



Gonococcal Isolate Surveillance Project

Form 2: Antimicrobial Susceptibility Testing

Sentinel Site: (3 letter code)

Specimens collected during:
 Year Month

(SEE CODING INSTRUCTIONS ON BACK)

Form Approved OMB No. 0920-0307 Exp. 08/31/2016

| Isolate # | β-Lac | MICs (µg/ml) to Antimicrobial Agents | | | | | | | | Date tested (mm/dd/yyyy) | Control ID |
|-----------|---|--------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----------------------------|------------|
| | | Pen | Tet | Gen | Cfx | Cro | Cip | Azi | Opt | | |
| 01 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 02 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 03 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 04 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 05 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 06 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 07 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 08 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 09 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 10 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 11 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 12 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 13 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 14 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 15 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 16 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 17 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 18 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 19 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 20 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 21 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 22 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 23 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 24 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |
| 25 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | __/__/__ | |

Public reporting burden of this collection of information is estimated to average 1 hour per client record extracted (for a total monthly burden of 121 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.

Coding Instructions

Sentinel site codes

| | | | |
|--------------|-----|---------------|-----|
| Albuquerque | ALB | Los Angeles | LAX |
| Atlanta | ATL | Minneapolis | MIN |
| Birmingham | BHM | New Orleans | NOR |
| Boston | BOS | New York City | NYC |
| Buffalo | BUF | Orange County | ORA |
| Chicago | CHI | Philadelphia | PHI |
| Cleveland | CLE | Phoenix | PHX |
| Columbus | COL | Pontiac | PON |
| Dallas | DAL | Portland | POR |
| Greensboro | GRB | San Diego | SDG |
| Honolulu | HON | San Francisco | SFO |
| Indianapolis | IND | Seattle | SEA |
| Kansas City | KCY | Tripler | TRP |
| Las Vegas | LVG | | |

Specimens collected during: Enter all four digits of the year, followed by the two digit code corresponding to the month (01 for January, 02 for February, etc) in which the specimens were collected.

β-Lac: (β--lactamase test) Check the appropriate box.
1 = positive
2 = negative

Pen: (penicillin MIC)
Valid dilutions: 0.008, 0.015, 0.03, 0.06, 0.125, 0.25, 0.5, 1.0, 2.0, 4.0, 8.0, 16.0, 32.0, 64.0

Tet: (tetracycline MIC)
Valid dilutions: 0.06, 0.125, 0.25, 0.5, 1.0, 2.0, 4.0, 8.0, 16.0, 32.0, 64.0

Gen: (gentamicin MIC)
Valid dilutions: 1.0, 2.0, 4.0, 8.0, 16.0, 32.0

Cfx: (cefixime MIC)
Valid dilutions: 0.002, 0.004, 0.008, 0.015, 0.03, 0.06, 0.125, 0.25, 0.5, 1.0, 2.0

Cro: (ceftriaxone MIC)
Valid dilutions: 0.001, 0.002, 0.004, 0.008, 0.015, 0.03, 0.06, 0.125, 0.25, 0.5, 1.0, 2.0

Cip: (ciprofloxacin MIC)
Valid dilutions: 0.001, 0.002, 0.004, 0.008, 0.015, 0.03, 0.06, 0.125, 0.25, 0.5, 1.0, 2.0, 4.0, 8.0, 16.0

Azi: (azithromycin MIC)
Valid dilutions: 0.008, 0.015, 0.03, 0.06, 0.125, 0.25, 0.5, 1.0, 2.0, 4.0, 8.0, 16.0, 32.0, 64.0, 128.0, 256.0

Opt: (optional agent)

Date tested: (mm/dd/yyyy)
Enter month, day, and year of isolate testing.

Control ID: Corresponds to the Control ID batch on Form 3: Control Strain Susceptibility Testing.
Valid options are A, B, C, or D.