

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) _____ (2-4)

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 (24-26)	Tet (28-30)	Sp0 (32)	Cfx (37-40)	Cro (33-36)	Clp (38-41)	Cpd* (43-45)		
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 reviewing the collection of information, collecting the data, reviewing the submission of information, and agency use and reporting of information, and a person is not required to respond to this 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 Charge Office, 1600 Clifton Road, NE, D-74, Atlanta, GA 30333, ATTN: PRA (2024-0287). Do not send the submitted form to this address.