

**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.

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

# Staphylococcus, Enterococcus, Bacillus, and Related Genera<sup>a</sup> Antimicrobials (continued)

**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</i> spp <sup>a</sup>	<i>Enterococcus</i> spp	<i>Bacillus</i> spp <sup>b</sup>	<i>Micrococcus</i> spp <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> (high level aminoglycoside resistance)	<b>Levofloxacin</b>	
Erythromycin	<b>Levofloxacin</b>	Meropenem	
Gentamicin	<b>Linezolid</b>	<b>Penicillin</b>	
Lefamulin	Minocycline	Rifampin	
<b>Levofloxacin</b>	<b>Nitrofurantoin</b>	Tetracycline	
<b>Linezolid</b>	Omadacycline <sup>d</sup> ( <i>E faecalis</i> and <i>E faecium</i> only)	<b>Trimethoprim-sulfamethoxazole</b>	
<b>Minocycline</b>	<b>Penicillin</b>	<b>Vancomycin</b>	
<b>Mupirocin</b> ( <i>S aureus</i> only)	Rifampin		
<b>Nitrofurantoin</b>	Strep synergy (streptomycin) (STS)		
Ofloxacin	Tetracycline		
Omadacycline <sup>d</sup> ( <i>S aureus</i> and <i>S lugdunensis</i> only)	<b>Tigecycline</b> ( <i>E faecalis</i> only)		
<b>Oxacillin</b>	<b>Vancomycin</b>		
Penicillin			
<b>Rifampin</b>			
Tetracycline			
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 MECAB / Methicillin Resistance Gene, *mecA* Test (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 interpretations for *S. aureus*, *S. lugdunensis*, and *E. faecalis*, community-acquired pneumoniae interpretations for MSSA, *S. lugdunensis* and *E. faecalis*. No interpretations provided for *E. faecium* and repeat testing should be performed using reference broth microdilution for isolates with MIC > or = 1 mcg/mL due to lack of available isolates with elevated MICs during validation.