UF UNIVERSITY of FLORIDA

Antimicrobial Resistance Management Program

Information Sheet

Please provide all of the information requested.

Institution Information

Institution Name: _____

Address:_____

_____

City:_____

State:_____Zip Code:_____

Institution Contacts for ARM Program

Directory of Pharmacy

Name:_____

Title:_____

Phone:_____ Fax:_____

E-mail:_____

Laboratory Contact Person (*in case of data-related questions)*

Name:_____

Title:_____

Phone:_____ Fax:_____

E-mail:_____

☐ Has Laboratory been Contacted

Administration Contact Person (*in case of data-related questions)*

Name:_____

Title:_____

Phone:_____ Fax:_____

E-mail:_____

Institution Description

☐ Teaching Institution

☐ Non-Teaching Institution

Institution is member of a system ☐Yes ☐ No

If yes, number of hospitals in system:_____

No. hospitals for antibiogram analysis: _____

Emergency Room? ☐Yes ☐ No

Total No. Beds_____ No. ICU Beds_____

Antibiogram Information

Antibiogram(s) include(s) outpatient isolates:

☐ Yes ☐ No

If yes, are outpatient antibiograms separate from inpatient antibiograms in submitted data?

☐ Yes ☐ No

Minimum of three (3) most recent years of antibiograms are required.

Inpatient provided: ☐Yes ☐ No

Outpatient provided: ☐Yes ☐ No

Unspecified (combination inpatient/outpatient) provided: ☐Yes ☐No

Source of isolates for antibiograms (this information is required):

_____Urine

_____ Systemic-blood

_____ Systemic-sputum

_____ Systemic-CNS

_____ Systemic-All

_____Urine and Systemic

Duplicate isolates excluded ☐Yes ☐ No

Send ARM Report to: ☐ Directory of Pharmacy

☐ Laboratory Contact Person

☐ Other individual (*specify name/title/email)* _____

Note: Please submit a copy of the Program Consent form with this Information Sheet.

John G. Gums, Pharm. D.

ARM Program Director

Family Practice Medical Group

625 SW 4th Ave

Gainesville, Fl 32601

Email: jgums@ufl.edu

Phone: 352-392-4541 ext.145

Fax: 352-392-7766