

## MC 6.012 *Pseudomonas aeruginosa* Susceptibility Reporting

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**Purpose** This procedure provides instruction and guidance for routine testing and selective and cascade susceptibility reporting on *Pseudomonas aeruginosa*.

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**Principal and Clinical Significance** The decisions for the most appropriate antimicrobial agents to test and report are made with input from Pharmacy, Infectious Disease and the Clinical Laboratory. The goal is to provide clinically relevant information that will decrease the chance of developing antibiotic resistance, harmful effects of inappropriate antimicrobial use and avoid reporting results that could adversely affect patient care using selective and cascade reporting rules.

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**Policy Statements** This procedure applies to Microbiologists who perform susceptibility testing.

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**Special Safety Precautions** Microbiologists are subject to occupational risks associated with specimen handling.

- [Biohazard Containment](#)
- [Biohazardous Spills](#)
- [Safety in the Microbiology Laboratory](#)

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**Procedure**

1. Antibiotics appropriate for routine testing and reporting for *Pseudomonas aeruginosa* include:
  - Ceftazidime
  - Cefepime
  - Piperacillin-tazobactam
  - Tobramycin
  - Ciprofloxacin
  - Levofloxacin
  - Imipenem
  - Meropenem
  - Cefiderocol
  - Ceftazidime-avibactam
  - Ceftolozane-tazobactam
  - Imipenem-relebactam
  - Aztreonam-CF patients only
  - Amikacin-urine only
2. Perform susceptibilities using Vitek cards N806 and XN30, MicroScan NUC101 or Kirby Bauer Method.
3. Not all antibiotics are available on every panel.
  - Vitek will be the primary method of testing. Both Vitek cards will be required for testing *Pseudomonas aeruginosa*.
  - MicroScan and Kirby Bauer are back up if testing fails.
  - Kirby Bauer is required for CF patients for mucoid strains.
  - Do not perform testing on multiple methods to cover all the antibiotics. It is acceptable if cascaded antibiotics are not reported.
  - Cefiderocol is not available in house and would need to be sent out if requested.

4. Vitek results will be accepted under the Online Results tab. Modifications will be under the **VITMIC** keyboard under the Susceptibility tab.
5. MicroScan and Kirby Bauer results will be entered manually under the **MMIC** and **KB** keyboards respectively under the Susceptibility tab.

**CF Patient Testing**

CF patients testing have specific requirements

1. Mucoid *Pseudomonas aeruginosa* (PMUC)- perform KB testing using the NF stamper.
2. Matte *Pseudomonas aeruginosa* (PMAT). Set up both Vitek cards and perform KB testing for Aztreonam.

**Selective Reporting**

1. Antibiotics will be reported in a specific order indicating the first and subsequent preferences of the Antimicrobial Stewardship Committee and Infectious Disease physicians
2. Antibiotics will be reported depending on the source, if the sample is a urine or non-urine source.
3. There will be exceptions based on the method used for testing, location of the patient and diagnosis of the patient.
4. For **urine sources**, only 3 antibiotics will be reported routinely, in this order.
  1. Ceftazidime
  2. Ciprofloxacin
  3. Tobramycin

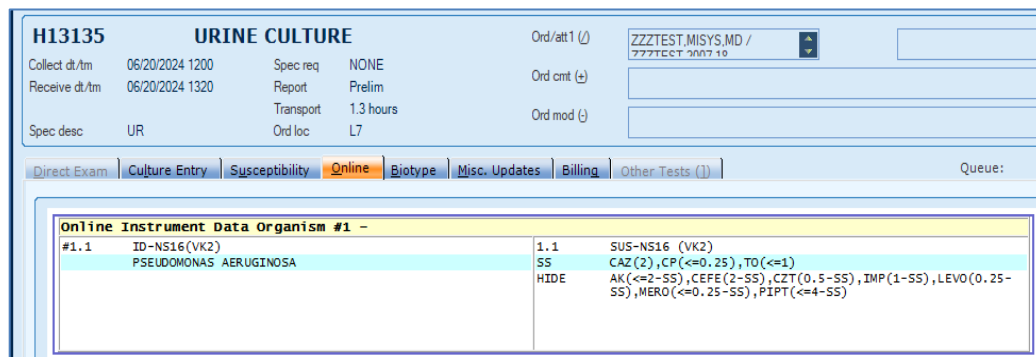


Figure 1 -Only the CAZ, CP, and TO are reported. All other antibiotics are in HIDE.

5. For **non-urine sources**, these 5-6 antibiotics will be reported routinely, in this order.
  1. Ceftazidime
  2. Piperacillin-tazobactam
  3. Ciprofloxacin
  4. Meropenem
  5. Tobramycin
  6. Aztreonam-CF patients only, using the KB or MicroScan method

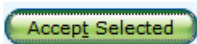
Online Instrument Data Organism #4 - PSEUDOMONAS AERUGINOSA			
#4.1	ID-NS16(VK2)	4.1	SUS-NS16 (VK2)
	PSEUDOMONAS AERUGINOSA	SS	CP (<=0.25), MERO (1), TO (<=1)
		R	CAZ (>=64), PIPT (>=128)
		HIDE	CZT (2-SS), IMP (2-SS), LEVO (<=0.12-SS)

Figure 2-CAZ, PIPT, CP, MERO, TO are reported. All other antibiotics are in HIDE.

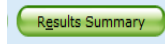
**Cascade Reporting- Vitek Method**

If resistance is encountered, additional antibiotics will automatically be released.

1. For Vitek method, hidden antibiotics will be released when Accept Selected is clicked.



The released results will be visible in Results Summary.



2. Result can be edited under the **VITMIC** keyboard but is not needed to report the cascaded antibiotics.

**Method: Vitek -urine source**

- If patient location is HOC/L7 → report Cefepime
  - If Ceftazidime Is R → report Cefepime
    - If Cefepime is R → report Piperacillin tazobactam
      - If Piperacillin tazobactam is R → report Meropenem
        - If Meropenem is R → report Imipenem
          - If Tobramycin is R → report Amikacin\*\*

3. \*\*Perform Amikacin testing using the KB method and perform day of use QC.

<b>Organism #1</b>	- APPROXIMATELY 100000 COL/ML PSEUDOMONAS AERUGINOSA		
<b>- VITMIC - (ZZ00)</b>			
	SS	CAZ(2),CP(<=0.25),TO(<=1),CEFE(2)	
	HIDE	AK(<=2-SS),CZT(0.5-SS),IMP(1-SS),LEVO(0.25-SS),MERO(<=0.25-SS),PIPT(<=4-SS)	
<b>Online Instrument Data</b>			
#1.1	ID-NS16(VK2)	1.1	SUS-NS16 (VK2)
	PSEUDOMONAS AERUGINOSA	SS	CAZ(2),CP(<=0.25),TO(<=1)
		HIDE	AK(<=2-SS),CEFE(2-SS),CZT(0.5-SS),IMP(1-SS),LEVO(0.25-SS),MERO(<=0.25-SS),PIPT(<=4-SS)

Figure 3-CEFE is released from HIDE because the patient location is L7.

**Method: Vitek: -non-urine sources**

- If patient location is HOC/L7 → report Cefepime
  - If Ceftazidime Is R → report Cefepime
    - If Meropenem is R → report Imipenem

<b>Susceptibility Summary</b>			
<b>Org #4.</b>	PSEUDOMONAS AERUGINOSA ISOLATED.		
<b>- VITMIC -</b>			
	SS	CP(<=0.25),MERO(1),TO(<=1)	
	R	CAZ(>=64),PIPT(>=128),CEFE(32)	
	HIDE	CZT(2-SS),IMP(2-SS),LEVO(<=0.12-SS)	
<b>Online Instrument Data</b>			
#4.1	ID-NS16(VK2)	4.1	SUS-NS16 (VK2)
	PSEUDOMONAS AERUGINOSA	SS	CP(<=0.25),MERO(1),TO(<=1)
		R	CAZ(>=64),PIPT(>=128)
		HIDE	CZT(2-SS),IMP(2-SS),LEVO(<=0.12-SS)


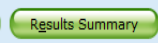
Figure 4-CEFE released due to the resistant CAZ.

4. All other antibiotics on the panel that are not part of the cascade are hidden. Do not release and report. Hidden antibiotics include:
  - Levofloxacin

- Ceftazidime-avibactam
  - Ceftolozane-tazobactam
  - Imipenem-relebactam
5. Requested antibiotics may be released with a provider request.

**Cascade Reporting-MicroScan Method**

If resistance is encountered, additional antibiotics will automatically be released.

- For MicroScan method, hidden antibiotics will be released when File  is clicked. Results will be visible in Results Summary. 
- Enter **all** results manually under the **MMIC** keyboard. Antibiotics will be released following the cascade rules.

**Method: MicroScan – urine source**

- If patient location is HOC/L7 → report Cefepime
  - If Ceftazidime Is R → report Cefepime
  - If Cefepime is R → report Piperacillin tazobactam
  - If Piperacillin tazobactam is R → report Meropenem

Drug Code	Drug Name	SUP	Result	Interpretation
CAZ	CEFTAZIDIME	<input type="checkbox"/>	32	RESISTANT
CP	CIPROFLOXACIN	<input type="checkbox"/>	2	RESISTANT
TO	TOBRAMYCIN	<input type="checkbox"/>	4	RESISTANT
<<AK>>	AMIKACIN	<input checked="" type="checkbox"/>		
<<CEFE>>	CEFEPIME	<input checked="" type="checkbox"/>	32 HIDE	RESISTANT <<DO NOT REPORT>>
<<CZT>>	CEFTOLOZANE TAZOBA...	<input checked="" type="checkbox"/>		
<<CZA>>	CEFTAZIDIME AVIBACTA...	<input checked="" type="checkbox"/>		
<<IMIR>>	Imipenem/Relebactam	<input checked="" type="checkbox"/>		
<<IMP>>	IMIPENEM	<input checked="" type="checkbox"/>		
<<LEVO>>	LEVOFLOXACIN	<input checked="" type="checkbox"/>		
<<MERO>>	MEROPENEM	<input checked="" type="checkbox"/>	2 HIDE	SUSCEPTIBLE <<DO NOT REPORT>>
<<PIPT>>	PIPERACILLIN/TAZOBA...	<input checked="" type="checkbox"/>	64 HIDE	RESISTANT <<DO NOT REPORT>>

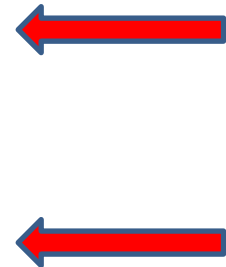
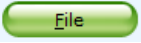


Figure 5 MMIC

- It will appear as the results are hidden but Sunquest will release from HIDE automatically after results are filed. 

SS	MERO (2)
R	CAZ (32) , CP (2) , TO (4) , CEFE (32) , PIPT (64)



Figure 6

**Method: MicroScan – non-urine sources**

- If patient location is HOC/L7 → report Cefepime
  - If patient has a CF diagnosis → report Aztreonam (respiratory sources)
  - If Ceftazidime Is R → report Cefepime

Organism #2	- 2+ PSEUDOMONAS AERUGINOSA (STRAIN 2)	
- MMIC -		
	SS	MERO(2), CEFE(8), AZTR(8)
	R	CAZ(32), PIPT(64), CP(2), TO(4)
	HIDE	LEVO(1-SS), CZA(8-SS)

Figure 7 Example of CF patient with resistance.

4. All other antibiotics on the panel that are not part of the cascade are hidden. Do not release and report. Hidden antibiotics include:
  - Levofloxacin
  - Ceftazidime-avibactam
5. Requested antibiotics may be released with a provider request.

**Cascade Reporting- Kirby Bauer Method**

If resistance is encountered, additional antibiotics will automatically be released.

1. Enter **all** results manually under the **KB** keyboard. Antibiotics will be released following the cascade rules.

**Method: Kirby Bauer – urine source**

- If patient location is HOC/L7 → report Cefepime
  - If Ceftazidime Is R → report Cefepime
  - If Cefepime is R → report Piperacillin tazobactam
  - If Piperacillin tazobactam is R → report Meropenem
  - If Meropenem is R → report Imipenem

Drug Code	Drug Name	SUP	Result	Interpretation
CAZ	CEFTAZIDIME	<input type="checkbox"/>	6	RESISTANT
CP	CIPROFLOXACIN	<input type="checkbox"/>	6	RESISTANT
TO	TOBRAMYCIN	<input type="checkbox"/>	6	RESISTANT
<<AZTR>>	AZTREONAM	<input checked="" type="checkbox"/>		
<<CEFE>>	CEFEPIME	<input checked="" type="checkbox"/>	6	RESISTANT
<<IMP>>	IMIPENEM	<input checked="" type="checkbox"/>	HIDE	<<DO NOT REPORT>>
<<LEVO>>	LEVOFLOXACIN	<input checked="" type="checkbox"/>		
<<MERO>>	MEROPENEM	<input checked="" type="checkbox"/>	22	SUSCEPTIBLE
<<PIPT>>	PIPERACILLIN/TAZOBA...	<input checked="" type="checkbox"/>	HIDE	<<DO NOT REPORT>>
<<PIPT>>	PIPERACILLIN/TAZOBA...	<input checked="" type="checkbox"/>	6	RESISTANT
<<PIPT>>	PIPERACILLIN/TAZOBA...	<input checked="" type="checkbox"/>	HIDE	<<DO NOT REPORT>>

Figure 8 KB keyboard

Organism #3	- APPROXIMATELY 20000 COL/ML PSEUDOMONAS AERUGINOSA (STRAIN 3)	
- KB -		
	SS	MERO(22)
	R	CAZ(6), CP(6), TO(6), CEFE(6), PIPT(6)

Figure 9 -Resistance to CAZ, CEFE, PIPT so Mero is released

**Method: Kirby Bauer – non-urine source**

- If patient location is HOC/L7 → report Cefepime
  - If patient has a CF diagnosis → report Aztreonam (respiratory sources)
  - If Ceftazidime Is R → report Cefepime
  - If Meropenem is R → report Imipenem

Drug Code	Drug Name	SUP	Result	Interpretation
CAZ	CEFTAZIDIME	<input type="checkbox"/>	8	RESISTANT
PIPT	PIPERACILLIN/TAZOBA...	<input type="checkbox"/>	22	SUSCEPTIBLE
CP	CIPROFLOXACIN	<input type="checkbox"/>	25	SUSCEPTIBLE
MERO	MEROPENEM	<input type="checkbox"/>	20	SUSCEPTIBLE
TO	TOBRAMYCIN	<input type="checkbox"/>	20	SUSCEPTIBLE
<<AZTR>>	AZTREONAM	<input checked="" type="checkbox"/>	15	RESISTANT
			HIDE	<<DO NOT REPORT>>
<<CEFE>>	CEFEPIME	<input checked="" type="checkbox"/>	18	SUSCEPTIBLE
			HIDE	<<DO NOT REPORT>>
<<IMP>>	IMPENEM	<input checked="" type="checkbox"/>		
<<LEVO>>	LEVOFLOXACIN	<input checked="" type="checkbox"/>		

Figure 10 KB keyboard

Organism #3	Result	Antibiotics
- KB -	SS	PIPT(22), CP(25), MERO(20), TO(20), CEFE(18)
	R	AZTR(15), CAZ(8)

Figure 11 -Example of CF patient with resistance to ceftazidime.

2. All other antibiotics on the panel that are not part of the cascade are hidden. Do not release and report. Hidden antibiotics include:
  - Levofloxacin
3. Requested antibiotics may be released with a provider request.

**Method Performance Specifications**

1. **CF patients:** *Pseudomonas aeruginosa* matte requires Aztreonam to be performed by Kirby Bauer or MicroScan as it is a product limitation on the Vitek extension cards.
2. **CF patients:** *Pseudomonas aeruginosa* mucoid requires testing by Kirby Bauer method.
3. Both Gram negative Vitek cards N806 and XN30 will be required for all *Pseudomonas aeruginosa* isolates.
4. Gentamicin is no longer reported on *Pseudomonas aeruginosa* as it is considered intrinsically resistant.

5. **Non-CF patients:** Do not use the PMAT or PMUC codes. Report as PSAR.
6. Mucoid isolate susceptibility testing should be performed with the Kirby Bauer method.

**Carbapenemase detection**

1. If Imipenem or Meropenem exhibits resistance, non-susceptible results, confirm the intermediate or resistant result with an alternate method before reporting results.
  - o Confirmation is not needed if patient has known resistance.
2. If resistance is not confirmed, report the MicroScan or KB result.
3. With known or confirmed resistance:
  - o Report MIC results as tested. Do not change interpretations.
  - o Label as **MDRO**
  - o Notify provider
  - o Send isolate to MDH Project 1380
  - o Add MDHADD comment
  - o Freeze isolate
4. Notify Infection Control with positive mCIM result
5. Report MDH results with NCPO with negative mCIM result or the appropriate Carbapenemase Producer code. e.g. VIM, KPC, NDM, etc.

**Reporting**

1. Result *Pseudomonas aeruginosa* matte with code PMAT on CF patients.
2. Result *Pseudomonas aeruginosa* mucoid with code PMUC on CF patients.
3. Result *Pseudomonas aeruginosa* with resistance to a carbapenem and negative mCIM result as: example-PSAR-MDRO-NCPO
4. Result *Pseudomonas aeruginosa* with resistance to a carbapenem and positive mCIM result as: example-PSAR-MDRO-VIM
5. Add SCAND when MDH reports are scanned.
6. Add PRAC with known or previous resistance.

**Vitek Product Limitations**

Results for an antibiotic/organism combination may have limitations and may be suppressed from reporting. Refer to table below for specific limitations.

Vitek Card	Antibiotic	Action
N806	Ceftazidime MIC =8	Confirm with alternate method
N806	Cefepime MIC = 8 or 16	Confirm with alternate method
XN30	Aztreonam	Perform alternate method
XN30	Ceftazidime/Avibactam MIC = >=16	Confirm with MicroScan

## Appendix

### Additional Tables and Flowcharts

Table 1 Antibiotics available on Vitek cards-run both cards for all *Pseudomonas aeruginosa* isolates

N806	XN30
Ampicillin	Amikacin
Ampicillin Sulbactam	Amoxicillin Clavulanic Acid
Cefazolin	Aztreonam
Cefepime	Cefotaxime
Ceftazidime	Cefpodoxime
Ceftriaxone	Ceftazidime/Avibactam
Ciprofloxacin	Ceftolozane/Tazobactam
Ertapenem	Doxycycline
ESBL	Imipenem
Gentamicin	Imipenem/Relebactam
Levofloxacin	Meropenem/Vaborbactam
Meropenem	Minocycline
Nitrofurantoin	Tigecycline
Piperacillin/Tazobactam	Tobramycin
Trimethoprim/Sulfa	

Table 2 Antibiotic reportable per CLSI for *Pseudomonas aeruginosa*

Antibiotics on <i>Pseudomonas aeruginosa</i> per CLSI	
Sunquest code	Antibiotic name
CAZ	Ceftazidime
CEFE	Cefepime
TO	Tobramycin
PIPT	Piperacillin/Tazobactam
CIP	Ciprofloxacin
LEVO	Levofloxacin
IMP	Imipenem
MERO	Meropenem
CZA	Ceftazidime/Avibactam
CZT	Ceftolozane/Tazobactam
IMIR	Imipenem/Relebactam
AZT	Aztreonam
AK	Amikacin
CEF	Cefiderocol

Table 3 Selective and Cascade for urine isolates



Drugs reported on Urine	Cascade Rules
Ceftazidime	If patient is in HOC/L7
Ciprofloxacin	<ul style="list-style-type: none"> <li>Report Cefepime</li> </ul>
Tobramycin	If Ceftazidime is resistant
<b>Hidden Drugs</b>	<ul style="list-style-type: none"> <li>Report Cefepime</li> </ul>
Cefepime	If Cefepime is resistant
Piperacillin/Tazobactam	<ul style="list-style-type: none"> <li>Report Piperacillin/Tazobactam</li> </ul>
Meropenem	If Piperacillin/Tazobactam is resistant
Imipenem	<ul style="list-style-type: none"> <li>Report Meropenem</li> </ul>
Amikacin	If Meropenem is resistant
Levofloxacin	<ul style="list-style-type: none"> <li>Report Imipenem</li> </ul>
Ceftazidime/Avibactam	If Tobramycin is resistant
Ceftolozane/Tazobactam	<ul style="list-style-type: none"> <li>Report Amikacin-KBS</li> </ul>
Imipenem/Relebactam	

Table 4 Selective and Cascade for non-urine isolates

Drugs reported on Non-Urine	Cascade Rules
Ceftazidime	If patient is HOC/L7
Piperacillin/Tazobactam	<ul style="list-style-type: none"> <li>Report Cefepime</li> </ul>
Ciprofloxacin	If Ceftazidime is resistant
Meropenem	<ul style="list-style-type: none"> <li>Report Cefepime</li> </ul>
Tobramycin	If Meropenem is resistant
Aztreonam-CF patient only (KBS or MSCN)	<ul style="list-style-type: none"> <li>Report Imipenem</li> </ul>
<b>Hidden Drugs</b>	
Cefepime	
Imipenem	
Levofloxacin	
Ceftazidime/Avibactam	
Ceftolozane/Tazobactam	
Imipenem/Relebactam	

**Alternative methods:** when reported drugs fail, have a product limitation or a physician wants to add a drug\*\*

Table 5 KBS Antibiotics and codes

NF KBS		
Disc (Abbrev.)	Sunquest Code	Drug Name (Trade Name)
ATM	AZTR	AZTREONAM
CAZ	CAZ	CEFTAZIDIME
CIP	CP	CIPROFLOXACIN
FEP	CEFE	CEFEPIME
IMP	IMP	IMIPENEM
LVX	LEVO	LEVOFLOXACIN
MEM	MERO	MEROPENEM
NN	TO	TOBRAMYCIN
TZP	PIPT	PIP/TAZ (ZOSYN)
Need QC day of testing		
AK	AK	AMIKACIN- Urine only

Table 6 MicroScan antibiotics and codes

MicroScan MIC Neg Urine Combo (NUC) 101		
MSCN (Abbrev.)	Sunquest Code	Drug Name (Trade Name)
Azt	AZTR	AZTREONAM
Caz	CAZ	CEFTAZIDIME
Cpe	CEFE	CEFEPIME
Cp	CP	CIPROFLOXACIN
Lvx	LEVO	LEVOFLOXACIN
Mer	MERO	MEROPENEM
P/T	PIPT	PIP/TAZ (ZOSYN)
To	TO	TOBRAMYCIN

\*\*If a physician wants to add-on a drug that we do not have, send to UM Fairview Medical Center\*\*

Table 7 CF patients

If organism is from CF patient	
<ul style="list-style-type: none"> <li>Determine if is PMAT or PMUC</li> </ul>	
PMAT	PMUC
Add Aztreonam by KBS or MicroScan	All drugs set up by KBS

Table 8 Carbapenem resistance

If resistant or intermediate Imipenem or Meropenem		
<ul style="list-style-type: none"> <li>Confirm by patient history, MicroScan or Kirby Bauer</li> </ul>		
Confirmed by History	Resistance not confirmed	Resistance confirmed by KB or MicroScan
➤ Report result	<ul style="list-style-type: none"> <li>Report KB or MicroScan result</li> </ul>	<ul style="list-style-type: none"> <li>Report Vitek Results as tested</li> </ul>
➤ Add MDRO		<ul style="list-style-type: none"> <li>Add MDRO</li> </ul>
➤ Add PRAC		<ul style="list-style-type: none"> <li>Freeze isolate</li> </ul>
		<ul style="list-style-type: none"> <li>Notify provider</li> </ul>
		<ul style="list-style-type: none"> <li>Send isolate to MDH</li> </ul>
		<ul style="list-style-type: none"> <li>Add MDHADD code</li> </ul>
		<ul style="list-style-type: none"> <li>Wait for MDH report</li> </ul>

Table 9 mCIM results and reporting

CPO positive from MDH	CPO Negative from MDH
<ul style="list-style-type: none"> <li>• Notify Infection Prevention</li> </ul>	<ul style="list-style-type: none"> <li>○ Remove MDHADD code</li> </ul>
<ul style="list-style-type: none"> <li>• Add KPC, NDM, VIM, etc code</li> </ul>	<ul style="list-style-type: none"> <li>○ Add NCPO after organism ID</li> </ul>
<ul style="list-style-type: none"> <li>• Result will stay in prelim status until hard copy for MDH is received</li> </ul>	<ul style="list-style-type: none"> <li>○ Add SCAND comment</li> </ul>
<ul style="list-style-type: none"> <li>• Remove MDHADD code</li> </ul>	<ul style="list-style-type: none"> <li>○ Final culture</li> </ul>
<ul style="list-style-type: none"> <li>• Add DRO code</li> </ul>	
<ul style="list-style-type: none"> <li>• Add SCAND code</li> </ul>	
<ul style="list-style-type: none"> <li>• Final culture when hard copy is received</li> </ul>	
<ul style="list-style-type: none"> <li>• Future positive with same ID can be PRAC, no call to IP</li> </ul>	

**References**

1. bioMerieux Vitek 2 AST-N806 Gram Negative Susceptibility Card 424709 2023-07
2. bioMerieux Vitek 2 AST-XN30 Gram Negative Susceptibility Card 424639 20235-04
3. Beckman Coulter Diagnostics. 250 South Kraemer Boulevard. Brea, CA 92821-6232 USA,

MicroScan® Dried Gram Negative (8/2022).  
 4. CLSI M100 edition 34 Performance Standards for Antimicrobial Susceptibility Testing 2024

	<b>Training Plan</b>	<b>Initial Competency Assessment</b>													
<b>Training Plan/ Competency Assessment</b>	<ol style="list-style-type: none"> <li>1. Employee must read the procedure.</li> <li>2. Employee will observe trainer performing the procedure.</li> <li>3. Employee will demonstrate the ability to perform procedure, record results and document corrective action after instruction by the trainer.</li> </ol>	<ol style="list-style-type: none"> <li>1. Direct observation.</li> </ol>													
<b>Historical Record</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Version</th> <th style="width: 25%;">Written/Revised by:</th> <th style="width: 20%;">Effective Date:</th> <th style="width: 40%;">Summary Revisions of</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Susan DeMeyere</td> <td style="text-align: center;">7/30/2024</td> <td>Initial version</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Version	Written/Revised by:	Effective Date:	Summary Revisions of	1	Susan DeMeyere	7/30/2024	Initial version				
Version	Written/Revised by:	Effective Date:	Summary Revisions of												
1	Susan DeMeyere	7/30/2024	Initial version												