

410100191751

Chlamydia Test  
Region X - IPP

Client Name \_\_\_\_\_ GREY AREAS: LAB USE ONLY

Lab Number \_\_\_\_\_ Date Received \_\_\_\_\_

[Link here to order this form](#)

Last \_\_\_\_\_ First \_\_\_\_\_

Client Number \_\_\_\_\_ Clinician \_\_\_\_\_

Date of Birth \_\_\_\_\_ Client Zip Code \_\_\_\_\_

Date Specimen Collected \_\_\_\_\_ Specimen Site

Service Site \_\_\_\_\_ Client Sex

PROVIDER/CLINIC ADDRESS: \_\_\_\_\_

Specimen Site  
1  Cervix 2  Urethra  
3  Urine 7  Rectal  
5  Vaginal-patient  
6  Vaginal-clinician  
4  Other  
Frozen  
1  Yes 2  No

CT/NG Test  
1  Probe 4  CellCult. 7  PCR  
8  SDA 10  SA 11  TC-TMA

Test Results  
1  Unsatisfactory Specimen  
2  Negative CT 5  Negative GC  
3  Positive CT 6  Positive GC  
4  Equivocal CT 7  Equivocal GC

Comments \_\_\_\_\_

Date Reported \_\_\_\_\_ By \_\_\_\_\_

Medicaid No. \_\_\_\_\_

FPEP 1 \_\_\_\_\_ 2 \_\_\_\_\_

ICD Code \_\_\_\_\_

Oregon State Public Health Laboratory  
3150 NW 229th Ave., Hillsboro, OR 97124

Submitter Code \_\_\_\_\_ LAB CODE \_\_\_\_\_

<b>ETHNICITY</b> 1 <input type="checkbox"/> Hispanic 2 <input type="checkbox"/> Non-Hisp.	<b>RACE</b> (check all that apply) 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Amer. Ind./AK Native 4 <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pac. Islander <input type="checkbox"/> Other	<b>EXAMINATION:</b> Client examined 0 <input type="checkbox"/> Yes 1 <input type="checkbox"/> No
<b>REASONS FOR VISIT</b> (patient-reported, check all that apply) 2 <input type="checkbox"/> Routine Visit 1 <input type="checkbox"/> Symptoms 13 <input type="checkbox"/> STD Screening 4 <input type="checkbox"/> Exposed to CT 19 <input type="checkbox"/> Exposed to GC 7 <input type="checkbox"/> Exposed to Other STD 12 <input type="checkbox"/> Pregnancy Test Only 11 <input type="checkbox"/> Rescreening: CT+ 20 <input type="checkbox"/> Rescreening: GC+		<b>FINDINGS: FEMALE</b> (check all that apply) Cervical Findings 1 <input type="checkbox"/> Normal Appearance 3 <input type="checkbox"/> Mucopurulence 4 <input type="checkbox"/> Friability 5 <input type="checkbox"/> Ectopy with inflam/edema 6 <input type="checkbox"/> PID
<b>SYMPTOMS:</b> (patient reported) 1 <input type="checkbox"/> Abnormal Vaginal/Urethral Discharge		<b>FINDINGS: MALE</b> (check all that apply) Signs 8 <input type="checkbox"/> Normal Appear. 9 <input type="checkbox"/> Urethral Discharge 11 <input type="checkbox"/> GC on Gram stain 12 <input type="checkbox"/> Epididymitis
<b>SEX WITH:</b> 1 <input type="checkbox"/> Men 2 <input type="checkbox"/> Women 3 <input type="checkbox"/> Both		<b>OTHER</b> Is this client pregnant? 1-Yes 2-No 3-Unk IUD insert <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Presumptive Tx for CT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>SEX partner w/ concurrent sex partner last 12 months:</b>		<b>RISK HISTORY</b> Positive CT last 12 months 1-Yes 2-No 3-Unk 2 or More Sex Partners (60 days) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> New Sex Partner (60 days) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Symptomatic Partner (60 days) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Condom used during last sex <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Yes, definitely <input type="checkbox"/> Not sure, possibly <input type="checkbox"/> No, unlikely <input type="checkbox"/>

Note: Items in bold below the centerline are selective screening criteria for women DHS 8351 (2/1/2009)

AHLER'S COPY

