

OMB 0920-0307

Attachment 3c



Gonococcal Isolate Surveillance Project
Form 3: Control Strain Susceptibility Testing

Regional Laboratory: (3 letter code) _____ (2-4)

(SEE CODING INSTRUCTIONS ON BACK)

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

Control ID (5)	Strain # (6-14)	β-Lac (15)	MICs (µg/ml) to Antimicrobial Agents							Date tested (mm/dd/yyyy) (59-68)	
			Pen (16-21)	Tet (22-27)	Spc (28)	Cfx (29-34)	Cro (35-40)	Cip (41-46)	Cpd* (47-52)		Azi (53-58)
A	F-18	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
A	F-28	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
A	SPL-4	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
A	P681E	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
A	CDC 10328	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
A	CDC 10329	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
A	SPJ-15	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
B	F-18	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
B	F-28	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
B	SPL-4	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
B	P681E	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
B	CDC 10328	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
B	CDC 10329	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
B	SPJ-15	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
C	F-18	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
C	F-28	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
C	SPL-4	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
C	P681E	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
C	CDC 10328	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
C	CDC 10329	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
C	SPJ-15	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
D	F-18	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
D	F-28	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
D	SPL-4	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
D	P681E	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
D	CDC 10328	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
D	CDC 10329	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						___/___/___
D	SPJ-15	<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 12 minutes per run of 7 control strains (for a total monthly burden of 48 minutes per laboratory respondent), which includes the time required for transcribing the data from existing laboratory records. 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 12 minutes 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

Regional Laboratory Codes:

EMO	Atlanta - Emory University
UAB	Birmingham - University of Alabama at Birmingham
CLV	Cleveland - Cleveland Clinic Foundation
UCO	Denver - University of Colorado Health Sciences Center
UWA	Seattle - University of Washington

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.