

Chlamydia/Gonorrhea Test Region X Infertility Prevention Project

Client Name

GREY AREAS: LAB USE ONLY

<i>Last</i>	<i>First</i>
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Client Number

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Clinician

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Date of Birth

										1	9

Client Zip Code

--	--	--	--	--	--	--	--	--	--

Date Specimen Collected

										2	0

Specimen Site

- Cervix Urethra
 Urine Rectal
 Vaginal-patient
 Vaginal-clinician
 Other _____

Service Site

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Client Sex

- F
 M

PROVIDER/CLINIC ADDRESS:

Lab Number

Date Received

CT/GC Test

- Probe Cell Cult. PCR
 SDA SA TC-TMA

Test Results

- Unsatisfactory Specimen
 Negative CT Negative GC
 Positive CT Positive GC
 Equivocal CT Equivocal GC

Comments

Date Reported

By

Medicaid No.

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ICD Code

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Washington State Public Health Laboratory
1610 NE 150th St., Shoreline, WA 98155

LAB COPY

Chlamydia/Gonorrhea Test Region X Infertility Prevention Project

Client Name

GREY AREAS: LAB USE ONLY

Client Number

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Clinician

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Date of Birth

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Client Zip Code

--	--	--	--	--	--	--	--

Date Specimen Collected

--	--	--	--	--	--	--	--	--	--	--	--

Specimen Site

- 1 Cervix 2 Urethra
 3 Urine 7 Rectal
 5 Vaginal-patient
 6 Vaginal-clinician
 4 Other _____

Service Site

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Client Sex

- 1 F
 2 M

PROVIDER/CLINIC ADDRESS:

Lab Number

Date Received

CT/GC Test

- 1 Probe 4 Cell Cult. 7 PCR
 8 SDA 10 SA 11 TC-TMA

Test Results

- 1 Unsatisfactory Specimen
 2 Negative CT 5 Negative GC
 3 Positive CT 6 Positive GC
 4 Equivocal CT 7 Equivocal GC

Comments

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1610 NE 150th St., Shoreline, WA 98155

<p>ETHNICITY:</p> <p>1 <input type="checkbox"/> Hispanic</p> <p>2 <input type="checkbox"/> Non-Hisp.</p>	<p>RACE: (check all that apply)</p> <p>1 <input type="checkbox"/> White</p> <p>2 <input type="checkbox"/> Black</p> <p>3 <input type="checkbox"/> Amer. Ind./AK Native</p> <p>4 <input type="checkbox"/> Asian</p> <p>6 <input type="checkbox"/> Hawaiian/Pac. Islander</p> <p>5 <input type="checkbox"/> Other</p>
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EXAMINATION: Client examined	0 <input type="checkbox"/> Yes	1 <input type="checkbox"/> No
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<p>REASONS FOR VISIT: (patient-reported, check all that apply)</p> <p>2 <input type="checkbox"/> Routine Visit</p> <p>1 <input type="checkbox"/> Symptoms</p> <p>13 <input type="checkbox"/> STD Screening</p> <p>4 <input type="checkbox"/> Exposed to CT</p> <p>19 <input type="checkbox"/> Exposed to GC</p> <p>7 <input type="checkbox"/> Exposed to Other STD</p> <p>12 <input type="checkbox"/> Pregnancy Test Only</p> <p>11 <input type="checkbox"/> Rescreening: CT+</p> <p>20 <input type="checkbox"/> Rescreening: GC+</p>

<p>FINDINGS: FEMALE (check all that apply)</p> <p>Cervical Findings</p> <p>1 <input type="checkbox"/> Normal Appearance</p> <p>3 <input type="checkbox"/> Mucopurulence</p> <p>4 <input type="checkbox"/> Friability</p> <p>5 <input type="checkbox"/> Ectopy with inflam/edema</p> <p>6 <input type="checkbox"/> PID</p>	<p>FINDINGS: MALE (check all that apply)</p> <p>Signs</p> <p>8 <input type="checkbox"/> Normal Appearance</p> <p>9 <input type="checkbox"/> Urethral Discharge</p> <p>11 <input type="checkbox"/> GC on Gram stain</p> <p>12 <input type="checkbox"/> Epididymitis</p>
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OTHER:	1-Yes	2-No	3-Unk
Is this client pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IUD insert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presumptive Tx for CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RISK HISTORY:	1-Yes	2-No	3-Unk
Positive CT last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 or More Sex Partners (60 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Sex Partner (60 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptomatic Partner (60 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom used during last sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>SYMPTOMS: (patient reported)</p> <p>1 <input type="checkbox"/> Abnormal Vaginal/Urethral Discharge</p>

<p>SEX WITH: 1 <input type="checkbox"/> Men 2 <input type="checkbox"/> Women 3 <input type="checkbox"/> Both</p>
<p>HPV vaccine doses received to date:</p> <p>0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p>

Sex partner w/ concurrent sex partner last 12 months:	Yes, definitely	Not sure, possibly	No, unlikely
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Note: Items in **bold** below the centerline are selective screening criteria for women

(REV. 10/2008) DOH 308-010

Chlamydia/Gonorrhea Test Region X Infertility Prevention Project

Client Name GREY AREAS: LAB USE ONLY

<i>Last</i>	<i>First</i>
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Client Number	Clinician

Date of Birth	Client Zip Code

Date Specimen Collected	Specimen Site

Service Site	Client Sex

PROVIDER/CLINIC ADDRESS:

Lab Number	Date Received
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CT/GC Test		
1 <input type="checkbox"/> Probe	4 <input type="checkbox"/> Cell Cult.	7 <input type="checkbox"/> PCR
8 <input type="checkbox"/> SDA	10 <input type="checkbox"/> SA	11 <input type="checkbox"/> TC-TMA

Test Results	
1 <input type="checkbox"/> Unsatisfactory Specimen	
2 <input type="checkbox"/> Negative CT	5 <input type="checkbox"/> Negative GC
3 <input type="checkbox"/> Positive CT	6 <input type="checkbox"/> Positive GC
4 <input type="checkbox"/> Equivocal CT	7 <input type="checkbox"/> Equivocal GC

Comments

Date Reported	By
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Medicaid No.

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ICD Code

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Washington State Public Health Laboratory
1610 NE 150th St., Shoreline, WA 98155

ETHNICITY:	RACE: (check all that apply)
1 <input type="checkbox"/> Hispanic	1 <input type="checkbox"/> White
2 <input type="checkbox"/> Non-Hisp.	2 <input type="checkbox"/> Black
	3 <input type="checkbox"/> Amer. Ind./AK Native
	4 <input type="checkbox"/> Asian
	6 <input type="checkbox"/> Hawaiian/Pac. Islander
	5 <input type="checkbox"/> Other

REASONS FOR VISIT: (patient-reported, check all that apply)
2 <input type="checkbox"/> Routine Visit
1 <input type="checkbox"/> Symptoms
13 <input type="checkbox"/> STD Screening
4 <input type="checkbox"/> Exposed to CT
19 <input type="checkbox"/> Exposed to GC
7 <input type="checkbox"/> Exposed to Other STD
12 <input type="checkbox"/> Pregnancy Test Only
11 <input type="checkbox"/> Rescreening: CT+
20 <input type="checkbox"/> Rescreening: GC+

SYMPTOMS: (patient reported)
1 <input type="checkbox"/> Abnormal Vaginal/Urethral Discharge

SEX WITH: 1 <input type="checkbox"/> Men 2 <input type="checkbox"/> Women 3 <input type="checkbox"/> Both
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HPV vaccine doses received to date:
0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

EXAMINATION: Client examined	0 <input type="checkbox"/> Yes 1 <input type="checkbox"/> No
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FINDINGS: FEMALE (check all that apply)	FINDINGS: MALE (check all that apply)
Cervical Findings	Signs
1 <input type="checkbox"/> Normal Appearance	8 <input type="checkbox"/> Normal Appearance
3 <input type="checkbox"/> Mucopurulence	9 <input type="checkbox"/> Urethral Discharge
4 <input type="checkbox"/> Friability	11 <input type="checkbox"/> GC on Gram stain
5 <input type="checkbox"/> Ectopy with inflam/edema	12 <input type="checkbox"/> Epididymitis
6 <input type="checkbox"/> PID	

OTHER:	1-Yes 2-No 3-Unk
Is this client pregnant?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
IUD insert	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Presumptive Tx for CT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

RISK HISTORY:	1-Yes 2-No 3-Unk
Positive CT last 12 months	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 or More Sex Partners (60 days)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
New Sex Partner (60 days)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Symptomatic Partner (60 days)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Condom used during last sex	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Yes, definitely	Not sure, possibly unlikely	No, definitely not
Sex partner w/ concurrent sex partner last 12 months:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Note: Items in **bold** below the centerline are selective screening criteria for women (REV. 10/2008) DOH 308-010

Lab Slip Instructions

Please be sure that all items are completed and press firmly when completing the form.

Client Name Please print LAST NAME, FIRST NAME

Client Number (required) Write in client's unique identification number at your clinic.

Date of Birth (required) Write in the client's birth date, as two-digit month, two-digit day, and four-digit year.

Date Specimen Collected (required) Write in the date the client was tested for CT at the service site, as a two-digit month, two-digit day, and four-digit year.

Service Site (required) Write in the unique identification number for your clinic.

Client Sex (required) Check the appropriate box.

Clinician Number This is the code assigned to each clinician, as a clinician identifier.

Client Zip Code Enter the client's five-digit zip code.

Specimen Site (required) Mark the anatomical site from which the specimen is collected. If urine collected, check "Urine." If "Other," specify on the line. For vaginal swabs, check the box to indicate whether the patient or clinician collected the specimen.

Provider/Clinic Address (required) Fill in the complete address of your site on all three copies of the lab slip.

Medicaid No. If applicable, enter the client's Medicaid number in the box provided.

ICD Code Selected clinics are capturing codes for designating this service activity based on the International Classification of Diseases. Consult with your state coordinator for additional information on acceptable responses.

Ethnicity Check "Hispanic" if the client indicates Hispanic ethnicity, including Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish-speaking origins.

Race Check all racial categories reported by the client; multiple responses are allowed. Definitions of racial categories can be found at www.census.org.

Reasons for Visit (required patient-reported, check all that apply)

Routine Visit – any reproductive health exam not specifically for STD screening; for example, initial or annual gynecologic exam, primary care visit, regular health check-up or annual physical.

Symptoms – any physical symptoms.

STD Screening – any client who states "just want to get checked" or "want an STD test" or receives routine CT screening, such as a urine test, without pelvic or genital examination.

Exposed to CT – had sex with a partner known to have CT or was notified by a health care provider that they were exposed or a contact to chlamydia in the last 60 days.

Exposed to GC – had sex with a partner known to have GC or was notified by a health care provider that they were exposed or a contact to gonorrhea in the last 60 days.

Exposed to Other STD – had sex with a partner with an STD, not CT or GC, or was notified by a health care provider that they were exposed to an STD, not CT or GC, in the last 60 days.

Pregnancy Test Only – any female client seen at a clinic where the only service provided was a urine pregnancy test.

Rescreening: CT+ – any client who returned for a CT test following a prior CT+ test result. Encourage client to rescreen within 3-6 months.

Rescreening: GC+ – any client who returned for a GC test following a prior GC+ test result. Encourage client to rescreen within 3-6 months.

Symptoms Check box if client reports abnormal discharge.

Sex With Check the sex of the client's sex partners in the last 12 months.

HPV Vaccine Ask female client # doses of HPV vaccine she has received. Mark # doses received by end of visit, from 0-3. Vaccine does NOT have to be provided at this clinic.

Examination If client receives a genital exam, check "Yes"; if client is not examined, check "No".

Findings: Female (check all that apply)

Normal Appearance – any normal appearing cervix or a cervix that does not include any of the CT-related signs listed below.

Mucopurulence – yellow or green discharge from the cervix (not the vagina).

Friability – easily induced bleeding with the first swab to touch the cervix.

Ectopy with inflammation or edema – swelling or erythema in the area of visible ectopy.

PID (Pelvic Inflammatory Disease) – signs associated with PID include cervical motion tenderness, uterine and adnexal fullness/thickening or pain.

Findings: Male (check all that apply)

Normal Appearance – normal appearing genitalia or genitalia that does not include any of the CT-related signs listed below.

Urethral Discharge – discolored or unusual discharge from the urethral meatus.

GC on Gram stain – the presence of gram-negative intracellular diplococci on a Gram stain.

Epididymitis – signs associated with epididymitis include unilateral scrotal pain and swelling.

Is this client pregnant? Ask every female client if she is pregnant. Check the appropriate response.

IUD insert Mark "Yes," if services at this visit were part of a clinical plan which will result in an IUD insert at some later visit.

Presumptive Tx for CT Mark "Yes," if the client received medication prior to laboratory confirmation of CT infection.

Risk History Ask every client each of the risk history questions. Check the appropriate response category.

Note: Positive CT last 12 months – check "Yes," if client reports or documentation exists of testing positive for CT in the last 12 months.

Sex partner with concurrent sex partner Ask client if any of their sex partners in the last 12 months had sex (of any type) with someone else while they were still in a sexual relationship with the client. Three possible answers: "yes, definitely"; "not sure, possibly"; and, "no, unlikely".

Send the entire lab slip (all three copies) with the client specimen to the laboratory. The lab retains the **buff** 1/2 copy marked LAB COPY. Results are returned by the laboratory to the clinic on the **green** copy marked CLINIC COPY. The laboratory sends the **pink** copy without a client name marked AHLERS COPY to the data processor.