



Carbapenem Resistant Organism (CRO) Performance Evaluation Program Enrollment Form (Module 5300)

If known, please provide your WSLH PT ID number:	
CLIA ID:	

Real Time Platform (Instrument w/ model number and software version): _____

Please list the CRO DNA target(s) for which your facility tests (e.g., KPC, NDM): _____

Phenotypic Detection Methods (mCIM,etc): _____

Susceptibility Method: _____

	Ship samples to:
Facility Name:	
Contact Name:	
Dept, Rm, Ste, etc:	
Street Address:	
PO Box:	N/A Samples cannot be shipped to a PO Box
City/State/Zip:	
Country (if not US)	
Email:	
Phone:	()

	Send reports/evaluations to:
Facility Name:	
Contact Name:	
Dept, Rm, Ste, etc:	
Street Address:	
PO Box:	
City/State/Zip:	
Country (if not US)	
Email:	
Phone:	()