

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

Laura E Pratt

ARM Program Coordinator

Email: lulu063@ufl.edu

Phone: 352-392-4541 ext.145

Fax: 352-392-7766