**Supplementary material
Table 1. DUE criteria on data collection for metronidazole at the studied Egyptian tertiary care hospital.**

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| --- | --- | --- | --- | --- |
|  |  |  |  | **Patient number** |
|  |  |  |  | **Ticket Number** |
|  |  |  |  | **Data collector initials** |
|  |  |  |  | **Department** |
|  |  |  |  | **Age / Sex/ Weight** |
|  |  |  |  | **Date** |
|  |  |  |  | **Criteria (indicators)** |
| Y/N | Y/N | Y/N | Y/N | **Threshold****100%** | **Justification for prescription****Compliance with documented use****Labelled use:**1. Amebiasis
2. Anaerobic bacterial infections.
3. Bacterial septicemia(caused by *Clostridium spp*)
4. Bone and joint infections.
5. CNS Infections.
6. Endocarditis.
7. Gynecologic infections.
8. Intra-abdominal infections
9. Lower respiratory tract infections.
10. Skin and skin structure infections.
11. Bacterial vaginosis.
12. Surgical prophylaxis (Preoperative, intraoperative, and postoperative in colorectal surgery).

M.Trichomoniasis.**Off label used:**  |
|  |  |  |  |  | **Others:** |
|  |  |  |  |  | **Combined antibiotics:** |