**Maryland State Department of Health**

**Laboratories Administration**

**Division of Virology/Immunology**

**Chlamydia Laboratory**

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**2019 Chlamydia/GC NAAT Statewide Sticker Allocation System**

**Ordering Policy**

**THE ONLY CHANGE FROM 2018 IS THE COLOR OF THE STICKERS AND THE VALID DATES**

For 2019, the **yellow** Chlamydia/GC NAAT allocation stickers are pre-printed with a test request for Chlamydia trachomatis/GC NAAT.

SAMPLE:

|  |
| --- |
| **SPECIMEN SOURCE \_\_\_\_\_\_\_\_\_\_** (must be completed)  Test Request: CT/GC NAAT  **19CT00001 Valid 1/1/19 to 12/31/19** |

BE AWARE:

1. You must provide the specimen source (using the specimen codes on the lab slip) by writing it in the space provided **ON THE STICKER ITSELF**.
2. **BY PLACING THE STICKER** on a MD DHMH Laboratory “Infectious Agents: Culture/Detection” form (MDH 4676), you **ARE ORDERING** the Chlamydia trachomatis/GC NAAT. There is NO NEED to then repeat that order by marking the box on the lower half of the form.

AS ALWAYS, THE FORM MUST BE **COMPLETE** WITH:

* Submitter name, address, contact name, name of person authorized to order tests (TRAB), phone and fax #’s and your lab client ID#.
* Patient name, case # (if you use one), address, gender, ethnicity, race
* Collection date/time

For questions, please call the Chlamydia lab at (443) 681-3937 (Sarah Langtry, Supervisor).

**Please sign and date below. Fax to Sarah Langtry at (443) 681-4504.**

I have read and understand the 2019 Chlamydia/GC NAAT Statewide Sticker Allocation System Ordering Policy as stated above and will inform all clinics to which I disseminate stickers.

**Sticker Steward Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LHD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**