Idaho Bureau of Labs STD Submission / Infertility Prevention Project Slip Rev 1/2009 SELECTIVE SCREENING CRITERIA INDICATED BY **BOLD**

Client ID # [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Client Sex F☐1 M☐2

DOB [M][M][D][D][**1**][**9**][ ][ ] Service Site[ ][ ][ ][ ][ ]

MUST BE WRITTEN IF NOT ON LABEL

ORDERED BY/ SEND REPORT TO:

Name_____ Phone_____

Address_____

City _____ State _____ Zip_____

Client Zip Code [ ][ ][ ][ ][ ][ ][ ]

Date Specimen Collected [M][M][D][D][**2**][**0**][ ][ ] Clinician [ ][ ][ ][ ]

SEND COPY OF RESULTS TO:

TEST(S) REQUESTED: INDICATE SITE ON FORM AND SPECIMEN **Date Specimen Received:** _____

1 – ☐ Chlamydia /Gonorrhea TC-TMA

Site	Results Chlamydia	Results Gonorrhea
1 ☐ Cervix	1 ☐ Unsat. Specimen	1 ☐ Unsat. Specimen
2 ☐ Urethra	2 ☐ Negative CT	5 ☐ Negative NG
3 ☐ Urine	3 ☐ Positive CT	6 ☐ Positive NG
5 ☐ Vaginal- patient	4 ☐ Indeterminate CT	7 ☐ Indeterminate NG
6 ☐ Vaginal- clinician		
4 ☐ Other		

2 - ☐ Gonorrhea *Culture* **Site**: 5 ☐ Oral 6 ☐ Rectal 7 ☐ Other

6 -HIV 1 ☐ HIV 2 ☐ HIV Rapid Test Confirmation

3 –☐ Herpes Simplex I & II IgG Serology

	Type I:	Type II:
Results	1 ☐ Positive	4 ☐ Positive
	2 ☐ Negative	5 ☐ Negative
	3 ☐ Equivocal	6 ☐ Equivocal

4 –Hepatitis B

1 ☐ Hepatitis B Surface Antibody

Results: 1 ☐ Positive 2 ☐ Negative 3 ☐ Equivocal

2 ☐ Hepatitis B Core Antibody

Results: 1 ☐ Positive 2 ☐ Negative 3 ☐ Equivocal

3 ☐ Hepatitis B Surface Antigen

Results: 1 ☐ Positive 2 ☐ Negative

4 ☐ **Hepatitis C Antibody**

Results: 1 ☐ Positive 2 ☐ Negative 3 ☐ Equivocal

5 –Syphilis 1 ☐ VDRL 2 ☐ TPPA

Results 1 ☐ VDRL Reactive 2 ☐ VDRL non-Reactive

4 ☐ TPPA Reactive 5 ☐ TPPA non-Reactive

☐ **Herpes Simplex Culture** **Results**: 1 ☐ Positive Type I

3 ☐ Negative 2 ☐ Positive Type II

Reason for visit: (Pt. reported, check all that apply)

02 ☐ Routine Visit 13 ☐ STD Screening 19 ☐ **Exposed to NG**

01 ☐ Symptoms 04 ☐ **Exposed to CT** 07 ☐ Exposed to Other STD (≠ CT/NG) 12 ☐ Pregnancy Test Only 16 ☐ **F/U post treatment**

11 ☐ **Rescreening CT+** 20 ☐ **Rescreening NG+** 14 ☐ Post Vaccine

Program Area: (Check one)

1 ☐ Family Planning 2 ☐ Prenatal 3 ☐ Primary Care 4 ☐ STD 5 ☐ Other 6 ☐ Juvenile Corrections 7 ☐ Adult Corrections

Ethnicity: 1 ☐ Hispanic 2 ☐ Non-Hispanic

Race (Check all that apply) 1 ☐ White 2 ☐ Black 3 ☐ Am. Indian /Alaska Native 4 ☐ Asian 6 ☐ Hawaiian/Pac. Islander 5 ☐ Other

PATIENT RISK HISTORY - COMPLETE ALL QUESTIONS

	1-Yes	2-No	3-Unk
Positive CT last 12 months (CT)	☐	☐	☐
Is this client pregnant? (CT) (S) (HBV)	☐	☐	☐
New Sex Partner in 60 days	☐	☐	☐
Condom used during last sex	☐	☐	☐
2 or More Sex Partners in 60 days (NG) (HBV)	☐	☐ ☐	
Symptomatic Partner (60 days) (CT) (NG) (S)	☐	☐	☐
History of repeated NG infections (NG)	☐	☐	☐
Commercial sex worker (NG) (S) (HBV)	☐	☐	☐
Sex for money/drugs (NG) (S)	☐	☐ ☐	
Sexually active MSM (NG) (S) (HBV)	☐	☐ ☐	
Client with NG (last 30 days)**(S)**	☐	☐ ☐	
Client with HIV (NG) (S) (HBV)	☐	☐ ☐	
Client IDU [*past or present*] (HBV) (HCV)	☐	☐ ☐	
Sexual contact of IDU (HBV) (HCV)	☐	☐ ☐	
Household contact of person with HBV (HBV)	☐	☐ ☐	

Exposed to (circle) **3-S** **4-HBV** **5-HCV** **6-HSV**

SYMPTOMS -

CHLAMYDIA OR GONORRHEA: Patient recorded

01 ☐ Abnormal Vaginal/Urethral Discharge

SYPHILIS (S)

05 ☐ **Undiagnosed painless ulcerative genital/oral lesions***(S)*

if painful –*(HSV)*

06 ☐ **Unexplained adult rash (e.g. palmar/plantar)** *(S)*

07 ☐ **Unexplained lymphadenopathy** *(S)*

08 ☐ **Suspicious condylomata lata** *(S)*

Physical Exam Findings

Client examined 0 ☐ Yes 1 ☐ No

CERVICAL FINDINGS FEMALE: (Check all that apply)

01 ☐ Normal appearance

03 ☐ **Mucopurulence (CT) (NG)**

04 ☐ **Friability (CT) (NG)**

05 ☐ **Ectopy with inflammation/edema (CT) (NG)**

06 ☐ **PID (CT) (NG)**

FINDINGS MALE: (Check all that apply)

08 ☐ **Normal Appearance (CT)**

09 ☐ **Urethral Discharge (CT) (NG)**

11 ☐ **NG on Gram Stain (CT) (NG)**

12 ☐ **Epididymitis (CT)**

Sex partner w/ concurrent sex partner last 12 months 1-Yes, definitely ☐ 2-Not sure, possibly ☐ 3-No, unlikely ☐

Ahler's Copy