

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	Gentamicin Synergy	Levofloxacin (not CSF)	Linezolid ^d	Minocycline	Mupirocin	Nitrofurantoin (urine only)	Oxacillin	Penicillin	Rifampin	Trimethoprim-sulfamethoxazole	Vancomycin
<i>Staphylococcus aureus</i> ^b	X	X ^c		X	X	X	X	X	X		X	X	
Other <i>Staphylococcus spp</i> ^b		X ^c		X	X	X		X	X		X	X	
<i>Enterococcus spp</i>			X	X	X			X		X			X
<i>Bacillus spp</i> and Related Genera ^a	X	X		X						X		X	X
<i>Micrococcus spp</i> and Related Genera ^e										X			X

^a Includes *Brevibacillus, Cohnella, Lysinibacillus, Paenibacillus, Sporolactobacillus spp*

^b If appropriate, testing for *mecA* will be performed by 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 ceftoxitin, and assessment of discrepancies between ceftoxitin and oxacillin phenotypic testing results.

^c Includes testing for inducible clindamycin resistance

^d Reported when vancomycin or daptomycin are non-susceptible

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

^a If appropriate, testing for *mecA* will be performed by 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.

^b Includes *Brevibacillus*, *Cohnella*, *Lysinibacillus*, *Paenibacillus*, *Sporolactobacillus* spp

^c Includes *Kocuria*, *Nesterenkonia*, *Dermacoccus*, and *Kytococcus* spp