**1. SURVEILLANCE SITE INFORMATION**

**1.1 Clinic:**

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| **2. DEMOGRAPHIC DATA** | | | | | | | | | | |
| **2.1 Consult Date:** | **2.2Consult Type:** | | | | **2.3 Client Type:** | | **2.4 Clinic Code:** | | **2.5 UIC/Patient ID:** | **EGASP ID:** |
| **2.6 Name:**  *First Name Middle Name Last Name Suffix* | | | | | | | | | | |
| **2.7 Birthdate:** | **2.8 Age:** | | **2.9 Sex at Birth:** | | | **2.10 Gender Identity:**  ***If other, specify:*** | | | | |
| **2.11 Current Add:** | | | | | | | | **2.12 Permanent Add:** | | |
| **2.13 Nationality: *If other:*** | | | | **2.14 Travel History:**  ***Please specify place of travel:*** | | | | | | |
| **3. BEHAVIORAL DATA** | | | | | | | | | | |
| **3.1 History of Sex Partner:** | | **3.2 Nationality of most recent sex partner: *If other, please specify:*** | | | | | | | | **3.3 No. of sex partner/s in the past month:** |
| **3.4 Sexual Behavior:**  **Urethral:** **Anal Insertive:**  **Oral Receptive: Vaginal:** **Anal Receptive:** **Oral Insertive: Other:** | | | | | | | | **3.5 Presence of other STIs:**  **None:**  **Hepatitis B:** **Syphilis:** **Herpes:**  **HIV:**  **Hepatitis C:**  **NGI:**  **Other:** | | |
| **3.6 History of illicit drug use:**  ***Please specify:*** | | | | | | | | | | |
| **3.7 Specify antibiotic used in the past two weeks:**  **Prescribed:**  ***Please specify:*** **Self-medicated:** ***Please specify:***  **Other:**  ***Please specify:*** **None:** | | | | | | | | | | |
| **3.8 Client/Risk Group:** MSM ***If other, specify:*** | | | | | | | | | | |
| **4. MEDICAL HISTORY** | | | | | | | | | | |
| **4.1 Were symptoms of gonorrhea present upon arrival to clinic:** | | | | | | | | | | |
| **4.2 Symptoms: No symptoms:**  **Discharge from vagina:** **Oral/pharyngeal discharge:** **Tenderness in testicles:**  **Discharge from urethra:** **Discharge from anus:** **Lower abdomen pain:**  **Painful urination: Other:** | | | | | | | | | | |
| **4.3 Outcome of follow-up visit:** Returned to clinic without symptoms | | | | | | | | | | |
| **4.4 Previously Tested Positive for gonorrhea:**  ***Date of last tested positive:*** | | | | | | | | **4.5 Result of Test of Cure:** | | |
| **5. TREATMENT INFORMATION** | | | | | | | | | | |
| **5.1 Gonorrhea Treatment:** | | | | | | | | **5.2 Treatment Outcome:**  Treatment completed | | |
| **5.3 Primary antibiotic prescribed: *If other, specify:*** | | | | | | | | **5.4 Secondary antibiotic prescribed: *If other, specify:*** | | |
| **6. CLINIC PERSONNAL PROVIDING INFORMATION** | | | | | | | | | | |
| **6.1 Clinic Staff Name:** | | | | | | | | **6.5 Requesting Physician:** | | |
| **6.2 Telephone/Cellphone No:** | | | | | | | | **6.6 Date Requested:** | | |
| **6.3 Email Address:** | | | | | | | | **6.7 Notes:** | | |
| **6.4 Date Accomplished:** | | | | | | | |

* 1. **Date of Specimen Collection:**

**7. SPECIMEN INFORMATION**

# GRAM STAIN

Specimen Code:

* 1. **Specimen Type:**

* 1. **Specimen Quality :**

**{{EGASP ID}}**

* 1. **Date of Test:**

**Date Received in Lab:**

* 1. **Diagnosis at this visit:**

Gram Stain Result:

Pus Cells: Epithelial Cells:

* 1. **Gram Stain Result for EB (Automatically generated from released Gram Stain Result):**

Presence of pus cells:

Negative:

Gram Negative Intracellular Diplococci: Gram Negative Extracellular Diplococci:

Others:

Presence of gram neg intracellular diplococci: Presence of gram neg extracellular diplococci :

**Date Released:**

# - 11 MICROBIOLOGY CULTURE AND SUSCEPTIBILITY TESTING

* 1. **Date of positive culture:**

* 1. **Microbiology culture result:**

* 1. **Species Identification:**

# INITIAL ANTIMICROBIAL SUSCEPTIBILITY TESTING 11. RETESTED ANTIMICROBIAL SUSCEPTIBILITY TESTING

* 1. **Specimen Quality:**  **11.1 Retested AST:** No
  2. **Date of Susceptibility Testing:**

**Alert**

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| **DISK** | |
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**MIC**

**AZM: CFM: CRO: CTX: FOX: CXA: CIP: ERY: GEN: NAL: PEN: SPE: TCY:**

1. **2 Date of confirmation AST:**

**AZM:**

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| **MIC** | |
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| **Alert** |
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**CFM:**

**CRO:**

**GEN:**

# Other information (lab use only):

**BL: PPNG: TRNG:**

Date Released:

# LABORATORY PERSONNEL PROVIDING INFORMATION

* 1. **Laboratory Personnel:**
  2. **Contact No.:**
  3. **Email Address:**
  4. **Date Accomplished:**
  5. **Notes:**