

Gonococcal Isolate Surveillance Project

OMB 0920-0307

Robert Kirkcaldy, Project Officer

Attachment 3c

Data Collection Forms

C. Form 3 - Control Strain Susceptibility Testing



**Gonococcal Isolate Surveillance Project
 Form 3: Control Strain Susceptibility Testing**

Regional Laboratory: (3 letter code) _____

(SEE CODING INSTRUCTIONS ON BACK.)

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

Control ID	Strain #	β-Lao (15)	MICs (µg/ml) to Antimicrobial Agents								Date tested (month/year)
			Pen (16-21)	Tet (22-27)	Spo (28)	Cfx (29-34)	Cro (35-40)	Clp (41-46)	Cgs* (47-52)	Azi (53-58)	
A	F-1B	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
A	F-2B	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
A	SPL-4	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
A	PS81E	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
A	CDC 10328	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
A	CDC 10329	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
A	SP-J-15	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
B	F-1B	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
B	F-2B	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
B	SPL-4	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
B	PS81E	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
B	CDC 10328	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
B	CDC 10329	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
B	SP-J-15	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
C	F-1B	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
C	F-2B	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
C	SPL-4	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
C	PS81E	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
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C	SP-J-15	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
D	F-1B	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
D	F-2B	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
D	SPL-4	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
D	PS81E	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
D	CDC 10328	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
D	CDC 10329	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						
D	SP-J-15	<input type="checkbox"/> 194 <input type="checkbox"/> 203			<input type="checkbox"/> 106 <input type="checkbox"/> 206						

*Denote optional agent

Public reporting burden for this collection of information is estimated to average 12 minutes per form for a total monthly burden of 48 minutes per laboratory respondent, which includes the time required for transmitting 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 the burden to CDC, Project Collection Office, 1600 Clifton Road, NE Atlanta, GA 30333, ATTN: PRA (202453267). Do not send the completed form to this address.