

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

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| 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 |