

**Gonococcal Isolate Surveillance Project**

**OMB 0920-0307**

**Robert Kirkcaldy, Project Officer**

**Attachment 4**

Screen shots of web-based application

Screenshot of Form 1 Main Menu:

Gonococcal Isolate Surveillance Project - Windows Internet Explorer provided by ITSO

http://ahst-od-web2/gisp/jsp/appmain?action=form1&pageaction=form1&type=form1

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Gonococcal Isolate Surveillance Project

Health & Human Services

Role: Lab User

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**Form**

» Form1

**Gonococcal Isolate Surveillance Project**

**Quick Tip**  
 Choose: **New Batch** to enter records for a new batch or **Edit** to complete a batch or to modify existing records in a pending batch or **Submit** to process a completed batch.

OMB No. 0920-0307 Exp. 01/31/2008

**What you can do**

New	Batch
Main	Menu

No Pending Batches!

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 For information, please contact Alesia Harvey at 404.639.8196 or send e-mail to abj1@cdc.gov.

For technical issues, please contact CCID Informatics Customer Support (CDC) at  
 Toll Free 877-659-7725 or locally at 404-639-6480 or send email to ccidinformatix@cdc.gov.

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Screenshot of Form 1 data entry:

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http://ahst-od-web2/gisp/jsp/appmain?action=form1&pageaction=newbatch

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Gonococcal Isolate Surveillance Project

### Form 1: Demographic/Clinical Data

Sentinel Site:  Specimens collected during (YYYYMM):

Corresponding date (yyyy/mm) of clinic totals for gonorrhea:

Number of gonorrhea episodes diagnosed: Female:  Male:  Total episodes:

Patient #	Clinic	Sex	Ethnicity	American Indian/ Alaskan native	Asian	Black	Native Hawaiian/ Pacific Islander	White	Other	Date of clinic visit (mm/dd/yyyy)	Date of birth (mm/dd/yyyy)	Age	Sexual orientation	Symptoms	Reason for visit	Previous Hx of gonorrhea (ever)	# of previous episodes (past 12 mos.)	Zipcode	HIV Status	Travel history	Sex work exposure	Previous antibiotic use	
01																							
02																							
03																							
04																							
05																							
06																							

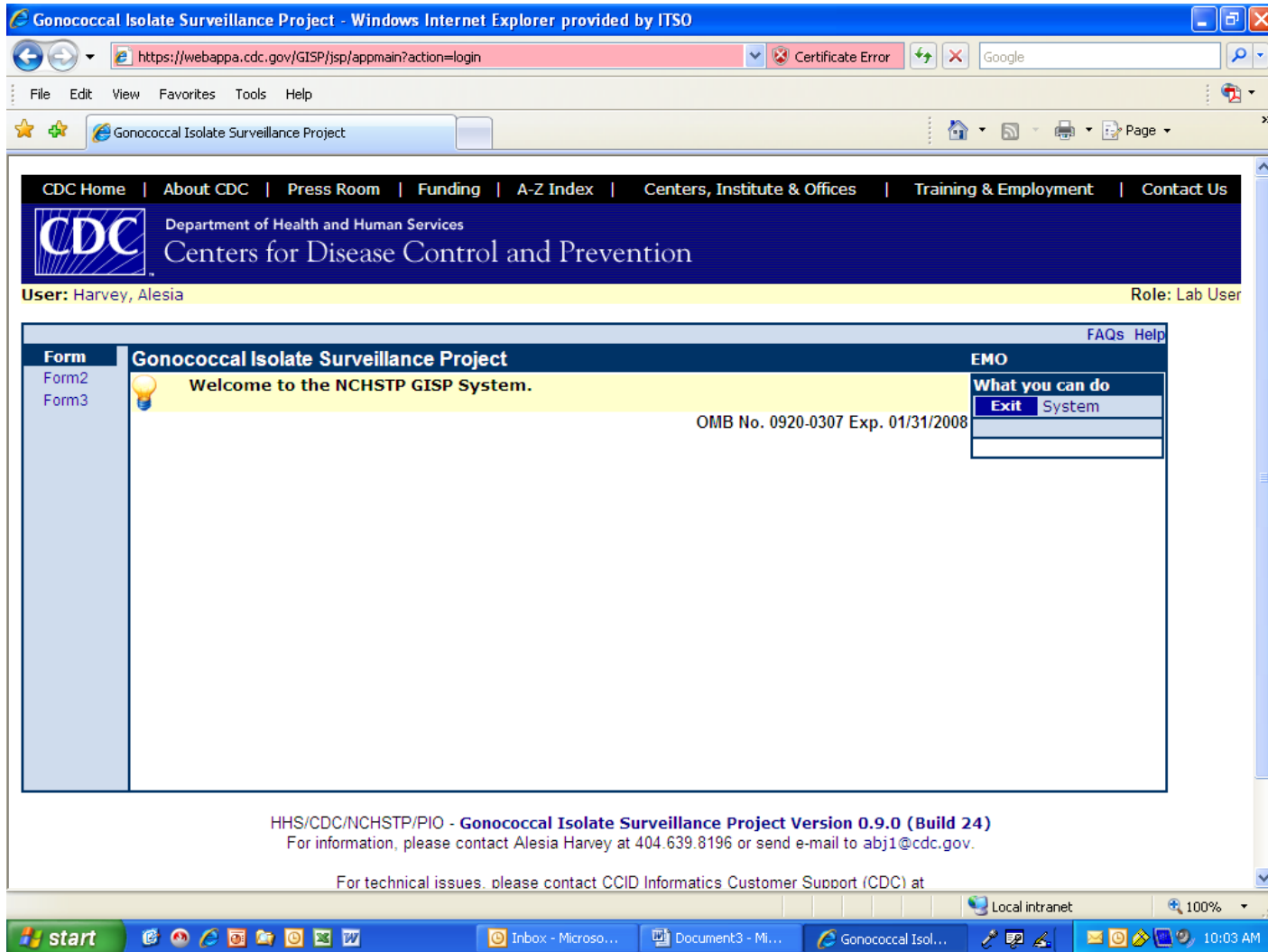
Public reporting burden for this collection of information is estimated to average 11 minutes per client record extracted (for a total monthly burden of 3 hours and 30 minutes per clinic respondent), which includes the time required for reviewing instructions, searching existing data sources, gathering 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, 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.

CDC 73.60A Rev. 11/2005

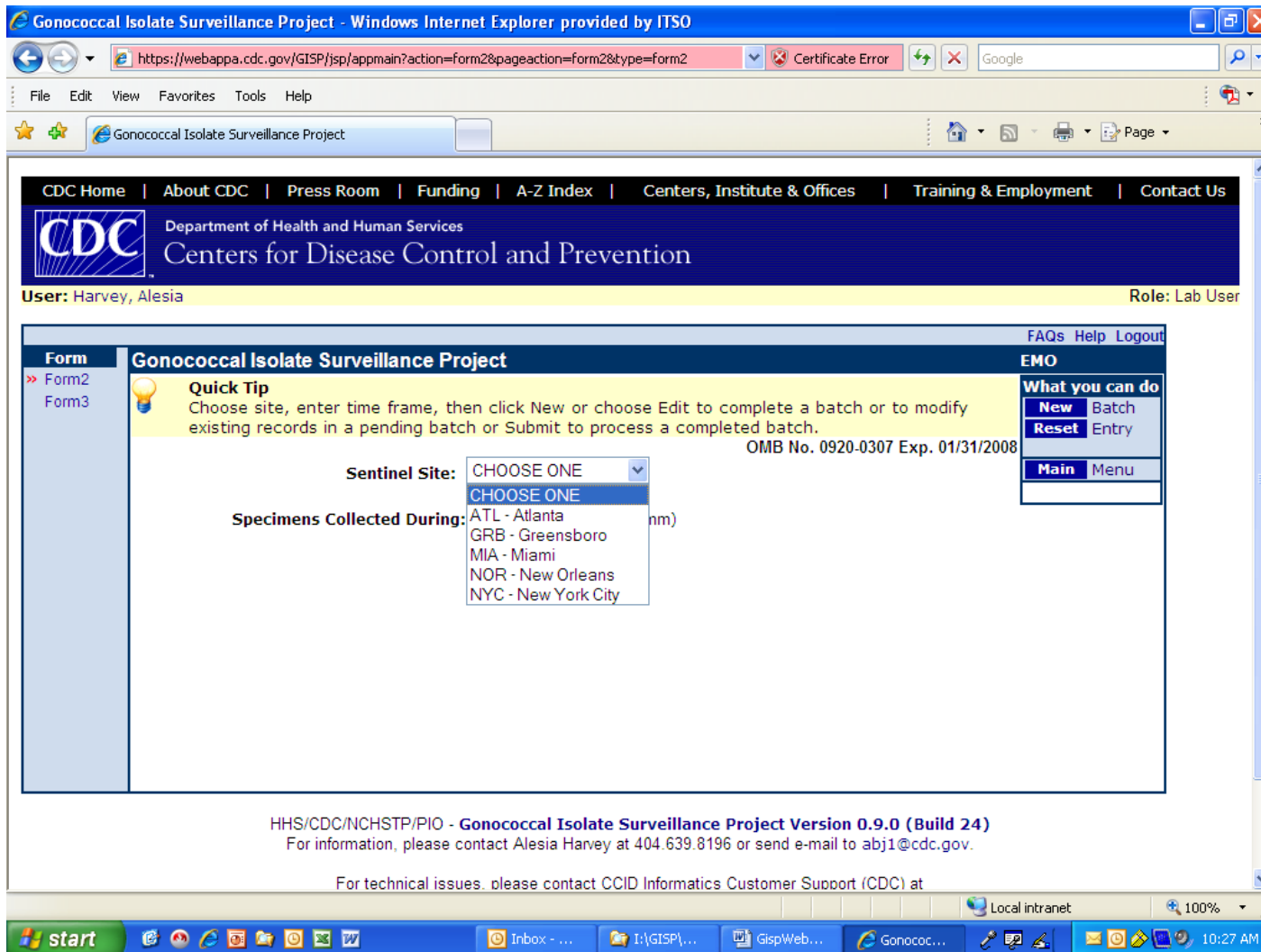
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Screenshot of Form 2 and Form 3 Welcome Page:



Screenshot of Form 2 Main Menu:



Screenshot of Form 2 data entry:

**Gonococcal Isolate Surveillance Project** - Windows Internet Explorer provided by ITS0

https://webappa.cdc.gov/GISP/jsp/appmain?action=form2&pageaction=enroll

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**CDC** Department of Health and Human Services  
Centers for Disease Control and Prevention

User: Harvey, Alesia Role: Lab User

FAQs Help Logout

**Gonococcal Isolate Surveillance Project** EMO

**Quick Tip**  
Choose **Add** after each entry to add the record to this batch.

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**Form 2: Antimicrobial Susceptibility Testing.**  
Site: NOR - New Orleans  
Specimens Collected During: 2007/09

No Values Recorded.

Comment:

Isol #	B-Lac	Pen:	Tet:	Spc	Cfx:	Cro:	Cip:	Cpd:	Azi:	Date Tested:	Ctrl. ID:
	<input type="radio"/> P <input checked="" type="radio"/> N			<input type="radio"/> S <input type="radio"/> R							

**What you can do**

<b>Add</b>	Entry
<b>Update</b>	Entry
<b>Cancel</b>	Entry
<b>Close</b>	Batch
<b>Main</b>	Menu

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  
CDC 73.60B Rev. 01-2005

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Screenshot of Form 3 Main Menu:

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https://webappa.cdc.gov/GISP/jsp/appmain?action=form3&pageaction=form3&type=form3

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**CDC** Department of Health and Human Services  
Centers for Disease Control and Prevention

User: Harvey, Alesia Role: Lab User

FAQs Help Logout

**Gonococcal Isolate Surveillance Project** EMO

**Quick Tip**  
Choose: **New Batch** to enter records for a new batch or **Edit** to complete a batch or to modify existing records in a pending batch or **Submit** to process a completed batch.  
OMB No. 0920-0307 Exp. 01/31/2008

**What you can do**  
New Batch  
Main Menu

Pending Submission		
Action	Control Id	Test Date
Edit View Export Submit	A	2006-10-25 00:00:00.0
	B	2006-10-26 00:00:00.0
	C	2006-11-01 00:00:00.0
	D	2006-11-02 00:00:00.0

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Screenshot of Form 3 data entry:

**Gonococcal Isolate Surveillance Project**

Department of Health and Human Services  
Centers for Disease Control and Prevention

User: Harvey, Alesia Role: Lab User

**Gonococcal Isolate Surveillance Project** EMO

**Quick Tip**  
Use the arrow keys or tab keys to navigate among cells. When a checkbox is on focus, you can also use the "0" key next to the right arrow key to check or uncheck the checkbox. Date must be entered in 'MM/dd/yyyy' format.

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**Form 3: Control Strain Susceptibility Testing.**  
Lab: EMO

ID (5)	Strain # (6-14)	β-Lac (15)	MICs (µg/ml) to Antimicrobial Agents								Date Tested (mm/dd/yyyy)	Comments	
			Pen (16-21)	Tet (22-25)	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)								



Screenshot of Form 3 data entry (cont'd):

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https://webappa.cdc.gov/GISP/jsp/appmain?action=uwaform3&pageaction=newbatch

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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)									

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 resident), 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 D-24, Atlanta, GA 30333, ATTN: PRA (0920-0307). Do not send the completed form to this address  
**CDC 73.60C Rev. 04-2002**

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