



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
Laura E Pratt
ARM Program Coordinator
Email: lulu063@ufl.edu

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

By: \_\_\_\_\_
Name: \_\_\_\_\_
Title: \_\_\_\_\_
Institution: \_\_\_\_\_
Date: \_\_\_\_\_