AR Lab Network Alert and Monthly Data Report Form for Neisseria gonorrhoeae

Unique AR Lab Network Specimen ID
Project
Patient Age
Gender
Submitting State
Travel History
Reason(s)for Requesting AST
If requesting due to treatment failure:
What treatment was
administered/dispensed at initial
evaluation (optional)?
Specimen Source
Specimen Collection Date
Test Date
CRO MIC
If CRO alert MIC: Was confirmatory
testing performed? What was the MIC?
CFM MIC
If CRO alert MIC: Was confirmatory
testing performed? What was the MIC?
AZI MIC
CIP MIC

Public reporting burden of this collection of information is estimated to average 6 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 Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1310