

**Table 3A.**

The antimicrobials listed below are included on the routine panel. Those marked with an “X” are routinely reported.

Specimen source and site limitations are noted in column headings.

Additional antimicrobials listed in Table 3B. may be requested and will be billed per antimicrobial.

|  | <b>Ceftaroline</b> | <b>Clindamycin</b> | <b>Doxycycline</b><br>(not blood, CSF or urine) | <b>Gentamicin Synergy</b><br>(high level aminoglycoside resistance)<br>(not urine) | <b>Levofloxacin</b> (not blood or CSF) | <b>Linezolid<sup>d</sup></b> | <b>Minocycline</b><br>(not blood, CSF, or urine) | <b>Mupirocin</b> | <b>Nitrofurantoin</b> (urine only) | <b>Oxacillin</b> | <b>Penicillin</b> | <b>Rifampin</b> | <b>Trimethoprim-sulfamethoxazole</b> | <b>Vancomycin</b> |
|--|--------------------|--------------------|---|--|--|------------------------------|--|------------------|------------------------------------|------------------|-------------------|-----------------|--------------------------------------|-------------------|
| <b><i>Staphylococcus aureus</i><sup>b</sup></b>              | X                  | X <sup>c</sup>     | X   |  | X                                      | X                            | X  | X                | X                                  | X                |                   | X               | X                                    | X                 |
| <b>Other <i>Staphylococcus spp</i><sup>b</sup></b>           |                    | X <sup>c</sup>     | X   |  | X                                      | X                            | X  |                  | X                                  | X                |                   | X               | X                                    | X                 |
| <b><i>Enterococcus spp</i></b>                               |                    |                    |   | X  | X                                      | X                            |  |                  | X                                  |                  | X                 |                 |                                      | X                 |
| <b><i>Bacillus spp</i> and Related Genera<sup>a</sup></b>    |                    | X                  |   |  | X                                      |                              |  |                  |                                    |                  | X                 |                 | X                                    | X                 |
| <b><i>Micrococcus spp</i> and Related Genera<sup>e</sup></b> |                    |                    |   |  |  |                              |  |                  |                                    |                  | X                 |                 |                                      | X                 |

<sup>a</sup> Includes *Brevibacillus, Cohnella, Lysinibacillus, Paenibacillus, Sporolactobacillus spp.*

<sup>b</sup> If appropriate, testing for *mecA* will be performed by polymerase chain reaction (PCR) under MARP1 / *mecA*, Molecular Detection, PCR (Bill Only). Indications for *mecA* testing include inadequate growth on phenotypic antimicrobial susceptibility testing, lack of current organism breakpoints for oxacillin or ceftiofur, and assessment of discrepancies between ceftiofur and oxacillin phenotypic testing results.

<sup>c</sup> Includes testing for inducible clindamycin resistance.

<sup>d</sup> Reported when isolate is not susceptible to vancomycin or daptomycin.

<sup>e</sup> Includes *Kocuria, Nesterenkonia, Dermacoccus, and Kytococcus.*

CSF = cerebrospinal fluid

**Table 3B.**

Antimicrobials in **bold font** below are included on the routine panel for testing and reporting. Additional antimicrobials listed may be requested and will be billed per antimicrobial.

| <i>Staphylococcus spp</i> <sup>a</sup>                                     | <i>Enterococcus spp</i>  | <i>Bacillus spp</i> <sup>b</sup>     | <i>Micrococcus spp</i> <sup>c</sup> |
|--|--|--------------------------------------|-------------------------------------|
| Azithromycin   | Ampicillin   | Amikacin                             | Clindamycin                         |
| <b>Ceftaroline</b> ( <i>S aureus</i> only)                                 | Chloramphenicol  | Ampicillin                           | Erythromycin                        |
| Chloramphenicol  | Ciprofloxacin  | Chloramphenicol                      | <b>Penicillin</b>                   |
| Ciprofloxacin  | Daptomycin   | Ciprofloxacin                        | <b>Vancomycin</b>                   |
| Clarithromycin   | Delafloxacin ( <i>E faecalis</i> only)                                     | <b>Clindamycin</b>                   |                                     |
| <b>Clindamycin</b> (includes testing for inducible resistance)             | Doxycycline  | Erythromycin                         |                                     |
| Delafloxacin ( <i>S aureus</i> and <i>S haemolyticus</i> only)             | Erythromycin   | Gentamicin                           |                                     |
| Daptomycin   | Fosfomycin ( <i>E faecalis</i> only)                                       | Imipenem                             |                                     |
| Doxycycline  | <b>Gentamicin synergy</b><br>(high level aminoglycoside resistance)        | <b>Levofloxacin</b>                  |                                     |
| Erythromycin   | <b>Levofloxacin</b>  | Meropenem                            |                                     |
| Gentamicin   | <b>Linezolid</b>   | <b>Penicillin</b>                    |                                     |
| <b>Levofloxacin</b>  | Minocycline  | Rifampin                             |                                     |
| <b>Linezolid</b>   | <b>Nitrofurantoin</b>  | Tetracycline                         |                                     |
| <b>Minocycline</b>   | Omadacycline <sup>d</sup> ( <i>E faecalis</i> only)                        | <b>Trimethoprim-sulfamethoxazole</b> |                                     |
| <b>Mupirocin</b>   | <b>Penicillin</b>  | <b>Vancomycin</b>                    |                                     |
| <b>Nitrofurantoin</b>  | Quinupristin-dalfopristin<br>(vancomycin resistant <i>E. faecium</i> only) |                                      |                                     |
| Ofloxacin  | Rifampin   |                                      |                                     |
| Omadacycline <sup>d</sup> ( <i>S aureus</i> and <i>S lugdunensis</i> only) | Tedizolid  |                                      |                                     |
| <b>Oxacillin</b>   | Tetracycline   |                                      |                                     |
| Penicillin   | <b>Tigecycline</b> ( <i>E faecalis</i> only)                               |                                      |                                     |
| Quinupristin-dalfopristin  | <b>Vancomycin</b>  |                                      |                                     |
| <b>Rifampin</b>  |  |                                      |                                     |
| Tedizolid  |  |                                      |                                     |
| Tetracycline   |  |                                      |                                     |
| Tobramycin   |  |                                      |                                     |
| Trimethoprim   |  |                                      |                                     |
| Tigecycline ( <i>S aureus</i> only)  |  |                                      |                                     |
| <b>Trimethoprim-sulfamethoxazole</b>                                       |  |                                      |                                     |
| <b>Vancomycin</b>  |  |                                      |                                     |

<sup>a</sup> If appropriate, testing for *mecA* will be performed by polymerase chain reaction (PCR) under MARP1 / *mecA*, Molecular Detection, PCR (Bill Only). Indications for *mecA* testing include inadequate growth on phenotypic antimicrobial susceptibility testing, lack of current organism breakpoints for oxacillin or ceftazidime, and assessment of discrepancies between ceftazidime and oxacillin phenotypic testing results.

<sup>b</sup> Includes *Brevibacillus*, *Cohnella*, *Lysinibacillus*, *Paenibacillus*, *Sporolactobacillus* spp.

<sup>c</sup> Includes *Kocuria*, *Nesterenkonia*, *Dermacoccus*, and *Kytococcus* spp.

<sup>d</sup> The following interpretations are provided: acute bacterial skin and skin structure interpretations for *S aureus*, *S lugdunensis*, and *E faecalis*; community-acquired bacterial pneumonia interpretations for MSSA, *S lugdunensis*, and *E faecalis*.