

Dept of Medical Microbiology, Division of Clinical Microbiology, Galway University Hospitals		
CPE Request Form	Version: 2.2	Ref: MICFM192
Issued by: Prof. Martin Cormican	Issue Date: 13/02/2025	Page 1 of 1

Carbapenemase Producing Enterobacterales Request Form
Galway Reference Laboratory,
Dept. of Medical Microbiology, GUH, Newcastle Road, Galway. Tel: 091 544628

SENDERS INFORMATION	
Referring Laboratory name, postal address and contact Number: (for laboratory issues)	Person to whom result should be addressed (Consultant or person delegated to receive result) Name, Contact Number and email:
PATIENT/SOURCE INFORMATION	
<input type="checkbox"/> Human: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> GP Patient <input type="checkbox"/> Other (Please specify): <input type="checkbox"/> Environment <input type="checkbox"/> Other (Please specify):	
Surname*	Date of Birth*
Forename*	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Patient address:	
Hospital Name/Healthcare Facility <i>(if different from sender)</i>	Hospital No.
Foreign Travel? <input type="checkbox"/> No <input type="checkbox"/> Yes Country:	
ISOLATE INFORMATION	
Reference No. *	Isolate Site*
Date of Collection: *	Date of Isolation:
TESTS REQUESTED	
<input type="checkbox"/> Carbapenem Resistance (WGS) (including mcr resistance)	<input type="checkbox"/> Colistin Susceptibility
SENDERS LABORATORY RESULTS	
Organism ID:*	Method:
Meropenem MIC: *	Method:
Carbapenemase target detected:*	Method:
Any other relevant info:	
LABORATORY USE ONLY	

* All these fields are compulsory to comply with minimum laboratory requirements