

## 2015 Chlamydia/GC NAAT Statewide Sticker Allocation System Ordering Policy

**THE ONLY CHANGE FROM 2014 IS THE COLOR OF THE STICKERS AND  
THE VALID DATES.**

For 2015, the Teal Chlamydia/GC NAAT allocation stickers are pre-printed with a test request for Chlamydia trachomatis/GC NAAT.

SAMPLE:

<b>SPEC. SOURCE:</b> _____ (must be completed) Test Request: Chlamydia trachomatis/GC NAAT Barcode 15CT00001      Valid 1-1-2015 to 12-31-2015
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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 (DHMH 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.
3. When using an allocation sticker, any test order for Chlamydia trachomatis only NAAT, either by requesting it through MyLims or by marking the box on the lower half of the form, will be superseded by the Chlamydia trachomatis/GC NAAT order preprinted on the sticker, and a combo assay will be performed and reported.

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 #. Call the lab at 410-767-6154 with any questions.
- Patient name, case # (if you use one), address, gender, ethnicity, race
- Collection date/time

**Please sign and date below. Fax to Dr. Maria Carlos at 410-333-7790.**

I have read and understand the 2015 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 \_\_\_\_\_

Questions? Call Heather Peters 410-767-6153