



Gonococcal Isolate Surveillance Project
Form 2: Antimicrobial Susceptibility Testing

(1)

Sentinel Site: (3 letter code) _____ (2-4)

Specimens collected during: _____ / _____
 yyyy (5-8) / mm (9-10)

(SEE CODING INSTRUCTIONS ON BACK)

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

Isolate # (11-12)	β-Lac (13)	MICs (µg/ml) to Antimicrobial Agents								Date tested (mm/dd/yyyy) (57-66)	Control ID (67)
		Pen (14-19)	Tet (20-25)	Spc (26)	Cfx (27-32)	Cro (33-38)	Cip (39-44)	Ery* (45-50)	Azi (51-56)		
01	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
02	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
03	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
04	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
05	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
06	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
07	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
08	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
09	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
10	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
11	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
12	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
13	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
14	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
15	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
16	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
17	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
18	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
19	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
20	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
21	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
22	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
23	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
24	<input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N)			<input type="checkbox"/> 1(S) <input type="checkbox"/> 2(R)						____/____/____	
25	<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 1 hour per client record extracted (for a total monthly burden of 88 hours per laboratory respondent), which includes the time required for laboratory processing of the client's isolate, 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, 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

Sentinel Site Codes:

Albuquerque	ALB	Miami	MIA
Anchorage	ANC	Minneapolis	MIN
Atlanta	ATL	New Orleans	NOR
Baltimore	BAL	Orange County	ORA
Birmingham	BHM	Philadelphia	PHI
Chicago	CHI	Phoenix	PHX
Cincinnati	CIN	Portland	POR
Cleveland	CLE	San Diego	SDG
Dallas	DAL	San Francisco	SFO
Denver	DEN	Seattle	SEA
Fort Bragg	FBG	St. Louis	STL
Honolulu	HON	Tripler	TRP
Long Beach	LBC		

Specimens collected during: Enter all four digits of the year, followed by the two digit code corresponding to the month (01 for January, 02 for February, etc) in which the specimens were collected.

β -Lac: (β -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 μ g/ml)
- 2 = resistant (MIC \geq 128 μ g/ml)

Cfx: (cefexime 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

Control ID: Corresponds to the Control ID batch on Form 3: Control Strain Susceptibility Testing.

Valid options are A, B, C, or D.