

**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> (not blood, CSF or urine)	<b>Gentamicin Synergy</b> (high level aminoglycoside resistance) (not urine)	<b>Levofloxacin</b> (not blood)	<b>Linezolid<sup>d</sup></b>	<b>Minocycline</b> (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 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 ceftoxitin, and assessment of discrepancies between ceftoxitin and oxacillin phenotypic testing results. Testing is not performed on *Staphylococcus saccharolyticus*.

<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)

<b>Table 3B.</b>			
Antimicrobials in <b>bold font</b> 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	
<b>Doxycycline</b>	<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)	Tigecycline ( <i>E faecalis</i> and <i>E faecium</i> only)		
<b>Oxacillin</b>	<b>Vancomycin</b>		
Penicillin			
<b>Rifampin</b>			
Sulfamethoxazole			
Tetracycline			
Tigecycline ( <i>S aureus</i> only)			
Trimethoprim			
<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. Testing is not performed on *Staphylococcus saccharolyticus*.

<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.