



MCI#: _____ Submitter/Practitioner Name: _____ Collection Date: _____

Name: _____
(Print Clearly) _____
(Last) _____ (First)

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Birth Date: _____

(Check all that apply):

Race: American Indian or Alaskan Native Asian Black Native Hawaiian or Pacific Islander Other Race White Gender: Male Female

Ethnicity: Hispanic Non-Hispanic Unknown Test Reason: Screening STD contact

Clinician (Name and ID#): _____ ICD-10: _____

TEST REQUESTED

STD

- Chlamydia and GC DNA Amplification:
Circle Source: Cx / Urethra / Urine / Oral / Rectal/ Vaginal
- Trichomonas DNA amplification:
Circle Source: CX / Urine/ Vaginal
- Syphilis – RPR
- Syphilis – Confirmatory TPPA (includes RPR)
- HIV / Confirmation

CULTURE

- Bacterial Culture Source: _____
(Misc., wound, genital, respiratory)
- Viral Resp. Culture Source: _____
- Herpes Culture Source: _____
- Urine Culture
- Throat for Strep Only
- Stool Culture
- Stool Culture - Rule Out -Salmonella / Shigella

AFB

- AFB Culture and Smear Source: _____
- Mycobacteria Referral-Original Source: _____
- Quantiferon

DATA ENTRY BY LAB & SPECIAL REQUESTS

- Influenza rRT PCR Source: _____
Current Influenza Vaccination Yes ___ No ___
- Respiratory Viral Panel (EPI) Source: NP Only
- CSF Viral Culture
Norovirus PCR (EPI)
- WNV IgM (serum or CSF)
- Syphilis – VDRL (CSF Only)
- Serotype organism: _____ Source: _____
- Test for: _____ Source: _____
- Rule Out: _____ Source: _____
- Bacterial Confirmation for: _____

GONORRHEA / CHLAMYDIA DNA AMPLIFICATION QUESTIONS FOR YOUTH THROUGH AGE 18

- #Sexual partners during past 6 months?
- Had STD education in school? Yes No
- Past history Syphilis? Yes No
- Past history Chlamydia? Yes No
- Past history Gonorrhea? Yes No
- Past history other STD? Yes No
- Females-history of previous PID? Yes No
- Females-previous pregnancy? Yes No
- Under influence of drugs or alcohol during last sexual encounter? Yes No
- Used a condom last sexual encounter? Yes No

Check Contraceptive Method Used in Last Sexual Encounter:

- Abstinence
- Condom
- Condom and Spermicides
- Diaphragm
- Injectable contraceptive
- IUD
- Oral Contraceptive
- Spermicides
- No Method
- Other _____