Date Received in Laboratory	Laboratory Sample Number

CHLAMYDIA TRACHOMATIS/NEISSERIA GONORRHOEAE/ TRICHOMONAS VAGINALIS (NON-CULTURE)

Michigan Department of Health and Human Services
Bureau of Laboratories
PO Box 30035 3350 North Martin Luther King Jr. Blvd. Lansing, MI 48909
Laboratory Records: 517-335-8059 Technical Information: 517-335-8067
Fax: 517-335-9871 Web: www.michigan.gov/mdhhslab

Print in UPPERCASE using dark pen More Detailed Definitions/Explanations on page 3.

SUBMITTER INFORMATION

Submitter Information (Printed, Typed or Stamped)

☐ FP ☐ STD

Agency Code (If Known)

Telephone

Fax

Contact Person/Ordering Physician/Provider Name

National Provider Identifier #

ICD-10 Diagnosis Code
☐ Z30.9 (Contraceptive Management) ☐ Z11.3 (STI Screening for Sexual Infection ☐ Other/Code

PATIENT INFORMATION

Name (Last, First, M.I.)

Address Apt. #

City State Zip Birth Date (MM-DD-YYYY)

Sex
☐ Male
☐ Female

Race
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other

Ethnicity
☐ Hispanic or Latino ☐ Unknown
☐ Not Hispanic or Latino

Pregnant? (if known)
☐ Yes ☐ No

Submitter Patient # (if applicable)

SPECIMEN INFORMATION AND TEST REQUESTED

Collection Date (MM-DD-YY) Collection Time (Military) Submitter Specimen #

Test Requested ☐ C. trachomatis and N. gonorrhoeae combo ☐ T. vaginalis

Specimen Source ☐ Cervix ☐ Vagina ☐ Urine ☐ Urethra ☐ Rectum ☐ Pharynx

Reason for Testing (Check all that apply)
☐ Symptoms ☐ History of STD (<3 years) ☐ Test of Cure (GC)
☐ Infected Partner ☐ Age Recommended for Testing ☐ Partner Risk
☐ PrEP ☐ School-wide event ☐ Retest

MEDICAID or MANAGED CARE ORGANIZATION (MCO) INFORMATION

Medicaid # or MCO #

☐ Confidential Testing (Insurance other than Medicaid will not be billed; Patient, Submitter is responsible for test cost)

☐ Bill Submitter Site

MCO Provider

PRIVATE INSURANCE INFORMATION

Insurance Provider

Subscriber Name (Last, First, M.I.)

Subscriber Address

Apt. #

City

State

Zip

Subscriber DOB (MM-DD-YYYY)

Group #

Policy/Contract #

Relationship to Subscriber

☐ Self

☐ Spouse

☐ Dependent

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

By Authority of Act 368, P.A. 1978

DEFINITIONS/EXPLANATIONS

FP/STD: This field is to be completed by sites supported by the Michigan Department of Health and Human Services that provide STD and/or Family Planning services. Completion of this field will assist us in linking tests with the correct submitter site.

Zip Code: Patient ZIP Code data is used to calculate screening rates in local jurisdictions and compare them to infection. The resulting information can be used to better target resources and testing.

Sex: Mark the current biological sex of the patient. This may differ from gender or gender identity of patient. This is a required field for all tests and is relevant to specimen source for laboratory testing.

Pregnant: Reporting requirement in accordance with the Notifiable Disease Rules of Michigan Public Health Code. Report Pregnancy status, if available.

Specimen Collection: Specimens must be collected using the appropriate collection kit as shown below. Specimens received in the wrong collection kit will not be tested and will be reported as "Unsatisfactory."

Multi-test swabs (Orange tubes) are now FDA approved for clinician collected Rectal and Pharyngeal specimens as well as clinician and patient collected Vaginal specimens. The MDHHS lab continues to test Rectal and Pharyngeal specimens collected with Unisex swabs, however Multi-test swabs are preferred.

Specimen Source	Kit Number	Collection Kit	Tube Color
Vaginal, Pharyngeal, Rectal	2-V	Aptima Multi-test Swab	Orange
Urine	2-U	Aptima Urine Collection Kit	Yellow
Cervical, Urethral	2	Aptima Unisex Collection Kit	White

Symptoms: Patient requesting examination due to symptoms, or, symptoms discovered upon examination.

Infected Partner: Patient has known exposure to STD (self-reported or documented).

Partner Risk: Patient has multiple sex partners.

History of STD: Patient has been diagnosed with a sexually transmitted disease within the last 3 years.

PrEP: Test is run in accordance with CDC Guidelines for prescribing and monitoring a patient on Pre-Exposure Prophylaxis for HIV (PrEP).

Age Recommended: CDC recommends annual screening of females ≤ 24.

Retest: Patients diagnosed with chlamydia and gonorrhea should be retested approximately three (3) months after treatment, regardless of whether they believe that their sex partners were treated. If retesting at three months is not possible, clinicians should retest whenever that person next presents for medical care in the twelve months following initial treatment.

School-Wide Event: Test is run as part of a school-wide STD screening event. This is different from screening/testing that occurs in a school-based health center.

Patient Address: Required for billing Private insurance.