## Gram Negative Bacteremia in HSCT Recipients

**EBMT/IDWP Non-Interventional Prospective Study**

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## Study

A Non-Interventional Prospective Study to gain knowledge of trends in antibiotic susceptibility as well as risk factors in order to provide the currently best empirical coverage and to control the growing resistance.

Is there an infectious control person/team in your hospital who is involved in the unit?

- [ ] Yes  
- [ ] No

### Centre

- **EBMT Centre Identification Code (CIC)**: 
- **Contact person**: 
- **Email address**: 

**Does your centre want to participate in this non-interventional prospective study?**

- [ ] No, reason: .................................................................
- [ ] Yes, starting **DD/MM/YYYY** The (approx.) number of transplants performed in my centre per year:
  - Total: _____________
  - Allo: _____________
  - Auto: _____________

If yes:

**Please complete the attached Questionnaire for the Microbiological Laboratory and return it to the IDWP data office together with this Registration Form.**

### Signature

When participating:

I agree to include all consecutive patients who agree to participate in this study and declare that the inclusion of any patient in this study will not affect the management of this patient.

Date + Name ........................................ Signature ........................................
# Gram Negative Bacteremia in HSCT Recipients

**EBMT/IDWP Non-Interventional Prospective Study**

## Questionnaire for the microbiological laboratory

**Baseline data on the laboratory’s routine work up**

### Identification

**The questions on this form are to be answered only once for each participating centre**

### Contact person:
- Name .............................................
- E-mail .............................................

### Medical Centre:
- Name centre ..........................................
- City .............................................
- Country .............................................

1. Does your laboratory participate in an external quality control program?
   - [ ] No
   - [ ] Yes, which one: NEQAS / Other (specify): ..........................................................

2. According to which guidelines does your laboratory interpret antibiotic susceptibilities?
   - [ ] CLSI
   - [ ] EUCAST
   - [ ] Other (specify): ..........................................................
3. Which phenotypic method for antimicrobial susceptibility testing does your laboratory use **routinely**?

   a. MIC determination:

   Method (circle one or more): broth / agar / Etest (gradient diffusion) / other:

   …………………………………………………………………………………………………………………………………………………

   b. Disk diffusion:

   Method (circle one or more): BSAC / CA-SFM / CLSI / SRGA / EUCAST / other:

   …………………………………………………………………………………………………………………………………………………

   c. Automated systems

   Vitek I or II / Phoenix / MicroScan / Sensititre / other …………………………………

   …………………………………………………………………………………………………………………………………………………

4. What is the usual volume of blood drawn for blood cultures?

   In adult ………………………………………………………………………………………………………………………

   In child…………………………………………………………………………………………………………………………

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**Please send the completed Centre Registration Form + Lab Form to:**

Jennifer Hoek
Study Coordinator
**European Society for Blood and Marrow Transplantation**

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