[1] 1. Last Name | First Name | MI

2. Patient Number

3. Address

Zip Code

4. Date of Birth

Month | Day | Year

5. Race ☐ 1. White ☐ 2. Black ☐ 3. American Indian ☐ 4. Asian ☐ 5. Native Hawaiian/Pacific Islander ☐ 6. Unknown

6. Hispanic or Latino Origin? ☐ 1. Yes ☐ 2. No ☐ 3. Unknown

7. Sex ☐ 1. Male ☐ 2. Female

8. Co. of Residence

9. Medicaid Client ☐ Yes
If yes, enter # ☐ No

[2] Federal Tax No.: _____

Send Report To:

_____

_____

_____ Zip Code: _____

[3] Ordering Provider Name: _____

Provider NPI:

DO NOT WRITE IN THIS SPACE
LABORATORY NUMBER

N.C. Department of Health and Human Services
State Laboratory of Public Health
4312 District Drive • P.O. Box 28047
Raleigh, NC 27611-8047

PLEASE GIVE ALL INFORMATION REQUESTED

Chlamydia/Gonorrhea Detection

Test Requested:
☒ Chlamydia Detection
☒ Gonorrhea Detection

[4] **Specimen Source:**
❑ Vaginal
❑ Urine
❑ Other _____

[5] Date Collected:

[6] Date of Onset:

[7] Clinic Type:
❑ Family Planning
❑ Student Health Services
❑ Jail/Detention Centers
❑ STD
❑ Prenatal
❑ Outreach
❑ Other _____

[8] Site ID No.:

[9] Dx Code/ICD-10:

[10]

This Section Must Be Completed

Reason for Visit:
❑ Volunteer/Medical Problem
❑ Initial Visit (FP)
❑ Prenatal Visit
❑ IUD Insertion
❑ Annual Visit (FP)
❑ Sex Partner Referral
❑ High Risk History
❑ Retest (3 months)

Signs/Symptoms:
❑ Yes
❑ No

Pregnancy Status:
❑ Yes
❑ No

Instructions

PURPOSE: Submission of specimens for detection of Chlamydia trachomatis and Neisseria gonorrhoeae.

PREPARATION: Clearly label each specimen with the patient's first and last name, and either date of birth, patient number or other unique identifier. Specimens without names or incorrectly labeled specimens will be deemed unsatisfactory for testing. For additional information, see "SCOPE, A Guide to Services" on our website at http://slph.ncpublichealth.com or contact the Virology/Serology Unit at (919) 733-7544.

PREPARATION OF FORM: Please print legibly or use a preprinted label. To avoid delays in testing, fill out all items in Sections 1 through 10 of the submission form.

SHIPMENT: Send properly identified specimen and completed submission form to the Laboratory as soon as possible. Additional specimen collection kits and goldenrod-label specimen mailers for Chlamydia/Gonorrhea are available through the NCSLPH online supply ordering system on our website at http://slph.ncpublichealth.com.

DISPOSITION: This form may be destroyed in accordance with Standard 5, Patient Clinical Records, of the Records Disposition Schedule published by the N.C. Division of Archives and History.

FOR LABORATORY USE ONLY

Unsatisfactory Specimen
❑ No name on specimen
❑ Name on specimen/form do not match
❑ Does not meet testing criteria
❑ Specimen broken/leaked
❑ Improper source/collection
❑ Laboratory accident
❑ Other _____

Comments: