



Rapid Laboratory Quality Assessment (RLQA) Tool for AMR (v5.0)

The information provided will assist the CAPTURA consortium and Ministry of Health in [country name] to understand the AMR data available at each facility, the methods used to collect it, format of the stored data, and additional indicators that will assist the consortium in understanding laboratory capacities for AMR in the country. The provided information will also be used to map where AMR data exists in the country to further the Ministry of Health’s knowledge for strategic planning.

* By participating in this laboratory assessment developed by the CAPTURA consortium (as a part of the Fleming Fund Grants Programme managed by Mott MacDonald), you are agreeing for your responses to be stored and utilized for CAPTURA project activities. The responses may be shared with other Fleming Fund stakeholders and partners for purposes relating to Fleming Fund activities. For details on Mott MacDonald’s privacy policy, please see the link to the website: www.mottmac.com/privacy-policy.

**I agree and understand the above statements*

*Name of person conducting assessment			
*Name of laboratory (e.g., hospital)			
*Country			
State			
Province			
District			
*City/Town			
*Date of assessment (dd/mm/yyyy)			
*Name of person responding	*Position of person responding at laboratory		
*Email of person responding			
Phone number of person responding			

I. EQUIPMENT

1	Bunsen burner/Spirit lamp/Electric burner	*Present?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
2		*Functional/Operational?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
3		*In use for last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Don't know <input type="checkbox"/>
4	Refrigerator	*Present?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
5		*Functional/Operational?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
6		*In use for last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Don't know <input type="checkbox"/>
7	Incubator	*Present?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
8		*Functional/Operational?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
9		*In use for last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Don't know <input type="checkbox"/>
10	Weighing balance	*Present?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
11		*Functional/Operational?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
12		*In use for last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Don't know <input type="checkbox"/>
13	Microscope	*Present?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
14		*Functional/Operational?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
15		*In use for last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Don't know <input type="checkbox"/>
16	-20°C freezer	*Present?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
17		*Functional/Operational?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
18		*In use for last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Don't know <input type="checkbox"/>
19	-80°C freezer	*Present?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
20		*Functional/Operational?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
21		*In use for last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Don't know <input type="checkbox"/>
22	Water bath	*Present?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
23		*Functional/Operational?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
24		*In use for last 3 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Don't know <input type="checkbox"/>

25	pH Meter	*Present?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
26		*Functional/Operational?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
27		*In use for last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
28	Laminar flow	*Present?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
29		*Functional/Operational?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
30		*In use for last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
31	Biosafety cabinet	*Present?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
32		*Functional/Operational?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
33		*In use for last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
34	Autoclave	*Present?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
35		*Functional/Operational?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
36		*In use for last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

NOTE:

II. STAFF

37	Senior staff	*How many senior staff have clinical microbiology qualification?	1+ <input type="checkbox"/>	0 <input type="checkbox"/>	Don't know <input type="checkbox"/>
38		What qualification(s) do(es) the clinical microbiologist(s) have?	Qualification(s):		
39		*Has a senior laboratory staff member with clinical microbiology qualification been working in the lab for ≥3 last years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
40	Bench Staff	*Total number of bench staff <i>(staff in microbiology/bacteriology)</i>	#:		Don't know <input type="checkbox"/>
41		*Is hands-on training of bench staff part of the routine operations for the lab? <i>"hands-on" can be defined as active participation "routine operations" can be defined as periodic (daily, weekly) and consistent work done in the lab</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
42		*Do bench staff receive refresher training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
43		*When was the last refresher training on blood culture?	<2 years <input type="checkbox"/>	≥2 years <input type="checkbox"/>	Don't know <input type="checkbox"/>
44		*When was the last refresher training on Antimicrobial Susceptibility Testing (AST)?	<2 years <input type="checkbox"/>	≥2 years <input type="checkbox"/>	Don't know <input type="checkbox"/>

NOTE:

III. MEDIA

45	Media currently used in lab	*MacConkey	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
46		*Blood	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
47		*Chocolate	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
48		*Mueller Hinton	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
49		*Mueller-Hinton + Blood	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
50		*SS/XLD/DCA/CLED <i>(check Yes if at least one is used)</i>	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
51	Media plates	*What is the source of the media plates?	Purchased <input type="checkbox"/> <i>(Skip questions 52-57)</i>		Made in-house <input type="checkbox"/> <i>(Please continue)</i>	
52	In-house media	Do you measure temperature of media before pouring?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
53		How is temperature measured? Select all that apply.	Water bath <input type="checkbox"/>	Touch <input type="checkbox"/>	Don't know <input type="checkbox"/>	Other <input type="checkbox"/>
54		Where is the blood for media obtained from? Select all that apply.	Sheep <input type="checkbox"/>	Other Animal <input type="checkbox"/>	Human <input type="checkbox"/>	Don't know <input type="checkbox"/>
55		Are autoclave tapes available and used?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	Don't know <input type="checkbox"/>
56		What is the depth of agar media in plates?	~2 mm <input type="checkbox"/>		~4 mm <input type="checkbox"/>	Don't know <input type="checkbox"/>
57		What is the date on the last batch of plates made?	≤7 days <input type="checkbox"/>		> 7 days <input type="checkbox"/>	Don't know <input type="checkbox"/>

NOTE:

IV. IDENTIFICATION

58		Automated <input type="checkbox"/>	Manual <input type="checkbox"/>		
59	*How are blood cultures performed? Select all that apply.	If automated, what machine AND model (number) is used? _____			
60	*Do you follow an algorithm/guideline for pathogen identification? <i>(e.g., If gram negative, do you conduct biochemical tests?)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
61	Do you conduct...	*Oxidase test	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
62		*Coagulase test	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
63		*Optochin Susceptibility test	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
64	To what level of specificity, would you report Klebsiella positive samples?	Klebsiella spp <input type="checkbox"/>		Klebsiella pneumoniae <input type="checkbox"/>	
65	To what level of specificity, would you report Salmonella positive samples?	Salmonella spp <input type="checkbox"/>		Salmonella Typhi <input type="checkbox"/>	

NOTE:

V. ANTIMICROBIAL SUSCEPTIBILITY TESTING (AST)

66	AST Performance	*How is Antimicrobial Susceptibility Testing (AST) performed? Select all that apply.	Automated (e.g., Vitek, Microscan, Phoenix) <input type="checkbox"/>	Disk diffusion <input type="checkbox"/>	Agar dilution/ Broth microdilution <input type="checkbox"/>	AST is NOT performed <input type="checkbox"/> <i>(skip questions 67-72)</i>	Don't know <input type="checkbox"/>
67	AST guidelines	Which guideline do you follow currently? Select all that apply.	Clinical & Laboratory Standards Institute (CLSI) <input type="checkbox"/>	European Committee on Antimicrobial Susceptibility Testing (EUCAST) <input type="checkbox"/>	Don't know <input type="checkbox"/>	Other <input type="checkbox"/> _____	
68		Have you been following this/these guideline(s) for the >3 years?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Don't know <input type="checkbox"/>
69		Are Mueller Hinton plates used for Antimicrobial Susceptibility Testing (AST)?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Don't know <input type="checkbox"/>
70		Are Blood-Mueller Hinton plates used for Antimicrobial Susceptibility Testing (AST) of pneumococcus?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Don't know <input type="checkbox"/>
71		Is 0.5 McFarland cell suspension made for Antimicrobial Susceptibility Testing (AST)?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Don't know <input type="checkbox"/>
72		When was the last time that breakpoints were updated?	<1 year ago <input type="checkbox"/>		≥1 year <input type="checkbox"/>		Don't know <input type="checkbox"/>

NOTE:

VI. INTERNAL QUALITY CONTROL (IQC)

73	*For how many hours are fresh/new media and plates left at 37°C for, to check for contaminant growth?	48+ hours <input type="checkbox"/>	<48 hours <input type="checkbox"/>	Don't know <input type="checkbox"/>	
74	*Have you been doing this for the last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
75	*Do you use control/standard strains, such as those from the American Type Culture Collection (ATCC) or National Collection of Type Culture (NCTC), for Internal Quality Control of Antimicrobial Susceptibility Testing (AST)?	Yes <input type="checkbox"/>	No <input type="checkbox"/> <i>(skip question 76)</i>	Don't know <input type="checkbox"/> <i>(skip question 76)</i>	
76	If yes, at what temperature are they stored?	-20 °C <input type="checkbox"/>	-80 °C <input type="checkbox"/>	Don't know <input type="checkbox"/>	Other <input type="checkbox"/>
77	*Have you had control/standard strains (e.g., ATCC/ NCTC) for the last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
78	*Do you test every new batch of MacConkey agar with control/standard strains (e.g., ATCC/ NCTC) to ensure it is selective for Gram-negative growth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
79	*Have you been testing each new batch of MacConkey agar with control/standard strains (e.g., ATCC/ NCTC) for the last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
80	*Are control/standard strains (e.g., ATCC/ NCTC) used to test newly purchased antibiotic discs and e-strips?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
81	*If there is a problem with the quality of media, what steps are taken?	Repeat/ make/ order new batch <input type="checkbox"/>	Continue to use current batch <input type="checkbox"/>	Don't know <input type="checkbox"/>	Other <input type="checkbox"/>
82	*Is your incubator calibrated at least one time per year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	

NOTE:

VI. INTERNAL QUALITY CONTROL (IQC) cont.

83	*Are standard operating procedures (SOPs) in place for all laboratory procedures pertaining to sample processing for bacterial culture?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
84	*Are standard operating procedures (SOPs) in place for all laboratory procedures related to pathogen identification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
85	*Are standard operating procedures (SOPs) in place for all laboratory procedures pertaining to Antimicrobial Susceptibility Testing (AST)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
86	*Do all laboratory members have access to the standard operating procedures (SOPs)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
87	*Are the standard operating procedures (SOPs) reviewed and revised periodically and been in place for at least the last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
88	*Does the lab have a contact list of vendors providing maintenance and calibration service for all instruments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
89	*Do you have back-up generator(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
90	*In the last three years, have any of your fridges ever malfunctioned?	Yes <input type="checkbox"/>	No <input type="checkbox"/> <i>(skip questions 91)</i>	Don't know <input type="checkbox"/> <i>(skip questions 91)</i>	
91	If yes, how long did it take to fix it?	1-7 days <input type="checkbox"/>	8-30 days <input type="checkbox"/>	30+ days <input type="checkbox"/>	Don't know <input type="checkbox"/>
92	*In the last three years, did you ever NOT have access to an incubator?	Yes <input type="checkbox"/>	No <input type="checkbox"/> <i>(skip questions 93)</i>	Don't know <input type="checkbox"/> <i>(skip questions 93)</i>	
93	If yes, how long did it take to fix it?	1-7 days <input type="checkbox"/>	8-30 days <input type="checkbox"/>	30+ days <input type="checkbox"/>	Don't know <input type="checkbox"/>

NOTE:

VII. EXTERNAL QUALITY ASSURANCE (EQA)

EQA for microbiology is here defined as a system for objectively checking the laboratory's performance of 1) bacterial isolate/pathogen identification 2) and/or Antimicrobial Susceptibility Testing (AST) using an external agency or facility (national or international reference laboratory).

Please note EQA for other lab tests (e.g. biochemistry etc.) are **NOT** what we are asking here.

94	*Does the lab take part in external quality assurance (EQA) exercises for microbiology?	Yes <input type="checkbox"/> <i>(Please continue)</i>	No <input type="checkbox"/> <i>(Proceed to Visual Inspection)</i>	Don't know <input type="checkbox"/> <i>(Proceed to Visual Inspection)</i>
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95	*What type of External Quality Assurance (EQA)?	Proficiency test <input type="checkbox"/>	Other <input type="checkbox"/> _____
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96	*Does the laboratory's method of Pathogen Identification (ID) receive EQA evaluation?	Yes <input type="checkbox"/> <i>(Please continue)</i>	No <input type="checkbox"/> <i>(Proceed to Question 106)</i>	Don't know <input type="checkbox"/> <i>(Proceed to Question 106)</i>
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If lab is participating in ID EQA (if answered Yes in Question 96)

97	*Is, the EQA for Pathogen Identification (ID) provided by a national or international provider?	International <input type="checkbox"/>	National <input type="checkbox"/>	Both <input type="checkbox"/>	Don't know <input type="checkbox"/>
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98	What is the name AND provider of the assessment(s)?	INTERNATIONAL: I. Name & (Provider) _____ II. Name & (Provider) _____ NATIONAL: I. Name & (Provider) _____ II. Name & (Provider) _____			
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99	*Which pathogens are included in the test panel for ID EQA? Select all that apply.	<input type="checkbox"/> Enterococcus spp. <input type="checkbox"/> Staphylococcus spp. <input type="checkbox"/> Escherichia spp. <input type="checkbox"/> Salmonella spp. <input type="checkbox"/> Campylobacter spp. <input type="checkbox"/> Acinetobacter spp. <input type="checkbox"/> Klebsiella spp.
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		<input type="checkbox"/> Streptococcus spp. <input type="checkbox"/> Shigella spp. <input type="checkbox"/> Neisseria spp. <input type="checkbox"/> Other, please specify _____			
100	*How frequently does the lab take part in the assessment?	Annually <input type="checkbox"/>	Bi-annually <input type="checkbox"/>	Other <input type="checkbox"/>	
101	*How long has the lab taken part in the assessment?	One year or less (≤ 1) <input type="checkbox"/>	Between 1 to 5 years ($1 < 5$) <input type="checkbox"/>	Five years or more (≥ 5) <input type="checkbox"/>	Don't know <input type="checkbox"/>
102	*Are you able to share the results of the 3 latest EQA exercises?	Yes <input type="checkbox"/>	Unable to share/confidential <input type="checkbox"/>	Don't know <input type="checkbox"/>	
103	*Was any follow up exercise included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
104	If yes, please provide details. Please continue if you chose No or Don't know.				
105	*Has your laboratory received a national or international accreditation which includes Pathogen Identification (ID)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	

106	*Does the laboratory's method of Antimicrobial Susceptibility Testing (AST) receive EQA evaluation?	Yes <input type="checkbox"/> <i>(Please continue)</i>	No <input type="checkbox"/> <i>(Proceed Visual Inspection)</i>	Don't know <input type="checkbox"/> <i>(Proceed Visual Inspection)</i>
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If lab is participating in AST EQA (if answered Yes in Question 106)

107	*Is, the EQA for Antimicrobial Susceptibility Testing (AST) provided by a national or international provider?	International <input type="checkbox"/>	National <input type="checkbox"/>	Both <input type="checkbox"/>	Don't know <input type="checkbox"/>
108	What is the name AND provider of the assessment(s)?	INTERNATIONAL: I. Name & (Provider) _____ II. Name & (Provider) _____			

		NATIONAL:			
		I. Name & (Provider) _____		II. Name & (Provider) _____	
109	*Which pathogens are included in the test panel for AST EQA? Select all that apply.	<input type="checkbox"/> Enterococcus spp. <input type="checkbox"/> Staphylococcus spp. <input type="checkbox"/> Escherichia spp. <input type="checkbox"/> Salmonella spp. <input type="checkbox"/> Campylobacter spp. <input type="checkbox"/> Acinetobacter spp. <input type="checkbox"/> Klebsiella spp. <input type="checkbox"/> Streptococcus spp. <input type="checkbox"/> Shigella spp. <input type="checkbox"/> Neisseria spp. <input type="checkbox"/> Other, please specify _____			
110	*How frequently does the lab take part in the assessment?	Annually <input type="checkbox"/>	Bi-annually <input type="checkbox"/>	Other <input type="checkbox"/>	
111	*How long has the lab taken part in the assessment?	One year or less (≤ 1) <input type="checkbox"/>	Between 1 to 5 years ($1 < 5$) <input type="checkbox"/>	Five years or more (≥ 5) <input type="checkbox"/>	Don't know <input type="checkbox"/>
112	*Are you able to share the results of the 3 latest EQA exercises?	Yes <input type="checkbox"/>	Unable to share/confidential <input type="checkbox"/>		Don't know <input type="checkbox"/>
113	*Was any follow up exercise included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Don't know <input type="checkbox"/>
114	If yes, please provide details. Please continue if you chose No or Don't know.				
115	*Has your laboratory received a national or international accreditation which includes Antimicrobial Susceptibility Testing (AST)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Don't know <input type="checkbox"/>

NOTE:

VIII. Visual Inspection

MEDIA

<i>Ask respondent to show you where media plates are stored.</i>			
116	*Do plates have manufacture dates clearly marked? <i>(Check 3 plates)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
117	*What temperature are plates stored?	4° C <input type="checkbox"/>	Other <input type="checkbox"/>

NOTE:

IDENTIFICATION

<i>Ask respondent to show you where pathogen identification algorithm is located.</i>			
118	*Is there a pathogen identification algorithm posted in the lab? <i>(clearly visible above working area)</i>	Visible <input type="checkbox"/>	Not visible <input type="checkbox"/>

NOTE:

INTERNAL QUALITY CONTROL (IQC)

<i>Ask respondent to show you where temperature charts are located and conduct visual observation of whether charts are kept daily for:</i>			
119	*Refrigerator(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
120	*Freezer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
121	*Incubator	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NOTE:

ANTIMICROBIAL SUSCEPTIBILITY TESTING (AST)

These questions are regarding the Antimicrobial Susceptibility Testing (AST) guidelines currently used and how data are recorded.

Please conduct visual observation for breakpoints and data capture.

122	If Clinical & Laboratory Standards Institute (CLSI) is used	*For <i>Salmonella</i> Typhi, what breakpoint is used for Azithromycin?	S: ≥18 mm; I: 14 - 17 mm; R: ≤13 mm <input type="checkbox"/>	S: ≥13 mm; I: n/a; R: ≤12 mm <input type="checkbox"/>	Don't know/ CLSI not used <input type="checkbox"/>
123		*For <i>Salmonella</i> Typhi, what breakpoint is used for Ciprofloxacin?	S: ≥21 mm; I: 16 - 20 mm; R: ≤15 mm <input type="checkbox"/>	S: ≥31 mm; I: 21 - 30 mm; R: ≤20 mm <input type="checkbox"/>	Don't know/ CLSI not used <input type="checkbox"/>
124		*For <i>Pneumococcus</i> from non-meningitis cases, what breakpoint is used for Penicillin?	S: ≤0.06 ug/ml; I: 0.12-1 ug/ml; R: ≥2 ug/ml <input type="checkbox"/>	S: ≤2 ug/ml; I: 4 ug/ml; R: ≥8 ug/ml <input type="checkbox"/>	Don't know/ CLSI not used <input type="checkbox"/>
125	Data capture	*Are the data stored as: Sensitive (S), Intermediate (I), Resistant (R)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
126		*Are exact values of zone diameters or minimum inhibitory concentration (MIC) stored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

NOTE: