G Resistant G Susceptible G Not Done G Unknown
_____	_____	_____	G Conventional G Radiometric	G Direct G Indirect	G Resistant G Susceptible G Not Done G Unknown
_____	_____	_____	G Conventional G Radiometric	G Direct G Indirect	G Resistant G Susceptible G Not Done G Unknown
_____	_____	_____	G Conventional G Radiometric	G Direct G Indirect	G Resistant G Susceptible G Not Done G Unknown
_____	_____	_____	G Conventional G Radiometric	G Direct G Indirect	G Resistant G Susceptible G Not Done G Unknown

User Defined Variable Information: (If needed)

_____ ____/_____/____
Completed By Date