3. *ACINETOBACTER* SPP.

MH agar, McFarland 0.5, incubation air 35°C ± 1°C, incubation time 18h ± 2 h.
QC strain: *Pseudomonas aeruginosa* ATCC 27853.

- **STANDARD PANEL** (all specimen types)

MDRO setting: resistance to ≥ 3 drug classes (aminoglycosides, third and fourth generation cephalosporins, fluoroquinolones) or carbapenem resistance (e.g: VIM).

PRIMARY TESTING	SUGGESTED REPORTING (NON MDRO SETTING)	SUGGESTED REPORTING (MDRO SETTING)
Piperacillin-tazobactam[1].		
Ceftazidime[2].	+	+
Cefepime[2].	+	+
Meropenem.	+	+
Ciprofloxacin[3] or levofloxacin[3].	+	+
Amikacin.	+	+
Gentamicin.	+	+
Cotrimoxazole.	+	+

SUPPLEMENTAL TESTING	SUGGESTED REPORTING (NON MDRO SETTING)	SUGGESTED REPORTING (MDRO SETTING)
Tobramycin[4].	+	+
Colistin[5].		+
Minocycline or tigecycline[6].		+
Ceftolozane-tazobactam[7].		
Ceftazidime-avibactam[7].		

1. Susceptibility testing of *Acinetobacter* spp. to penicillins is unreliable and not recommended by EUCAST.
2. No specific clinical breakpoints for third and fourth generation cephalosporins in *Acinetobacter* spp. (consider PK/PD breakpoints).
3. Results cannot be extrapolated from ciprofloxacin to levofloxacin or vice versa, fluoroquinolone drug tested should match with the molecule used in the clinical setting.
4. Optional: topical use in specific settings (infections in cystic fibrosis, ocular infections).
5. Colistin susceptibility result should be verified by broth microdilution method if considered to initiate the treatment.
6. Not recommended by EUCAST; should be used with caution and consider combination therapy with other drugs.
7. Testing not recommended as ceftolozane-tazobactam (not commercially available in Belgium) and ceftazidime-avibactam are inactive against MDR *Acinetobacter* spp.