UF | UNIVERSITY of FLORIDA

ANTIMICROBIAL RESISTANCE MANAGEMENT PROGRAM

Program Consent Form

_____ understands that it is submitting
Name of institution
antibiogram and susceptibility data which is de-identified as required in HIPAA to Dr. John Gums at the University of Florida.

_____ certifies that is has the right and authority
Name of institution
to provide such data to Dr. Gums. Individual institution data will be kept confidential and only be used on an aggregate basis to populate an antibiogram database for benchmarking purposes. Furthermore,

_____ understands that
Name of institution
the data may be used, in aggregate, for publication and other purposes.

John G. Gums, Pharm.D.
ARM Program Director

Email: jgums@ufl.edu

Phone: 352-392-4541 ext. 145
Fax: 352-392-7766

By:_____

Name:_____

Title:_____

Institution:

Date:_____