SUPPORTING INFECTIOUS DISEASE RESEARCH

## Klebsiella pneumoniae, Strain JHCK1

## Catalog No. NR-48976

**Product Description:** *Klebsiella pneumoniae* (*K. pneumoniae*), strain JHCK1 was isolated in late 1981 or early 1982 from a newborn with meningitis in Buenos Aires, Argentina.

# Lot<sup>1</sup>: 63431901

### Manufacturing Date: 09APR2015

TEST	SPECIFICATIONS		
-	SPECIFICATIONS	RESULTS – Colony Type 1	RESULTS – Colony Type 2
Phenotypic Analysis Cellular morphology Colony morphology <sup>2,3</sup> Motility (wet mount) VITEK <sup>®</sup> MS (MALDI-TOF)	Gram-negative rods Report results Report results Consistent with	Gram-negative rods Circular, convex, entire, smooth and white (Figure 1) Non-motile Consistent with <i>K. pneumoniae</i>	Gram-negative rods Circular, low convex, undulate, smooth and gray (Figure 1) Non-motile Consistent with <i>K. pneumoniae</i>
	K. pneumoniae		
Antibiotic Susceptibility Profile <sup>4</sup> VITEK <sup>®</sup> (AST-GN69) <sup>5</sup> ESBL <sup>6</sup> Ampicillin Amoxicillin/Clavulanic Acid Ampicillin/Sulbactam Piperacillin/Tazobactam Cefazolin Ceftazidime Ceftriaxone Cefepime Ertapenem Imipenem Gentamicin Tobramycin Ciprofloxacin Levofloxacin Nitrofurantoin Trimethoprim/Sulfamethoxazole VITEK <sup>®</sup> (AST-XN06) <sup>5</sup> Ticarcillin Piperacillin Cefalotin Cefuroxime Cefuroxime Cefuroxime Cefucatin Cefotetan Cefotetan Cefotetan Cefotoxime Cefotoxime Aztreonam Doripenem Amikacin Nalidixic Acid Moxifloxacin	<i>K. pneumoniae</i> Report results Resistant Report results Report results Report results Resistant Sensitive Sensitive Report results Sensitive Report results Sensitive Report results Report results Report results Report results Report results Report results Report results Report results Report results Sensitive Report results Report results	Negative Resistant ( $\ge$ 32 µg/mL) Resistant ( $\ge$ 32 µg/mL) <sup>7</sup> Resistant ( $\ge$ 32 µg/mL) Resistant ( $\ge$ 128 µg/mL) Resistant ( $\ge$ 128 µg/mL) Sensitive ( $\le$ 1 µg/mL) Sensitive ( $\le$ 1 µg/mL) Sensitive ( $\le$ 1 µg/mL) Sensitive ( $\le$ 0.5 µg/mL) Sensitive ( $\le$ 0.5 µg/mL) Resistant ( $\ge$ 16 µg/mL) Resistant ( $\ge$ 16 µg/mL) Resistant ( $\ge$ 16 µg/mL) Sensitive ( $\le$ 0.25 µg/mL) Sensitive ( $\le$ 0.25 µg/mL) Resistant ( $\ge$ 128 µg/mL) Sensitive ( $=$ 4 µg/mL) Sensitive ( $=$ 4 µg/mL) Sensitive ( $=$ 4 µg/mL) Sensitive ( $\le$ 4 µg/mL) Sensitive ( $\le$ 4 µg/mL) Sensitive ( $\le$ 125 µg/mL) Sensitive ( $\le$ 1 µg/mL) Sensitive ( $\le$ 0.25 µg/mL)	
Ceftriaxone Cefepime Ertapenem Imipenem Gentamicin Tobramycin Ciprofloxacin Levofloxacin Nitrofurantoin Trimethoprim/Sulfamethoxazole VITEK <sup>®</sup> (AST-XN06) <sup>5</sup> Ticarcillin Piperacillin Cefalotin Cefuroxime Cefuroxime Cefuroxime Cefutoxime Cefotetan Cefotetan Cefotetan Cefodoxime Cefotaxime Cefotaxime Cefotaxime Ceftizoxime Aztreonam Doripenem Meropenem Amikacin Nalidixic Acid Moxifloxacin	Sensitive Sensitive Report results Sensitive Resistant Report results Sensitive Sensitive Report results Report results Report results Report results Report results Sensitive Report results	Sensitive ( $\leq 1 \mu g/mL$ ) Sensitive ( $\leq 1 \mu g/mL$ ) Sensitive ( $\leq 0.5 \mu g/mL$ ) Sensitive ( $\leq 0.25 \mu g/mL$ ) Resistant ( $\geq 16 \mu g/mL$ ) Resistant ( $\geq 16 \mu g/mL$ ) Sensitive ( $\leq 0.25 \mu g/mL$ ) Sensitive ( $\leq 0.25 \mu g/mL$ ) Sensitive ( $\leq 0.12 \mu g/mL$ ) Intermediate ( $= 64 \mu g/mL$ ) Resistant ( $\geq 320 \mu g/mL$ ) Resistant ( $\geq 128 \mu g/mL$ ) Sensitive ( $= 4 \mu g/mL$ ) Sensitive ( $= 4 \mu g/mL$ ) Sensitive ( $= 4 \mu g/mL$ ) Sensitive ( $\leq 4 \mu g/mL$ ) Sensitive ( $\leq 4 \mu g/mL$ ) Sensitive ( $\leq 1 \mu g/mL$ ) Sensitive ( $\leq 1 \mu g/mL$ ) Sensitive ( $\leq 1 \mu g/mL$ ) Sensitive ( $\leq 0.25 \mu g/mL$ ) Sensitive ( $\leq 0.25 \mu g/mL$ ) Resistant ( $\geq 64 \mu g/mL$ ) Sensitive ( $\leq 0.25 \mu g/mL$ ) Resistant ( $\geq 64 \mu g/mL$ ) Sensitive ( $\leq 0.25 \mu g/mL$ ) Resistant ( $\geq 64 \mu g/mL$ ) Sensitive ( $\leq 0.25 \mu g/mL$ )	

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SUPPORTING INFECTIOUS DISEASE RESEARCH

TEST	SPECIFICATIONS	RESULTS – Colony Type 1	RESULTS – Colony Type 2
Antibiotic Susceptibility Profile (continued) <sup>4</sup>			
Tetracycline Tigecycline Etest <sup>®</sup> antibiotic test strips <sup>9</sup> Chloramphenicol <sup>10</sup>	Resistant Report results	Resistant (≥ 16 μg/mL) Sensitive (≤ 0.5 μg/mL)	
Chloramphenicol <sup>10</sup>	Resistant	Resistant (> 256 µg/mL)	
Genotypic Analysis Sequencing of 16S ribosomal RNA gene (~ 860 base pairs)	Consistent with <i>K. pneumoniae</i>	Consistent with <i>K. pneumoniae</i> <sup>11</sup>	Consistent with <i>K. pneumoniae</i> <sup>11</sup>
Purity (post-freeze) <sup>12</sup>	Consistent with <i>K. pneumoniae</i>	Consistent with K. pneumoniae	
Viability (post-freeze) <sup>2</sup>	Growth	Growth	

<sup>1</sup>K. pneumoniae, strain JHCK1 was deposited by Marcelo Tolmasky, Ph.D., Professor, Center for Applied Biotechnology Studies, California State University Fullerton, Fullerton, California, USA. NR-48976 was produced from a subculture of the deposited material. The subculture material was used to inoculate Tryptic soy broth and incubated for 24 hours at 37°C in an aerobic atmosphere. Broth inoculum was added to Tryptic soy agar with 5% defibrinated sheep blood kolles which were grown 23 hours at 37°C in an aerobic atmosphere to produce this lot.

<sup>2</sup>21 hours at 37°C in an aerobic atmosphere on Tryptic soy agar with 5% defibrinated sheep blood

<sup>3</sup>Two colony types were observed. Plating of the individual colony types showed that they did not revert to the mixed colony type. Cells from each colony type were subjected to VITEK<sup>®</sup> MS (MALDI-TOF) analysis and found to be consistent with *K. pneumoniae*.

<sup>4</sup>Antibiotic susceptibility testing was performed using a mixed colony suspension.

<sup>5</sup>Minimum Inhibitory Concentration (MIC); MIC Interpretation Guideline: CLSI M100-S22 (2012)

<sup>6</sup>The VITEK<sup>®</sup>2 ESBL test is a confirmatory test for Extended-Spectrum Beta-Lactamases (ESBLs) inhibited by clavulanic acid and utilizes cefepime, cefotaxime and ceftazidime, with and without clavulanic acid, to determine a positive or negative result.

<sup>7</sup>K. pneumoniae, strain JHCK1 was deposited as having an intermediate susceptibility to Amoxicillin/Clavulanic Acid. Antibiotic susceptibility testing performed in duplicate determined that K. pneumoniae, strain JHCK1 is resistant to Amoxicillin/Clavulanic Acid.

<sup>8</sup>*K. pneumoniae*, strain JHCK1 was deposited as being susceptible to Trimethoprim/Sulfamethoxazole. Antibiotic susceptibility testing performed in duplicate determined that *K. pneumoniae*, strain JHCK1 is resistant to Trimethoprim/Sulfamethoxazole.

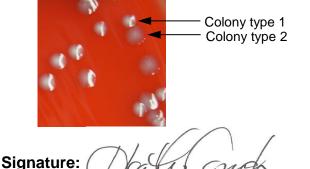
<sup>9</sup>24 hours at 37°C in an aerobic atmosphere on Mueller Hinton agar

<sup>10</sup>For Chloramphenicol (bioMérieux Etest<sup>®</sup> 412308), a MIC  $\leq 8 \mu g/mL$  is sensitive, a MIC = 16  $\mu g/mL$  is intermediate and a MIC  $\geq$  32  $\mu g/mL$  is resistant.

<sup>11</sup>Cells from colony type 1 and colony type 2 are100% identical to each other and 99.7% identical to GenBank: ANGH00000000 (*K. pneumoniae*, strain JHCK1).

<sup>12</sup>Purity of this lot was assessed for 7 days at 37°C in an aerobic atmosphere on Tryptic soy agar with 5% defibrinated sheep blood.

#### Figure 1: Colony Morphology



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