



**MCI#:** \_\_\_\_\_ **Agency/Site 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 **Gender:**  Male  Female  
 Native Hawaiian or Pacific Islander  Other Race  White

**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
- Hepatitis C Virus

**CULTURE**

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

**AFB**

- AFB Culture and Smear Source: \_\_\_\_\_
- Mycobacteria Referral-Original Source: \_\_\_\_\_
- Quantiferon

**DATA ENTRY BY LAB & SPECIAL REQUESTS**

- Influenza rRT PCR Source: \_\_\_\_\_
- 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 \_\_\_\_\_