

# Chlamydia 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**

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**Client Zip Code**

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**Date Specimen Collected**

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**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:**

**Frozen**

- 1  Yes    2  No

- FPEP** 1  Yes  
 2  No

**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** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Date Reported**

**By**

**Medicaid No.**

**ICD Code**

Oregon State Public Health Laboratory  
 3150 NW 229th Ave., Hillsboro, OR 97124

**Submitter Code**    \_ \_ \_ \_ \_

**LAB COPY**

# Chlamydia Test

## Region X Infertility Prevention Project

Client Name

GREY AREAS: LAB USE ONLY



Lab Number

Date Received

Client Number

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Clinician

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Date of Birth

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Client Zip Code

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Date Specimen Collected

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Specimen Site

- 1  Cervix    2  Urethra  
 3  Urine    7  Rectal

Service Site

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Client Sex

- 1  F  
 2  M

5  Vaginal-patient

6  Vaginal-clinician

4  Other \_\_\_\_\_

Frozen

- 1  Yes    2  No

PROVIDER/CLINIC ADDRESS:

- FPEP 1  Yes  
 2  No

CT/GC Test

- 1  Probe    4  Cell Cult.    7  PCR  
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Test Results

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Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Reported

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Oregon State Public Health Laboratory  
 3150 NW 229th Ave., Hillsboro, OR 97124

Submitter Code \_\_\_\_\_

<p>ETHNICITY:                  1 <input type="checkbox"/> Hispanic                  2 <input type="checkbox"/> Non-Hisp.</p>	<p>RACE: (check all that apply)                  1 <input type="checkbox"/> White                  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</p>
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EXAMINATION: Client examined    0  Yes    1  No

<p>FINDINGS: FEMALE                  (check all that apply)                  Cervical Findings                  1 <input type="checkbox"/> Normal Appearance                  3 <input type="checkbox"/> <b>Mucopurulence</b>                  4 <input type="checkbox"/> <b>Friability</b>                  5 <input type="checkbox"/> <b>Ectopy with inflam/edema</b>                  6 <input type="checkbox"/> <b>PID</b></p>	<p>FINDINGS: MALE                  (check all that apply)                  Signs                  8 <input type="checkbox"/> Normal Appearance                  9 <input type="checkbox"/> Urethral Discharge                  11 <input type="checkbox"/> GC on Gram stain                  12 <input type="checkbox"/> Epididymitis</p>
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REASONS FOR VISIT: (patient-reported, check all that apply)

2  Routine Visit  
 1  Symptoms  
 13  STD Screening  
 4  **Exposed to CT**  
 19  **Exposed to GC**  
 7  Exposed to Other STD  
 12  Pregnancy Test Only  
 11  Rescreening: CT+  
 20  Rescreening: GC+

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
<b>Positive CT last 12 months</b>	<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"/>
<b>Symptomatic Partner</b> (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"/>

SYMPTOMS: (patient reported)

1  Abnormal Vaginal/Urethral Discharge

	<b>Yes,</b>	<b>Not sure,</b>	<b>No,</b>
Sex partner w/ concurrent sex partner last 12 months:	<b>definitely</b>	<b>possibly</b>	<b>unlikely</b>
	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 DHS 8351 (10/2008)

# Chlamydia Test Region X Infertility Prevention Project

**Client Name** \_\_\_\_\_ GREY AREAS: LAB USE ONLY

**Lab Number** \_\_\_\_\_ **Date Received** \_\_\_\_\_

*Last* \_\_\_\_\_ *First* \_\_\_\_\_

**Client Number** \_\_\_\_\_ **Clinician** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Client Zip Code** \_\_\_\_\_

**Date Specimen Collected** \_\_\_\_\_ **Specimen Site**

**Service Site** \_\_\_\_\_ **Client Sex**

**PROVIDER/CLINIC ADDRESS:** \_\_\_\_\_

1  Cervix 2  Urethra  
 3  Urine 7  Rectal  
 5  Vaginal-patient  
 6  Vaginal-clinician  
 4  Other \_\_\_\_\_  
**Frozen**  
 1  Yes 2  No

**FPEP** 1  Yes  
 2  No

**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** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Date Reported** \_\_\_\_\_ **By** \_\_\_\_\_

**Medicaid No.** \_\_\_\_\_

**ICD Code** \_\_\_\_\_

Oregon State Public Health Laboratory  
 3150 NW 229th Ave., Hillsboro, OR 97124

**Submitter Code** \_\_\_\_\_

**ETHNICITY:**  
 1  Hispanic  
 2  Non-Hisp.

**RACE:** (check all that apply)  
 1  White  
 2  Black  
 3  Amer. Ind./AK Native  
 4  Asian  
 6  Hawaiian/Pac. Islander  
 5  Other

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

**SYMPTOMS:** (patient reported)  
 1  Abnormal Vaginal/Urethral Discharge

**SEX WITH:** 1  Men 2  Women 3  Both

**EXAMINATION:** Client examined 0  Yes 1  No

<b>FINDINGS: FEMALE</b> (check all that apply) Cervical Findings 1 <input type="checkbox"/> Normal Appearance 3 <input type="checkbox"/> <b>Mucopurulence</b> 4 <input type="checkbox"/> <b>Friability</b> 5 <input type="checkbox"/> <b>Ectopy with inflam/edema</b> 6 <input type="checkbox"/> <b>PID</b>	<b>FINDINGS: MALE</b> (check all that apply) Signs 8 <input type="checkbox"/> Normal Appearance 9 <input type="checkbox"/> Urethral Discharge 11 <input type="checkbox"/> GC on Gram stain 12 <input type="checkbox"/> Epididymitis
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**OTHER:**

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

**RISK HISTORY:**

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

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

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

## 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.

**Specimen Frozen** Check the box "Yes" if the specimen is stored frozen until shipment. Otherwise, check "No."

**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.

**FPEP** Oregon agencies participating in the Family Planning Expansion Project complete this item. If the client is an FPEP participant, mark "Yes."

**Submitter Code** Oregon agencies write their six-digit submitter code in the spaces provided. You still need to complete Provider/Clinic Address.

**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](http://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 if client reports abnormal discharge.

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

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

**Findings: Female (check all that apply)**

**Normal Appearance** – a 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 white 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 marked AHLERS COPY to the data processor.