



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 \_\_\_\_\_