

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 Sex |
| 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 |