

Screenshot of GISP web application Main Menu:

Warning - You are connecting to a non production environment. You are currently pointing to QA. (ajtv.nifm-web2.cdc.gov :: (qa))

CDC Home | About CDC | Press Room | Funding | A-Z Index | Centers, Institute & Offices | Training & Employment | Contact Us

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

User: Harvey, Alesia J. Role: Lab User, Sentinel Site User

Form
Form1
Form2
Form3

Gonococcal Isolate Surveillance Project Web Application

Welcome to the NCHHSTP GISP WEB System.

EMO
What you can do
Exit System

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

FAQs Help

HHS/CDC/NCHHSTP/OD/IO - Gonococcal Isolate Surveillance Project Web Application Version 2.5.0 (Build 10)
For information, please contact Alesia Harvey at 404.639.8196 or send e-mail to abj1@cdc.gov.

For technical issues, please contact NCHHSTP Informatics Customer Support (CDC) at 1-855-644-8244 or locally at 404-679-9514 or send e-mail to nchhstpinformatics@cdc.gov.

CDC Home | Policies and Regulations | Disclaimer | e-Government | FOIA | Contact Us | FirstGov | HHS

1:34 PM
6/16/2015

Screenshot of Form 1 data entry:

Warning - You are connecting to a non production environment. You are currently pointing to QA. (ajtv.nifm-web2.cdc.gov :: (qa))

CDC Home | About CDC | Press Room | Funding | A-Z Index | Centers, Institute & Offices | Training & Employment | Contact Us

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

User: Harvey, Alesia J. Role: Lab User, Sentinel Site User

FAQs Help Logout

Gonococcal Isolate Surveillance Project Web Application

Quick Tip
Use the arrow keys or tab keys to navigate among cells. If no activity is detected, validated data will be saved automatically every three minutes until your session times out in fifteen minutes.

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

Form 1: Demographic/Clinical Data

Sentinel Site: Specimens collected during (YYYYMM):

EMO	What you can do
Save	Batch
Cancel	Batch
Close	Batch
Main	Menu
Session will expire in 11:48 Min.	

Patient Number	Clinic	Sex	Ethnicity	American Indian/Alaska native	Asian	Black	Native Hawaiian/Pacific Islander	White	Other	Date of clinic visit (mm/dd/yyyy)	Sexual orientation	Symptoms	Previous syphilis gonorrhea (ever)	# of previous episodes (past 12 mos.)	HIV Status	Travel history	Sex work exposure	Previous antibiotic use	IDU	Non-IDU	Treatment 1 (gonorrhea)	Other treatment 1	Treatment 2
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

HHS/CDC/NCHHSTP/OD/IO - Gonococcal Isolate Surveillance Project Web Application Version 2.5.0 (Build 10)
For information, please contact Alesia Harvey at 404.639.8196 or send e-mail to abj1@cdc.gov.

For technical issues, please contact NCHHSTP Informatics Customer Support (CDC) at 1-855-644-8244 or locally at 404-679-9514 or send e-mail to nchhstpinformatics@cdc.gov.

CDC Home | Policies and Regulations | Disclaimer | e-Government | FOIA | Contact Us | FirstGov | HHS

1:36 PM 6/16/2015

Screenshot of Form 2 Main Menu:

The screenshot shows a web browser window displaying the CDC Gonococcal Isolate Surveillance Project Web Application. The browser's address bar shows the URL: <https://ajtv-nifm-web2.cdc.gov/GISP/jsp/appmain?action=form2&pageaction=form>. The page features a top navigation bar with links for CDC Home, About CDC, Press Room, Funding, A-Z Index, Centers, Institute & Offices, Training & Employment, and Contact Us. Below this is the CDC logo and the text "Department of Health and Human Services Centers for Disease Control and Prevention". The user is identified as "User: Harvey, Alesia J." and has the role of "Lab User".

The main content area is titled "Gonococcal Isolate Surveillance Project Web Application" and includes a "Form" sidebar with options for Form1, Form2 (selected), and Form3. A "Quick Tip" message states: "Choose site, enter time frame, then click New or choose Edit to complete a batch or to modify existing records in a pending batch or Submit to process a completed batch." The form fields include "Sentinel Site:" with a dropdown menu set to "CHOOSE ONE", and "Specimens Collected During:" with two input boxes for year and month (yyyy/mm). An "EMO" (OMB No. 0920-0307 Exp. 08/31/2016) section is visible on the right, containing a "What you can do" menu with options: New Batch, Reset Entry, and Main Menu. The page footer contains the version information: "HHS/CDC/NCHHSTP/OD/IO - Gonococcal Isolate Surveillance Project Web Application Version 2.5.0 (Build 10)" and contact information for technical support.

Screenshot of Form 2 data entry:

Warning - You are connecting to a non production environment. You are currently pointing to QA. (ajtv.nifm.web2.cdc.gov :: (qa))

CDC Home | About CDC | Press Room | Funding | A-Z Index | Centers, Institute & Offices | Training & Employment | Contact Us

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

User: Harvey, Alesia J. Role: Lab User, Sentinel Site User

Gonococcal Isolate Surveillance Project Web Application FAQs Help Logout

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

Form 2: Antimicrobial Susceptibility Testing.
Site: ATL - Atlanta
Specimens Collected During: 2015/06

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

No Values Recorded.

Comment:

Isol #	B-Lac	Pen:	Tet:	Gen:	Cfx:	Cro:	Cip:	Azi:	Opt:	Date Tested:	Ctrl. ID:
	<input type="radio"/> P <input type="radio"/> 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 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

HHS/CDC/NCHHSTP/OD/IO - **Gonococcal Isolate Surveillance Project Web Application Version 2.5.0 (Build 10)**
For information, please contact Alesia Harvey at 404.639.8196 or send e-mail to abj1@cdc.gov.

For technical issues, please contact NCHHSTP Informatics Customer Support (CDC) at 1-855-644-8244 or locally at 404-679-9514 or send e-mail to nchhstpinformatics@cdc.gov.

CDC Home | Policies and Regulations | Disclaimer | e-Government | FOIA | Contact Us | FirstGov | HHS

2:08 PM 6/16/2015

Screenshot of Form 3 data entry:

https://ajitv-nifm-web2.cdc.gov/GISP/jsp/appmain?actions=uwaform3&pageaction=1
 Gonococcal Isolate Surveill...
 CDC Connects — CDC 24-7 Property Report List Wake for Remote Access Data Management Team ... SharePoint - SDMB

Gonococcal Isolate Surveillance Project Web Application EMO [FAQs](#) [Help](#) [Logout](#)

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.

Form 3: Control Strain Susceptibility Testing. OMB No. 0920-0307 Exp. 08/31/2016

Lab: EMO

ID (5)	Strain # (6-14)	β-Lac (13)	MICs(μg/ml) to Antimicrobial Agents								Date Tested (mm/dd/yyyy)	Comments	
			Pen (16-21)	Tet (22-25)	Gen (28)	Cfx (29-34)	Cro (35-40)	Cip (41-46)	Azi (47-52)	Opt			
A	F-18	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
A	F-28	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
A	SPL-4	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
A	P681E	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
A	CDC 10328	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
A	CDC 10329	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
A	SPJ-15	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
B	F-18	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
B	F-28	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
B	SPL-4	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
B	P681E	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
B	CDC 10328	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
B	CDC 10329	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
B	SPJ-15	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
C	F-18	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
C	F-28	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
C	SPL-4	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
C	P681E	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
C	CDC 10328	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
C	CDC 10329	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
C	SPJ-15	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
D	F-18	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
D	F-28	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
D	SPL-4	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
D	P681E	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
D	CDC 10328	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
D	CDC 10329	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											
D	SPJ-15	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)											

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

2:13 PM
6/16/2015