

**Affix  
STICKERS**  
(matching numbers)  
on both the  
**Original and  
Copy #1**  
forms.



**Collect Date  
must be  
completed.**

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

Labs, Centers and Laboratories Administration MD DHMH  
101 W. Preston St. • Baltimore, MD 21201  
P.O. Box 2355 • Baltimore MD, 21203-2355  
410-767-6100 www.dhmh.state.md.us/labs  
John M. DeBoy, Dr. P. H., Director

**INFECTIOUS AGENTS: CULTURE/DETECTION**

STATE LAB  
Use Only

**Must be completed.**  
**Pre-printed labels with  
DHMH Client ID**

**Must be completed**

**Fill-in  
race, ethnicity  
and gender**

**UR or CX or URE**

**Write  
specimen  
code in the  
Chlamydia  
trachomatis  
only/NAAT  
box**

**Collect Date  
must be  
completed.**

**CHLAMYDIA  
TESTING  
ALLOCATION  
SYSTEM  
2009  
(STICKERS)**

Please contact your county's sticker steward for the DHMH Client ID.

Exact first and last names must also be on the specimen container.

**Stickers CANNOT be used for the combo assay "Chlamydia trachomatis/GC NAAT"**

09C7000281

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Submitter: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ First Name: \_\_\_\_\_  
City: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
State: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ City: \_\_\_\_\_  
Phone #: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  Unknown Sex:  Male  Female  Transgender  
Race:  White  African American  Asian/Pacific  American Indian/Alaska Native  Multiracial  Not Specified  Other

Outbreak #: \_\_\_\_\_ Submitter Lab #: \_\_\_\_\_  
Collect Date: \_\_\_\_\_ Collect Time: \_\_\_\_\_ Onset Date: \_\_\_\_\_  
Therapy/Drug Treatment:  No  Yes Therapy/Drug Type: \_\_\_\_\_

SPECIMEN CODE	SPECIAL BACTERIOLOGY	RESTRICTED TESTS
<b>BACTERIOLOGY/MYCOLOGY</b>	<b>SPECIAL BACTERIOLOGY</b>	Pre-approved submitters only
Bacterial Culture - Routine	Legionella Culture	Chlamydia trachomatis only/NAAT
Additional specimen codes:	Leptospira	Chlamydia trachomatis only/NAAT
<i>Bordetella pertussis</i>	Mycoplasma	Chlamydia trachomatis only/NAAT
Group A Strep	<b>MYCOBACTERIOLOGY/AFB/TB</b>	Chlamydia trachomatis only/NAAT
Group B Strep Screen	AFB/TB Culture and Smear	Chlamydia trachomatis only/NAAT
<i>C. difficile</i> Toxin	AFB/TB Referred Culture for ID	Chlamydia trachomatis only/NAAT
Diphtheria	AFB/TB Referred Culture-Sensitivities	Chlamydia trachomatis only/NAAT
Foodborne Pathogens ( <i>B. cereus</i> , <i>C. perfringens</i> , <i>S. aureus</i> )	<i>M. tuberculosis</i> Referred Culture for Genotyping	Chlamydia trachomatis only/NAAT
Fungus Culture:	Nucleic Acid Amplification Test for	Chlamydia trachomatis only/NAAT
Fungus Smear:	<i>M. tuberculosis</i> Complex (MTD)	Chlamydia trachomatis only/NAAT
Gonorrhea Culture: Incubated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PARASITOLOGY</b>	Chlamydia trachomatis only/NAAT
Hrs. incubated: Add 1 specimen codes:	Blood Parasites:	Chlamydia trachomatis only/NAAT
MRSA (rule out)	Country visited outside US:	Chlamydia trachomatis only/NAAT
VRE (rule out)	Ova & Parasites: Immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Chlamydia trachomatis only/NAAT
<b>ENTERIC INFECTIONS</b>	Cryptosporidium	Chlamydia trachomatis only/NAAT
Campylobacter	Cyclospora/Isospora	Chlamydia trachomatis only/NAAT
<i>E. coli</i> O157 typing	Microsporidium	Chlamydia trachomatis only/NAAT
Enteric Culture - Routine (Salmonella, Shigella, <i>E. coli</i> O157, Campylobacter)	Pinworm	Chlamydia trachomatis only/NAAT
Salmonella typing	<b>VIRUS/CHLAMYDIA</b>	Chlamydia trachomatis only/NAAT
Shigella typing	Adenovirus*	Chlamydia trachomatis only/NAAT
<i>V. parahaemolyticus</i>	Arbovirus Panel (WNV, EEEV, SLEV)	Chlamydia trachomatis only/NAAT
Yersinia	<i>Chlamydia trachomatis</i>	Chlamydia trachomatis only/NAAT
<b>REFERENCE MICROBIOLOGY</b>	Cytomegalovirus (CMV)	Chlamydia trachomatis only/NAAT
ABC'S (BIDS) # _____	Enterovirus (Inc. Echo & Coxsackie)	Chlamydia trachomatis only/NAAT
Organism: _____	Herpes Simplex Virus (Types 1 & 2)	Chlamydia trachomatis only/NAAT
Aerobic Actinomyceete for ID	Influenza (Types A & B)*	Chlamydia trachomatis only/NAAT
Bacteria Referred Culture for ID	Parainfluenza (Types 1, 2 & 3)*	Chlamydia trachomatis only/NAAT
Specify: _____	Respiratory Syncytial Virus (RSV)*	Chlamydia trachomatis only/NAAT
Mold for ID	Varicella (VZV)	Chlamydia trachomatis only/NAAT
Yeast for ID	<b>*MAY INCLUDE RESPIRATORY SCREENING PANEL</b>	Chlamydia trachomatis only/NAAT
	Comments: _____	Chlamydia trachomatis only/NAAT

760047870

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Chlamydia  
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combo assay  
"Chlamydia  
trachomatis/GC  
NAAT"**

