

**Gonococcal Isolate Surveillance Project**

**OMB 0920-0307**

**Robert Kirkcaldy, Project Officer**

**Attachment 3b**

Data Collection Forms

B. Form 2- Antimicrobial Susceptibility Testing



**Gonococcal Isolate Surveillance Project  
 Form 2: Antimicrobial Susceptibility Testing**

Sentinel Site: (3 letter code) \_\_\_\_\_ (24)

Specimens collected during: \_\_\_\_\_ (MM/YY) \_\_\_\_\_ (MM/YY)

Form Approved OMB No. 0920-0307 Exp. 03/31/2011

Isolate ID	β-Lao (18-20)	MICs (µg/ml) to Antimicrobial Agents							Date tested (mm/yyyy) (27-48)	ID#(ml)	
		Pen (21-26)	Tet (28-29)	Sp0 (30)	Cfx (31-32)	Cro (33-34)	Clp (35-36)	Cpd* (37-38)			Azi (39-40)
01	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
02	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
03	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
04	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
05	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
06	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
07	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
08	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
09	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
10	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
11	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
12	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
13	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
14	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
15	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
16	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
17	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
18	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
19	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
20	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
21	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
22	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
23	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
24	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
25	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	
26	<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg <input type="checkbox"/> 5µg			<input type="checkbox"/> 1µg <input type="checkbox"/> 2µg						____/____/____	

\*Denotes optional agent

Public reporting burden of this collection of information is estimated to average 1 hour per client record including for a total monthly burden of 114 hours per laboratory respondent, which includes the time required for laboratory respondents to complete the survey, gathering and reviewing the data, and completing and reviewing the submission of information. An agency may not conduct or sponsor a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Office, 1600 Clifton Road, NE, D-74, Atlanta, GA 30333, ATTN: PRA (2024-0287). Do not send the submitted form to this address.