Form Approved
OMB Control No.: 0920-1310
Expiration date: XX/XX/XXXX

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

Unique Etest AR Lab Network Specimen ID
Submitter facility state, territory, or jurisdiction
Patient Age
Patient's Gender
Travel History
Explain (If yes for Travel History)
Reason for Requesting Test
Explain? (If 'Other' for previous question)
If requesting due to suspected treatment failure, what treatment was administered/dispensed at the initial evaluation?
Specimen Source
Date of specimen collection
Date the test was performed by your lab
Ceftriaxone (CRO) MIC
Alert confirmatory testing performed?
CRO confirmation MIC
Cefixime (CFM) MIC
Alert confirmatory testing performed?
CFM confirmation MIC
Azithromycin (AZM) MIC
Ciprofloxacin (CIP) MIC
Lab comments
Is this isolate being sequenced?
What is this isolate's GC WGS ID?
Has this isolate been uploaded to NCBI?
Date uploaded to NCBI SRA
BioSample number
NCBI sample accession number