



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 _____