

## Specimen Collection and Submission Instructions Expanded Antimicrobial Susceptibility Testing for Hard to Treat Infections (ExAST) (Version 1)

Specimen Type	Collection Time	Collection Frequency	Collection Procedures	Transport Media	Shipping & Handling (S&H)*
<p>Enterobacteriaceae isolates that:</p> <ul style="list-style-type: none"> <li>• Test non-susceptible to all beta-lactams, including either ceftazidime/avibactam or meropenem/vaborbactam (these isolates may be metallo-beta-lactamase-producing isolates with few effective treatment options)</li> <li>• Possess metallo-beta-lactamase genes (NDM, VIM, or IMP) confirmed by a molecular test</li> </ul>	NA	NA	NA	<p>Choc, HIA, BHI slant or plate.</p> <p>Note: Plate may be used <i>only</i> if transported by courier.</p>	<p><b>Transport device:</b> Choc, HIA, BHI slant or plate. Note: Plate may be used <i>only</i> if transported by courier.</p> <p><b>Rejection Criteria:</b></p> <ul style="list-style-type: none"> <li>○ Non-AR Lab Network approved samples.</li> <li>○ Contaminated media.</li> <li>○ Does not meet ExAST testing criteria.</li> <li>○ Broken transport device.</li> <li>○ Leaking specimen.</li> <li>○ Requisition form/isolate discrepancies.</li> </ul> <p><b>Transport:</b> Ship at ambient temperature. Ship as Category B.</p> <p><b>Storage:</b> Store at ambient temperature.</p>

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### **General Rejection Criteria (for additional details, see S&H)**

- Failure to follow specific S&H requirements.

**NOTE:**

Specimens will not be processed until ALL of the following information are provided on requisition form:

- Patient name, patient's county of residence, and second identifier.
- Two matching identifiers on both the tube and the laboratory requisition form.
- Specimen type, date of collection, and test requested.
- Submitter name, address, and telephone/FAX numbers.
- Reason for testing at WAPHL.

### **Collection kit availability**

Not available.

### **Comments**

None.