



# Gonococcal Isolate Surveillance Project

## Form 3: Control Strain Susceptibility Testing

Regional Laboratory: (3 letter code) \_\_\_\_\_ (2-4)

(SEE CODING INSTRUCTIONS ON BACK)

Form Approved OMB No. 0920-0307 Exp. 11/30/2004

Control ID (5)	Strain # (6-14)	β-Lac (15) 1(P) 2(N)	MICs (µg/ml) to Antimicrobial Agents							Date tested (mm/dd/yyyy) (59-68)	
			Pen (16-21)	Tet (22-27)	Spc (28) 1(S) 2(R)	Cfx (29-34)	Cro (35-40)	Cip (41-46)	Ery* (47-52)		Azi (53-58)
A	F-18	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
A	F-28	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
A	SPL-4	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
A	P681E	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
A	CDC 10328	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
A	CDC 10329	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
A	SPJ-15	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
B	F-18	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
B	F-28	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
B	SPL-4	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
B	P681E	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
B	CDC 10328	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
B	CDC 10329	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
B	SPJ-15	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
C	F-18	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
C	F-28	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
C	SPL-4	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
C	P681E	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
C	CDC 10328	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
C	CDC 10329	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
C	SPJ-15	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
D	F-18	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
D	F-28	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
D	SPL-4	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
D	P681E	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
D	CDC 10328	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
D	CDC 10329	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____
D	SPJ-15	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____

\*Denotes optional agent

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 respondent), 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.

## CODING INSTRUCTIONS

### **Regional Laboratory Codes:**

EMO	Atlanta - Emory University
UAB	Birmingham - University of Alabama at Birmingham
CLV	Cleveland - Cleveland Clinic Foundation
DHH	Denver - Denver Health and Hospitals
UWA	Seattle - University of Washington

**$\beta$ -Lac:** ( $\beta$ -lactamase test) Check the appropriate box.

- 1 = positive
- 2 = negative

**Pen:** (penicillin MIC)

Valid dilutions: 0.008; 0.015; 0.03; 0.06; 0.125; 0.25; 0.5; 1.0; 2.0; 4.0; 8.0; 16.0; 32.0; 64.0

**Tet:** (tetracycline MIC)

Valid dilutions: 0.06; 0.125; 0.25; 0.5; 1.0; 2.0; 4.0; 8.0; 16.0; 32.0; 64.0

**Spc:** (spectinomycin sensitivity) Check the appropriate box.

- 1 = sensitive (MIC < 128  $\mu$ g/ml)
- 2 = resistant (MIC  $\geq$  128  $\mu$ g/ml)

**Cfx:** (cefixime MIC)

Valid dilutions: 0.002; 0.004; 0.008; 0.015; 0.03; 0.06; 0.125; 0.25; 0.5; 1.0; 2.0

**Cro:** (ceftriaxone MIC)

Valid dilutions: 0.001; 0.002; 0.004; 0.008; 0.015; 0.03; 0.06; 0.125; 0.25; 0.5; 1.0; 2.0

**Cip:** (ciprofloxacin MIC)

Valid dilutions: 0.001; 0.002; 0.004; 0.008; 0.015; 0.03; 0.06; 0.125; 0.25; 0.5; 1.0; 2.0; 4.0; 8.0; 16.0

**Ery:** (erythromycin MIC -- OPTIONAL)

Valid dilutions: 0.004; 0.008; 0.015; 0.03; 0.06; 0.125; 0.25; 0.5; 1.0; 2.0; 4.0; 8.0; 16.0

**Azi:** (azithromycin MIC)

Valid dilutions: 0.008; 0.015; 0.03; 0.06; 0.125; 0.25; 0.5; 1.0; 2.0; 4.0; 8.0; 16.0

**Date tested:** (mm/dd/yyyy): Enter month, day, and year of isolate testing.