STANDARD OPERATING PROCEDURE TEMPLATE · SPECIALTY AND SUBSPECIALTY PROCEDURES

Antimicrobial Susceptibility Testing

Governing requirement: 42 CFR 493.1261(b)

Applies to: ☐ Waived ☐ Moderate complexity ☑ High complexity

Laboratory name		**CLIA number**	
Document number		**Version**	
Effective date		**Next review due**	
Author		**Department / section**	
Approved by (laboratory director)		**Director signature**	
Approval date		**Supersedes document**	

Important: Template only. Before use, this document must be reviewed, adapted to your laboratory's instruments, test systems and the manufacturer's instructions, and approved, signed and dated by the laboratory director. Check current federal, state and accreditation requirements. Not legal advice. Sound Lab Consultants is not affiliated with or endorsed by CMS, CDC, FDA, OSHA, CAP, COLA, The Joint Commission, CLSI or any manufacturer.

1. Purpose

To perform and report antimicrobial susceptibility testing.

2. Scope

Bacterial isolates tested by **[Method]**.

Method	

3. Responsibility

- Testing personnel: perform the procedure as written and record QC and patient results.
- Technical supervisor / technical consultant: approves criteria, reviews QC and resolves problems.
- General supervisor (high complexity): provides day-to-day supervision and result review.
- Laboratory director: approves the procedure and is responsible for overall test quality.

4. Definitions

Breakpoint: MIC or zone criteria for susceptible, intermediate, resistant.

5. Materials, equipment and records

- Media, disks or panels
- QC strains **[ATCC strains]**

ATCC strains	

- McFarland standard

6. Procedure

1. Prepare a 0.5 McFarland inoculum.

2. Inoculate per method; incubate as specified.

3. Read and interpret using current breakpoints **[Breakpoint source and version]**.

Breakpoint source and version	

4. Check each batch of media and each lot and shipment of antimicrobial agents with approved control organisms before or concurrent with first use (493.1261(b)).

5. Each day tests are performed, check the procedure with the appropriate control organisms; control zone sizes or MICs must be within limits before reporting patient results (493.1261(b)(1)-(2)). Any reduced QC frequency requires an approved IQCP **[IQCP reference, if used]**.

IQCP reference, if used	

6. Use selective/cascade reporting per antimicrobial stewardship.

7. Quality control

• Follow the laboratory's QC policy and the manufacturer's instructions; record QC before reporting patient results.

• Stop patient testing and take corrective action when QC or acceptance criteria are not met.

8. Interpretation, reporting and documentation

• Record the activity, date, result and initials on the form or log, and have the supervisor review records **[Review frequency]**.

Review frequency	

• Keep records per the record retention SOP (at least 2 years under 42 CFR 493.1105 unless a longer period applies).

9. Limitations and cautions

• Breakpoints change; update the system when adopted.

• This is a generic template. Adapt it to your instruments, test systems, manufacturer instructions, state law and accreditation standards before use.

10. References

• eCFR, 42 CFR Part 493 Laboratory Requirements (CLIA)
https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-493

• CMS, State Operations Manual Appendix C: Survey procedures and interpretive guidelines for laboratories
https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_c_lab.pdf

• Manufacturer's package insert, operator manual and safety data sheets for each test system in use

• CLSI guidelines relevant to this procedure (referenced by name only; obtain current editions from CLSI)

• eCFR, 42 CFR 493.1261 https://www.ecfr.gov/current/title-42/section-493.1261

11. Lab-specific notes

Notes and local requirements	

12. Revision history

Version	Date	Description of change	Author	Approved by

13. Annual review log

Procedures and changes must be approved, signed and dated by the current laboratory director before use (42 CFR 493.1251(d)).

Review date	Reviewed by	Signature	Changes needed (Y/N)	Comments

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