

Form approved:
OMB No. 0920-0307
Exp. Date_ xx/xx/20xx

OMB 0920-0307

Gonococcal Isolate Surveillance Project

Attachment 3b



Gonococcal Isolate Surveillance Project
Form 2: Antimicrobial Susceptibility Testing

Sentinel Site: (3 letter code) _____ (2-4)

Specimens collected during: _____
yyyy (5-8) / mm (9-10)

(SEE CODING INSTRUCTIONS ON BACK)

Form Approved OMB No. 0920-0307 Exp. 1/31/2008

Isolate # (01-12)	β-Lac (13)	MICs (µg/ml) to Antimicrobial Agents								Date tested (mm/dd/yyyy) (57-66)	Control ID (67)
		Pen (14-19)	Tet (20-25)	Spc (26)	Cfx (27-32)	Cro (33-38)	Cip (38-44)	Cpd* (45-50)	Azi (51-56)		
01	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
02	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
03	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
04	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
05	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
06	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
07	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
08	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
09	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
10	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
11	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
12	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
13	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
14	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
15	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
16	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
17	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
18	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
19	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
20	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
21	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
22	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
23	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
24	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
25	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	

*Denotes optional agent

Public reporting burden of this collection of information is estimated to average 1 hour per client record extracted (for a total monthly burden of 114 hours per laboratory respondent), which includes the time required for laboratory processing of the client's isolate, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (0920-0307). Do not send the completed form to this address.

Public reporting burden of this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a persons is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: PRA (0920-0307)

CODING INSTRUCTIONS

Sentinel Site Codes:

Albuquerque	ALB	Los Angeles	LAX
Atlanta	ATL	Miami	MIA
Baltimore	BAL	Minneapolis	MIN
Birmingham	BHM	New Orleans	NOR
Chicago	CHI	Oklahoma City	OKC
Cincinnati	CIN	Orange County	ORA
Cleveland	CLE	Philadelphia	PHI
Dallas	DAL	Phoenix	PHX
Denver	DEN	Portland	POR
Detroit	DTR	San Diego	SDG
Greensboro	GRB	San Francisco	SFO
Honolulu	HON	Seattle	SEA
Las Vegas	LVG	Tripler	TRP
Long Beach	LBC		

Add new sentinel sites:

Kansas City	KCY
New York City	NYC
Richmond	RIC

Specimens collected during: Enter all four digits of the year, followed by the two digit code corresponding to the month (01 for January, 02 for February, etc) in which the specimens were collected.

β -Lac: (β -lactamase test) Check the appropriate box.

- 1 = positive
- 2 = negative

Pen: (penicillin MIC)

Valid dilutions: 0.008; 0.015; 0.03; 0.06; 0.125; 0.25; 0.5; 1.0; 2.0; 4.0; 8.0; 16.0; 32.0; 64.0

Tet: (tetracycline MIC)

Valid dilutions: 0.06; 0.125; 0.25; 0.5; 1.0; 2.0; 4.0; 8.0; 16.0; 32.0; 64.0

Spc: (spectinomycin sensitivity) Check the appropriate box.

- 1 = sensitive (MIC < 128 μ g/ml)
- 2 = resistant (MIC \geq 128 μ g/ml)

Cfx: (cefixime MIC)

Valid dilutions: 0.002; 0.004; 0.008; 0.015; 0.03; 0.06; 0.125; 0.25; 0.5; 1.0; 2.0

Cro: (ceftriaxone MIC)

Valid dilutions: 0.001; 0.002; 0.004; 0.008; 0.015; 0.03; 0.06; 0.125; 0.25; 0.5; 1.0; 2.0

Cip: (ciprofloxacin MIC)

Valid dilutions: 0.001; 0.002; 0.004; 0.008; 0.015; 0.03; 0.06; 0.125; 0.25; 0.5; 1.0; 2.0; 4.0; 8.0; 16.0

Cpd: (cefepodoxime MIC -- OPTIONAL)

Valid dilutions: 0.008; 0.015; 0.03; 0.06; 0.125; 0.25; 0.5; 1.0; 2.0; 4.0; 8.0

Azi: (azithromycin MIC)

Valid dilutions: 0.008; 0.015; 0.03; 0.06; 0.125; 0.25; 0.5; 1.0; 2.0; 4.0; 8.0; 16.0

Date tested (mm/dd/yyyy): Enter month, day, and year of isolate testing

Control ID: Corresponds to the Control ID batch on Form 3: Control Strain Susceptibility Testing.

Valid options are A, B, C, or D.