National Antimicrobial Resistance Monitoring System (NARMS)
Routine Enteric Pathogen Isolate Submission to CDC-NARMS
Effective January 1, 2008 (Updated 08-21-07)

Pathogen	Isolate Submission Requirement (Sampling scheme)	Isolate Submission Frequency (When to Submit)	Contact Person (Attention to)	Form*	Shipping Address (Where to Submit)
Non-Typhi *Salmonella* (see below for Paratyphi A and C) †	every 20th isolate	Quarterly	Kevin Joyce	NARMS log sheet*	Attention: Kevin Joyce NARMS Laboratory Centers for Disease Control and Prevention Building 17, Room 1227 MS G-29 1600 Clifton Rd., NE Atlanta, GA 30333 Phone number: 404-639-1944
***Salmonella* Paratyphi A and C‡**	ALL				
E. coli O157	every 20th				
Shigella	every 20th				
Salmonella Typhi	ALL				
Campylobacter **(FoodNet Sites Only)**	Every 5th, 2nd, or all isolates (varies by state)	Quarterly			
Non-cholerae *Vibrio*	ALL	Quarterly			
Listeria monocytogenes§	ALL	Immediately upon receipt	Lewis Graves	DASH form	Attention: Lewis Graves *Listeria* Reference Laboratory Centers for Disease Control and Prevention Data & Specimen Handling Sect. (DASH) 1600 Clifton Rd., NE Atlanta, GA 30333 Phone number: 404-639-1430
Vibrio cholerae¶	ALL	Immediately upon receipt	Cheryl Bopp	DASH form	Attention: Cheryl Bopp *Vibrio cholerae* Reference Activity Centers for Disease Control and Prevention Data & Specimen Handling Sect. (DASH) 1600 Clifton Rd., NE Atlanta, GA 30333 Phone number: 404-639-3334

***Use NARMS isolate submission log sheets to submit routine NARMS isolates. A specific log sheet is available for each pathogen.**

†*Salmonella* Paratyphi B isolates are included in the "1 in 20" sampling for non-Typhi *Salmonella*.

‡Beginning on January 1, 2008, please submit ALL *Salmonella* Paratyphi A and C isolates using the Paratyphi log sheet .

§Please send ALL *Listeria monocytogenes* isolates <u>immediately upon receipt</u> to Lewis Graves and USE DASH FORM for ALL isolates (one isolate per DASH form). Please provide ALL NARMS requested information on the DASH form.

¶Please send ALL *V. cholerae* isolates <u>immediately upon receipt</u> to Cheryl Bopp and USE DASH FORM for ALL isolates (one isolate per DASH form).