Massachusetts Department of Public Health
Epidemiology Program

Electronic Antibiogram Submission Form Instructions

Please open the attached form and type in the antibiogram data directly on your computer. When complete, the data can be submitted safely to our secure database and saved on your desktop for your own use.

1. Before you begin entering your antibiogram data, we recommend that you download the latest *free* Adobe Reader Software at http://get.adobe.com/reader/ (version 9.0 or higher is best).
2. If you need to step away from your computer before you have completed your data entry, save the antibiogram to your desktop. You can finish and send at a later time.
3. Choose hospital name from the drop-down menu. If you work for a hospital system, please choose each individual hospital name as recommended by CLSI versus the hospital system name.
4. Choose "from" date and "to" date (a calendar will pop up when you click on the fields). Make sure you choose the correct calendar year for your data.
5. Answer "yes" or "no" to the question about whether duplicate isolates were excluded from your data.
6. Choose the patient population from the drop-down list. We have added a number of additional patient types here. If analysis is performed on a population not included in the drop-down list, choose "other" population, and describe the population type in the "specify" section. If you would like to submit multiple patient populations, feel free to submit separate antibiogram forms for each patient population.
7. For each organism of interest, indicate the number of organisms tested under "**N***".
8. Fill in the percent susceptible in each bug-drug cell.
9. If you did not test an antibiotic for an organism listed, leave the cell blank.
10. If your "N" varies for any bug-drug combination, please click the small arrow to the right of the "N" in the column that is labeled "**Variable N (Yes/No)**". Choose "Y" as you click on the arrow. A green "N" row will appear. Enter the "N" for each antibiotic listed. When you have finished, click the "+" symbol at the end of the row. This will collapse the variable "N" drop-down row.
11. Please note that you cannot enter less than 0 or greater than 100 for any percent susceptible cell.
12. For MRSA, percent susceptible to oxacillin should be 0. A warning message will appear if any other value is entered in that cell.
13. For MSSA, oxacillin percent susceptible should be 100. A warning message will appear if any other value is entered in that cell.
14. For MRSA, MSSA, and all *S. aureus*, vancomycin percent susceptible should be 100. If you have checked your records and this is indeed less than 100%, please call the Epidemiology Program at 617-983-6800.
15. For *S. pneumoniae,* CLSI recommends calculating the %Susceptible separately at the different breakpoints indicated on the form for Cefotaxime, Ceftriaxone, and Penicillin.
16. If there are other bug/drug combinations that you think we are missing, please let us know and we will add them to a future antibiogram submission form.
17. You should be able to use the "**Save As**" button to save your antibiogram on your computer and print it for use in your hospital. Contact us if you cannot.
18. Please submit your antibiogram after saving it to your computer by clicking the "**Email Submit**" button. You should receive an email verification from DPH. If you receive an email from dph-antibiogram@state.ma.us, we have received your antibiogram.
19. If the "**Email Submit"** button does not work for you, choose the "**Save As**" button and save your antibiogram to your desktop. Then attach the antibiogram file and send to the following email address: dph-antibiogram@state.ma.us.

If you have any questions about this form, please email the antibiogram help address at dph-antibiogram@state.ma.us and include your contact phone number. Someone will get back to you as soon as possible.