

Form Approved
OMB No. 0920-0879
Expiration Date 03/31/2014

Drug Susceptibility Test Results for *M. tuberculosis* Complex Isolates Submitted for the CDC Molecular Detection of Drug Resistance Service

Instructions: Please provide the collection data and your complete drug susceptibility results for each isolate that was submitted to CDC for MDDR testing. Include first and second-line drug susceptibility testing if known (in-house or referred) for the isolate associated with the MDDR submission. Do not include results from CDC. After submitting the information for an isolate, click the same URL link provided to enter information for the next isolate.

Enter Submitter Specimen Identifier Number:

Enter CDC specimen ID:

Was the initial drug susceptibility testing for this isolate performed in your laboratory?

- Yes
- Yes, but no useable results were obtained
- No, isolate was tested in another laboratory

Public reporting burden of this collection of information is estimated to average 10 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 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/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D- 74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

Powered by **snaps**

Reset

Next 

Form Approved
OMB No. 0920-0879
Expiration Date 03/31/2014

Are the results available from this laboratory?

- Yes
- No



Form Approved
OMB No. 0920-0879
Expiration Date 03/31/2014

Please enter the date the specimen was collected.

Section
29

What method was used for conventional drug susceptibility for first-line drugs?

What method was used for conventional testing for second-line drugs?

Please enter the date of the first report of rifampin susceptibility result.

Section
29

Was the isolate referred to another laboratory other than CDC for repeat, confirmatory, or additional testing? (Select all that apply)

- Yes, *conventional*
- Yes, *molecular*
- No

Powered by **snap**

← Back Reset Next →

Form Approved
OMB No. 0920-0879
Expiration Date 03/31/2014

You indicated that this isolate was referred to another laboratory for additional testing. Were these results in agreement with your initial test result for rifampin and isoniazid?

- Yes
- No

Powered by **snap**



Form Approved
OMB No. 0920-0879
Expiration Date 03/31/2014

Enter your drug susceptibility test results for this isolate.

	<i>Resistant</i>	<i>Susceptible</i>	<i>Not Done</i>	<i>Unknown</i>
Rifampin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isoniazid low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isoniazid high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pyrazinamide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethambutol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Streptomycin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rifabutin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rifapentine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amikacin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kanamycin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capreomycin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ciprofloxacin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Levofloxacin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ofloxacin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moxifloxacin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Quinolones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cycloserine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Para-Amino Salicylic Acid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Powered by 

[← Back](#) [Reset](#) [Next →](#)

Form Approved
OMB No. 0920-0879
Expiration Date 03/31/2014

Powered by **snap**

[Back](#) [Reset](#) [Submit](#)