

* Affix ONE STICKER on the Original form.

* Collect Date must be completed.

* MEANS NO CHANGE

•In MyLIMS, select “Chlamydia and Gonorrhea nucleic acid amplification”

•Same BD swab collection kit or urine cup. Only 1 swab or 1 “first of the void” urine needed to test for both analytes

•3 half hour teleconferences available for questions:
 August 17 10am
 August 19 2pm
 August 31 2pm
 410-225-5300
 meeting ID 8921

Administration MD DHMH
 1010 N. St. • Baltimore, MD 21201
 410-334-2355 • Baltimore, MD, 21203-2355
 www.dhmh.state.md.us/labs
 DeBoy, Dr. P. H., Director

STATE LAB Use Only

10CT26052
 EXPIRATION DATE: 12/31/2010

INFECTIOUS AGENTS: CULTURE/DETECTION

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

Submitter: *** Must be completed.**
 Address: **Pre-printed address labels with ID**
 City: **Pre-printed address labels with ID**
 State: **Pre-printed address labels with ID**
 Zip Code: **Pre-printed address labels with ID**
 Contact Name: **Pre-printed address labels with ID**
 Phone #: **Pre-printed address labels with ID**
 Fax #: **Pre-printed address labels with ID**

Patient SS# (last 4 digits): *** Must be Completed.**
 Last Name: *** Must be Completed.**
 First Name: *** Must be Completed.**
 Date of Birth (mm/dd/yyyy): *** Must be Completed.**
 Address: *** Must be Completed.**
 City: *** Must be Completed.**
 County: *** Must be Completed.**
 State: *** Must be Completed.**
 Zip Code: *** Must be Completed.**

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

Case #: DOCU Outbreak #: Submitter Lab #:
 Collect Date: Collect Time: Onset Date:
 Therapy/Drug Treatment: No Yes Therapy/Drug Type: UR or CX or URE

↓ SPECIMEN CODE ↓ SPECIMEN CODE ↓ SPECIMEN CODE
 BACTERIOLOGY/MYCOLOGY SPECIAL BACTERIOLOGY RESTRICTED TESTS
 Bacterial Culture - Routine Legionella Culture Pre-approved submitters only
 Additional specimen codes: Leptospira Chlamydia trachomatis/GC NAAT
 Bordetella pertussis Mycoplasma Chlamydia trachomatis only/NAAT
 Group A Strep MYCOBACTERIOLOGY/AFB/TB Neisseria meningitidis** (see comment on back)

Group B Strep Screen AFB/TB Culture and Smear OTHER TESTS FOR INFECTIOUS AGENTS
 C. difficile Toxin AFB/TB Referred Culture for ID Test name:
 Diphtheria AFB/TB Referred Culture for ID
 Foodborne Pathogens (B. cereus, W. tuberculosis Referred Culture for ID
 C. perfringens, S. aureus) Genotyping
 Fungus Culture: Aspergillus, Cryptosporidium
 Fungus Smear: Histoplasma, Cryptosporidium
 Gonorrhea Culture: Incubated? Yes No
 Hrs. incubated: Add'l specimen codes: Blood Parasites: SPECIMEN CODE: PLACE CODE IN BOX NEXT TO TEST
 MRSA (rule out) Country visited outside US: B Blood
 VRE (rule out) Ova & Parasites: Immigrant? Yes No BW Bronchial Washing
 ENTERIC INFECTIOUS PARASITOLGY Microsporidium E Eye
 Campylobacter C. parvum, C. jejuni, C. coli, Cryptosporidium, Cyclospora, Isospora, Fluid
 E. coli O157 typing Shigella, E. coli O157, Campylobacter, Cryptosporidium, Cyclospora, Isospora, Fluid
 Enteric Culture - Routine (Salmonella, Shigella, E. coli O157, Campylobacter) IN US ONLY: F Feces
 Salmonella typing Microsporidium T Throat
 Shigella typing Chlamydia trachomatis URE Urethra
 V. parahaemolyticus Cytomegalovirus (CMV) V Vagina
 Yersinia Enterovirus (Inc. Echo & Coxsackie) W Wound
 REFERENCE MICROBIOLOGY Herpes Simplex (Types 1 & 2) O Other:
 ABC'S (BIDS) # Influenza (Types A & B)
 Organism: Aerobic Actinomyces for ID
 Bacteria Referred Culture for ID
 Specify: Respiratory Syncytial Virus (RSV)
 Mold for ID Varicella (VZV)
 Yeast for ID
 Comments: Updated August 25, 2010

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

* Fill-in race, ethnicity and gender

NEW
 Sticker users:
 Write specimen code in the box next to Chlamydia trachomatis/GC NAAT

NEW
 For Sept. 13-Dec. 31 2010, **STICKERS ARE FOR** the **COMBO** assay: “Chlamydia trachomatis/GC NAAT”

4 MONTH GC PREVALENCE ASSESSMENT
TEMPORARY CHANGE TO CHLAMYDIA TESTING STICKER ALLOCATION SYSTEM
Effective 09-13-10 Through 12-31-10