

E. Exhibit 3

CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE REPORT																	
Last Name, First, MI					Pregnant: Yes: _____ wks No Unk.												
Address					Phone number					REASON FOR EXAM: (CHECK ONE) Symptomatic Routine Exam—No symptoms Exposed to Infection							
City/Town			State		Zip Code			County									
Date of Diagnosis Mo _____ Day _____ Yr _____		Race W B A PI AI O U		Ethnicity H Non-H			Sex O M F			Marital Status S M LW		Age		DOB			
RACE: W --White; B--Black; A--Asian / PI--Pacific Islander; AI--American Indian / AN--Alaskan Native; O--Other / U--Unknown										ETHNICITY: H - Hispanic							
GONORRHEA (lab confirmed)					TREATMENT					SYPHILIS			SEROLOGY TITER				
Diagnosis- ✓ only one Asymptomatic Symptomatic-uncomplicated Pelvic Inflammatory Dis. (PID) Ophthalmia Disseminated Other complications DATE TESTED _____					Site(s) - ✓ all that apply Cervix Urethra Rectum Pharynx Ocular Urine Other _____					Treatment - ✓ all given/presc. Ceftriaxone/Rocephin Cefixime/Suprax Spectinomycin/Trobicin Ciprofloxacin/Cipro Cefpodoxime/Vantin Benzathine Pen G Dose _____ Times _____			Primary (Chancere, etc) Secondary (Rash, etc) Early Latent (<1 yr) Late Latent (>1 yr) Congenital Neurosyphilis Late DATE TESTED _____			RPR _____ VDRL _____ FTA _____ TP-PA _____ Other _____	
CHLAMYDIA TRACHOMATIS (lab confirmed)					TREATMENT					REPORTABLE SYNDROMES (No laboratory confirmation of gonorrhea or chlamydia) ACUTE PELVIC INFLAMMATORY DISEASE (PID)							
Diagnosis- ✓ only one Asymptomatic Symptomatic-uncomplicated Pelvic Inflammatory Dis. (PID) Ophthalmia Other complications DATE TESTED _____					Site(s) - ✓ all that apply Cervix Urethra Rectum Pharynx Ocular Urine Other _____					Doxycycline X _____ days Azithromycin/Zithromax Erythromycin Metronidazole/Flagyl Other _____ DATE RX _____			Website http://www.ohd.hr.or.us/std/index.cfm Comments:				
OTHER SEXUALLY TRANSMITTED DISEASES										Provider							
<input type="checkbox"/> Chancroid <input type="checkbox"/> Lymphogranuloma Venereum <input type="checkbox"/> 900										Address							
<input type="checkbox"/> Send Me Additional Case Reporting Forms										City and State			Phone				

**SEXUALLY TRANSMITTED DISEASE
CONFIDENTIAL CASE REPORT**

OREGON PUBLIC HEALTH STD PROGRAM

Office (971-673-0153

FAX (971) 673-0178

USE OF THE CONFIDENTIAL STD CASE REPORT

The STD Case Report is designed for health care providers to report sexually transmitted diseases that are designated by the Oregon Department of Human Services as legally reportable (See OAR 333-19). These diseases are of such major public health concern that surveillance of their occurrence is in the public interest. All information will be managed in the strictest confidence. Your cooperation is both encouraged and appreciated.

MEDICAL ALERT

**HUMAN IMMUNODEFICIENCY VIRUS (HIV)
INFECTION**

Many patients with STD's are also at risk for HIV. All patients with an STD should be advised about the risks of HIV infections, the means to reduce these risks and should be encouraged to undergo confidential counseling and testing for HIV infection.

GONOCOCCAL ANTIBIOTIC RESISTANCE

Up to 25% of gonorrhea isolates from patients in Oregon are resistant to antimicrobials including penicillins, tetracyclines and quinolones. Health care providers are urged to evaluate patients with unresolved gonorrhea after treatment for resistance or re-exposure to an infected person.

Your local health department can assist with this action.

REPORTING INSTRUCTIONS

Confidential case reports should be reported to the local health department in your county by fax, telephone or mail.

Confidential case reports may also be mailed directly to the:

Oregon Public Health Division
STD Program
800 NE Oregon Street, Ste. 1105
Portland, OR 97232

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Last Name, First, MI		Pregnant: Yes: _____ wks No Unk.	
Address		Phone number	
City/Town		State	Zip Code
		County	REASON FOR EXAM: (CHECK ONE) Symptomatic Routine Exam—No symptoms Exposed to Infection

Date of Diagnosis Mo Day Yr	Race W B A Al O PI AN U	Ethnicity H Non-H	Sex O M F	Marital Status S M LW	Age	DOB
RACE: W—White; B—Black; A—Asian / PI—Pacific Islander; Al—American Indian / AN—Alaskan Native; O—Other / U—Unknown				ETHNICITY: H—Hispanic		

<p style="text-align: center;">GONORRHEA (lab confirmed)</p> <p>Diagnosis- <input checked="" type="checkbox"/> only one</p> <p>Asymptomatic Symptomatic-uncomplicated Pelvic Inflammatory Dis. (PID) Ophthalmia Disseminated Other complications DATE TESTED _____</p>	<p style="text-align: center;">Site(s) - <input checked="" type="checkbox"/> all that apply</p> <p>Cervix Urethra Rectum Pharynx Ocular Urine Other _____</p>	<p style="text-align: center;">TREATMENT</p> <p>Treatment - <input checked="" type="checkbox"/> all given/presc.</p> <p>Ceftriaxone/Rocephin Cefixime/Suprax Spectinomycin/Trobicin Ciprofloxacin/Cipro Cefpodoxime/Vantin Benzathine Pen G Dose ____ Times ____</p>	<p style="text-align: center;">SYPHILIS</p> <p>Primary (Chancre, etc) Secondary (Rash, etc) Early Latent (<1 yr) Late Latent (>1 yr) Congenital Neurosyphilis Late DATE TESTED _____</p>	<p style="text-align: center;">SEROLOGY TITER</p> <p>RPR _____ VDRL _____ FTA _____ TP-PA _____ Other _____</p>
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<p style="text-align: center;">CHLAMYDIA TRACHOMATIS (lab confirmed)</p> <p>Diagnosis- <input checked="" type="checkbox"/> only one</p> <p>Asymptomatic Symptomatic-uncomplicated Pelvic Inflammatory Dis. (PID) Ophthalmia Other complications DATE TESTED _____</p>	<p style="text-align: center;">Site(s) - <input checked="" type="checkbox"/> all that apply</p> <p>Cervix Urethra Rectum Pharynx Ocular Urine Other _____</p>	<p style="text-align: center;">TREATMENT</p> <p>Doxycycline X ____ days Azithromycin/Zithromax Erythromycin Metronidazole/Flagyl Other _____ DATE RX _____</p>	<p style="text-align: center;">REPORTABLE SYNDROMES (No laboratory confirmation of gonorrhea or chlamydia) ACUTE PELVIC INFLAMMATORY DISEASE (PID)</p> <p>Website http://www.ohd.hr.or.us/std/index.cfm</p> <p>Comments:</p>
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<p>OTHER SEXUALLY TRANSMITTED DISEASES</p> <p><input type="checkbox"/> Chancroid <input type="checkbox"/> Lymphogranuloma Venereum <input type="checkbox"/> 900</p> <p>----- <input type="checkbox"/> Send Me Additional Case Reporting Forms</p>	<p>Provider</p> <p>Address</p> <p>City and State</p> <p>Phone</p>
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DHS 8352 (7/07)

FOR LOCAL HEALTH DEPARTMENT USE

SUPPORT SERVICES	REQUEST FOR
LITERATURE The Oregon Public Health Division will assist private providers in diagnosis, Treatment Guidelines treatment, counseling, patient referrals, and resource materials are available by calling the Oregon Public Health Division STD Program in Portland.	<input type="checkbox"/> STD Diagnostic and <input type="checkbox"/> Packet of Sample <input type="checkbox"/> Other Telephone: (971) 673-0153

RECOMMENDED REGIMENS FOR ANTIMICROBIALS LISTED ON CASE REPORTS	CRITERIA FOR REPORTING																
<p>Gonorrhea (uncomplicated):</p> <table> <tr> <td>Cefpodoxime (Vantin)</td> <td>400 mg PO</td> </tr> <tr> <td>Ceftriaxone (Rocephin)</td> <td>125-250 mg IM</td> </tr> <tr> <td>Cefixime (Suprax)</td> <td>400 mg PO</td> </tr> <tr> <td>Spectinomycin (Trobicin)</td> <td>2 g IM</td> </tr> <tr> <td>Azithromycin (Zithromax)</td> <td>2 g PO</td> </tr> </table> <p>The choice of treatment depends on: the site of infection; possibility of resistant organisms; and patient compliance. The use of Quinolone drugs e.g., Levofloxacin, should be followed by a test of cure. If chlamydial infection has not been ruled out, consider adding a regimen effective against Chlamydia. Refer to the current CDC STD Treatment Guidelines for additional information and details.</p> <p>Chlamydia trachomatis (uncomplicated):</p> <table> <tr> <td>Doxycycline</td> <td>100 mg orally BID for 7 days</td> </tr> <tr> <td>Azithromycin</td> <td>1 gm orally</td> </tr> <tr> <td>Erythromycin</td> <td>base, 500 mg orally QID for 7 days</td> </tr> </table> <p>Refer to current edition of CDC, STD Treatment Guidelines for further information and details.</p>	Cefpodoxime (Vantin)	400 mg PO	Ceftriaxone (Rocephin)	125-250 mg IM	Cefixime (Suprax)	400 mg PO	Spectinomycin (Trobicin)	2 g IM	Azithromycin (Zithromax)	2 g PO	Doxycycline	100 mg orally BID for 7 days	Azithromycin	1 gm orally	Erythromycin	base, 500 mg orally QID for 7 days	<p>Each case or suspected case shall be reported to the local health department within one day from the time of identification for the following infections:</p> <ul style="list-style-type: none"> Chlamydia (OAR 333-19-243) Chancroid (OAR 333-19-246) Gonorrhea (OAR 333-19-265) Lymphogranuloma Venereum (OAR 333-19-299) Early Syphilis (OAR 333-19-390) Acute Pelvic Inflammatory Disease (PID) shall be reported within one week (OAR 333-19-318) <p>ACUTE PELVIC INFLAMMATORY DISEASE (Endometritis, Salpingitis, Parametritis, and/or Peritonitis)</p> <p>This clinical syndrome, unrelated to pregnancy or surgery, is attributed to the ascending spread of microorganisms from the vagina and endocervix to the endometrium, fallopian tubes, and/or contiguous structures. Usual features for diagnosis include a combination of lower abdominal pain; adnexal tenderness; and fever. Patients with positive laboratory test(s) for gonorrhea and/or Chlamydia should only be reported in those section(s).</p>
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SPECIAL DIAGNOSTIC AND OTHER SERVICES SUPPLEMENT