One lab slip MUST be completed for each sample submitted.

Fill in TRAB box or include TRAB name on your label or stamp.

Collect date must be completed

The sticker replaces the need to mark this box.

Use only these codes for specimen source. Write specimen source code in the space provided on the **BLUE** sticker. (CX, R, V, URE, T, or UFV)

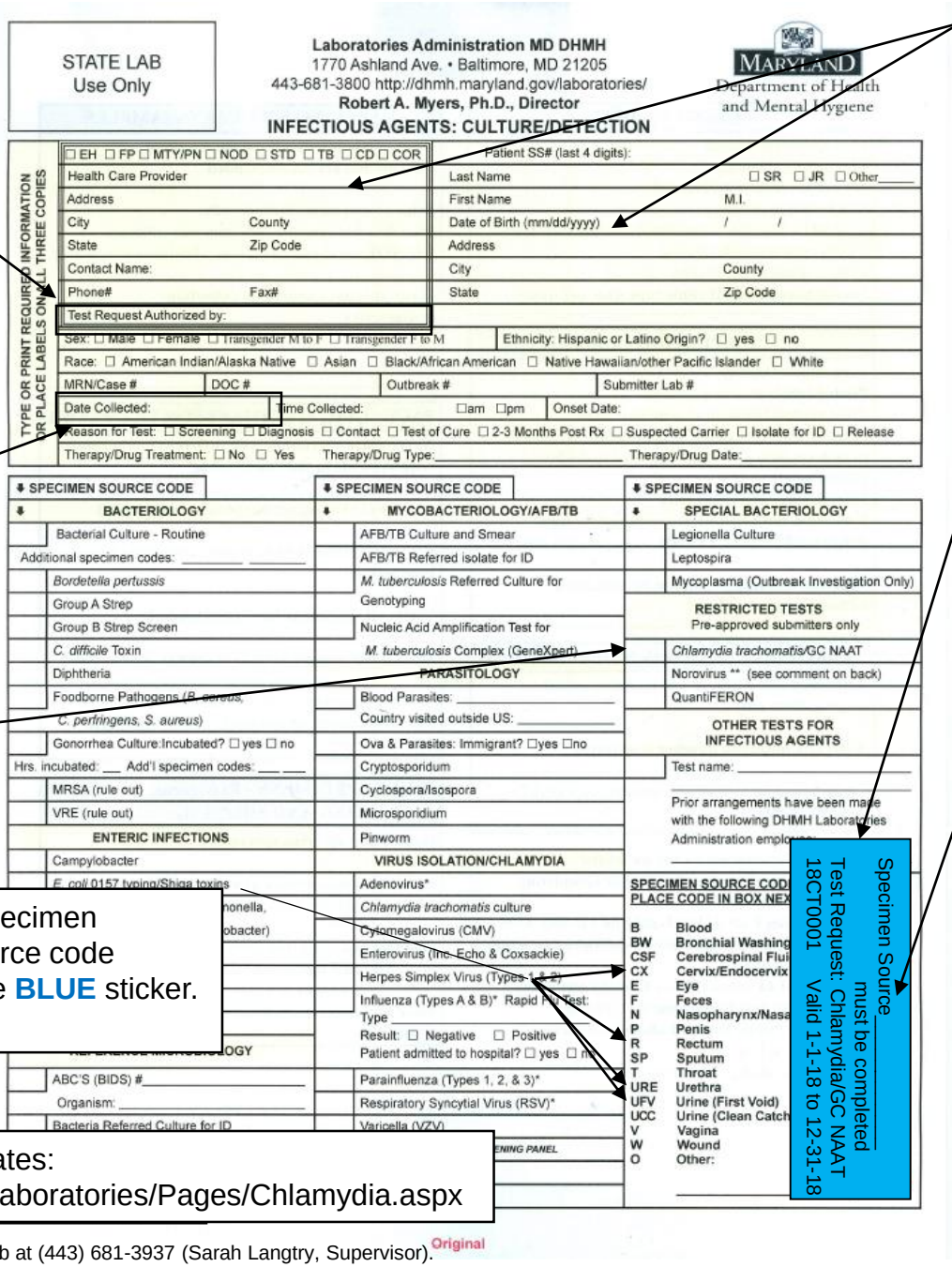
Visit the lab website for updates: https://health.maryland.gov/laboratories/Pages/Chlamydia.aspx

Complete submitter and patient information sections including sex, ethnicity and race.

The sticker itself is the CT/GC NAAT test request. Affix one **Blue** sticker to the lower right corner of the lab slip.

You must provide the specimen source in the space on the sticker: **CX, R, URE, UFV, V, T**

2018
Chlamydia/GC NAAT Sticker Allocation


STATE LAB Use Only

Laboratories Administration MD DHMH
1770 Ashland Ave. • Baltimore, MD 21205
443-681-3800 http://dhmh.maryland.gov/laboratories/
Robert A. Myers, Ph.D., Director

MARYLAND Department of Health and Mental Hygiene

INFECTIOUS AGENTS: CULTURE/DETECTION

TYPE OR PRINT REQUIRED INFORMATION OR PLACE LABELS ON ALL THREE COPIES

☐ EH ☐ FP ☐ MTY/PN ☐ NOD ☐ STD ☐ TB ☐ CD ☐ COR

Health Care Provider
Address
City County
State Zip Code
Contact Name:
Phone# Fax#
Test Request Authorized by:

Patient SS# (last 4 digits):
Last Name ☐ SR ☐ JR ☐ Other
First Name M.I.
Date of Birth (mm/dd/yyyy) / /
Address
City County
State Zip Code

Sex: ☐ Male ☐ Female ☐ Transgender M to F ☐ Transgender F to M
Ethnicity: Hispanic or Latino Origin? ☐ yes ☐ no
Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/other Pacific Islander ☐ White

MRN/Case # DOC # Outbreak # Submitter Lab #
Date Collected: Time Collected: ☐am ☐pm Onset Date:
Reason for Test: ☐ Screening ☐ Diagnosis ☐ Contact ☐ Test of Cure ☐ 2-3 Months Post Rx ☐ Suspected Carrier ☐ Isolate for ID ☐ Release
Therapy/Drug Treatment: ☐ No ☐ Yes Therapy/Drug Type: Therapy/Drug Date:

SPECIMEN SOURCE CODE

BACTERIOLOGY
- Bacterial Culture - Routine
- Additional specimen codes: ____ ____
- *Bordetella pertussis*
- Group A Strep
- Group B Strep Screen
- *C. difficile* Toxin
- Diphtheria
- Foodborne Pathogens (*B. cereus, C. perfringens, S. aureus*)
- Gonorrhea Culture:Incubated? ☐ yes ☐ no
- Hrs. incubated: __ Add'l specimen codes: ___ ___
- MRSA (rule out)
- VRE (rule out)

ENTERIC INFECTIONS
- Campylobacter
- *E. coli* 0157 typing/Shiga toxins
- honella,
- obacter)

OLOGY
- ABC'S (BIDS) #____
- Organism: ____
- Bacteria Referred Culture for ID

SPECIMEN SOURCE CODE

MYCOBACTERIOLOGY/AFB/TB
- AFB/TB Culture and Smear
- AFB/TB Referred isolate for ID
- *M. tuberculosis* Referred Culture for Genotyping
- Nucleic Acid Amplification Test for *M. tuberculosis* Complex (GeneXpert)

PARASITOLOGY
- Blood Parasites: ____
- Country visited outside US: ____
- Ova & Parasites: Immigrant? ☐yes ☐no
- Cryptosporidum
- Cyclospora/Isospora
- Microsporidium
- Pinworm

VIRUS ISOLATION/CHLAMYDIA
- Adenovirus*
- *Chlamydia trachomatis* culture
- Cytomegalovirus (CMV)
- Enterovirus (Inc. Echo & Coxsackie)
- Herpes Simplex Virus (Types 1 & 2)
- Influenza (Types A & B)* Rapid Flu Test: Type ____ Result: ☐ Negative ☐ Positive Patient admitted to hospital? ☐ yes ☐ n
- Parainfluenza (Types 1, 2, & 3)*
- Respiratory Syncytial Virus (RSV)*
- Varicella (VZV)

ENING PANEL

SPECIMEN SOURCE CODE

SPECIAL BACTERIOLOGY
- Legionella Culture
- Leptospira
- Mycoplasma (Outbreak Investigation Only)

RESTRICTED TESTS
Pre-approved submitters only
- *Chlamydia trachomatis*/GC NAAT
- Norovirus ** (see comment on back)
- QuantiFERON

OTHER TESTS FOR INFECTIOUS AGENTS
- Test name: ____

Prior arrangements have been made with the following DHMH Laboratories Administration empl

SPECIMEN SOURCE COD
PLACE CODE IN BOX NE

B	Blood
BW	Bronchial Washing
CSF	Cerebrospinal Flui
CX	Cervix/Endocervix
E	Eye
F	Feces
N	Nasopharynx/Nasa
P	Penis
R	Rectum
SP	Sputum
T	Throat
URE	Urethra
UFV	Urine (First Void)
UCC	Urine (Clean Catch
V	Vagina
W	Wound
O	Other:

Specimen Source ____ must be completed
Test Request: Chlamydia/GC NAAT
18CT0001 Valid 1-1-18 to 12-31-18

Questions? Please call the Chlamydia lab at (443) 681-3937 (Sarah Langtry, Supervisor).

Original