



Gonococcal Isolate Surveillance Project Form 3: Control Strain Susceptibility Testing

Regional Laboratory: (3 letter code)

(SEE CODING INSTRUCTIONS ON BACK)

Form Approved OMB No. 0920-0307 Exp. 08/31/2016

| Control ID | Strain # | β-Lac | MICs (µg/ml) to Antimicrobial Agents | | | | | | | | Date tested (mm/dd/yyyy) |
|------------|-----------|---|--------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----------------------------|
| | | | Pen | Tet | Gen | Cfx | Cro | Cip | Azi | Opt | |
| A | F-18 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| A | F-28 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| A | SPL-4 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| A | P681E | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| A | CDC 10328 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| A | CDC 10329 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| A | SPJ-15 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| B | F-18 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| B | F-28 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| B | SPL-4 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| B | P681E | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| B | CDC 10328 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| B | CDC 10329 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| B | SPJ-15 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| C | F-18 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| C | F-28 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| C | SPL-4 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| C | P681E | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| C | CDC 10328 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| C | CDC 10329 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| C | SPJ-15 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| D | F-18 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| D | F-28 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| D | SPL-4 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| D | P681E | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| D | CDC 10328 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| D | CDC 10329 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |
| D | SPJ-15 | <input type="checkbox"/> 1(P) <input type="checkbox"/> 2(N) | | | | | | | | | ___/___/___ |

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 E-11, 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
- AUS** Austin — Texas Department of State Health Services
- BID** Boston — Beth Israel Deaconess Medical Center
- UAB** Birmingham — University of Alabama at Birmingham
- UWA** Seattle — University of Washington
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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

Gen: (gentamicin MIC)
Valid dilutions: 1.0, 2.0, 4.0, 8.0, 16.0, 32.0

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

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, 32.0, 64.0, 128.0, 256.0

Opt: (optional agent)

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