## Michigan Regional Laboratories Test Requisition Kalamazoo County HCS Laboratory Kent County Health Department Sagin

Detroit City Health Department 1151 Taylor Street Detroit MI 48202 313-876-4220 Fax 313-876-4221

Kalamazoo County HCS Laboratory 3299 Gull Road Nazareth MI 49074 269-373-5360 Fax 269-373-5216 Kent County Health Department 700 Fuller N.E. Grand Rapids MI 49503 616-632-7210 Fax 616-632-6899 Saginaw County Health Department 1600 North Michigan Saginaw MI 48602 989-758-3825 Fax 989-758-3755

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		I	NDIC	ATE TI	EST REC	<b>UEST</b>	'ED - '	The follo	The following four tests are available from all of the Regional Laboratories															
		$\Box$ C. trachomatis (Non-Culture) <sup>1</sup> $\Box$ Enteric Culture $\Box$ Food Microbiology																						
4	The following test is available from the Detroit City & Kent County Laboratories ONLY-DO NOT SEND to the Lansing Laborator												atory											
	☐ HIV-1/HIV-2 MUST COMPLETE REVERSE OF THIS FORM																							
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7	☐ Cervix ☐ Urethra ☐ Serum ☐ Stool ☐ Urine ☐ Other (Specify)																							
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	Check All That Apply  □ Symptoms □ Prenatal Visit																							
17						18								Age Recommended for Testing										
17															"Plan First!" Client									
												IUD Insertion												
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21																								

## TYPE OF TUBE USED FOR BLOOD DRAW ☐ Clot tube (red-top for serum) 22 ☐ SST tube (red and gray tiger top tube – for serum) ☐ Other (specify) DATE OF CENTRIFUGATION TIME OF CENTRIFUGATION 23 AM PM DATE OF POURING OFF (SERUM) TIME OF POURING OFF (SERUM) 25 26 PM AM TOTAL VOLUME OF SERUM SENT FOR HIV TESTING 27 mL SERUM CONDITION 28 ☐ No Hemolysis ☐ Low Hemolysis ☐ Moderate Hemolysis ☐ High Hemolysis ☐ Lipemic ☐ Contaminated DATE OF COURIER PICK UP TIME OF COURIER PICK UP 29 30 AM PM **IF APPLICABLE:** DATE SAMPLE FROZEN AT -70 CELCIUS TIME SAMPLE FROZEN AT -70 CELCIUS 31 32 AM PM SAMPLE KNOWN TO BE INELIGIBLE FOR GENOTYPE TESTING - EXPLANATION 33 **Sexually Transmitted Diseases – Definitions Symptoms:** Patient requesting examination due to symptoms, or, symptoms discovered on examination. Patient has known exposure to STD (self-reported or documented). **Infected Partner:** Partner Risk: Patient has multiple sex partners. **History of STD:** Patient has been diagnosed with a sexually transmitted disease within last 3 years. **Prenatal Visit:** Patient examination is part of prenatal visit. Age recommended: Recommended age criteria for screening female patients is $\leq 24$ for family planning clinics, adolescent and juvenile detention sites, and all ages for STD clinics. "Plan First!" Clients: A "Plan First!" client seeking family planning services will receive screening and teaching. Chlamydia trachomatis and Neisseria gonorrhoeae screening must be offered to "Plan First!" clients < 24 years of age, prior to provision of a contraceptive method, if risk factors are reported.

The following questions must be completed for HIV-1/HIV-2 Testing:

<sup>1</sup>All tests positive for *Chlamydia* will automatically be tested for *N. gonorrhoeae*.

**IUD Insertion:** 

DCH - 0567 (back) November 2007 By Authority of Act 368, P.A. 1978

Title X mandates that clients who are provided with Intrauterine Device (IUD) insertion must be tested for *N. gonorrhea* and *Chlamydia trachomatis* for diagnostic purposes and/or for maintenance of health status.