

**SPECIMEN SOURCE** (must be completed)  
 Test Request: Chlamydia trachomatis/GC NAAT  
 BARCODE 11CT00001 Valid 1-1-2011 to 12-31-2011

**You must provide specimen source here. The sticker itself is the test request.**

Affix ONE STICKER on the Original form.

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

Collect Date must be completed.

**2011**

**INFECTIONIOUS AGENTS: CULTURE/DETECTION**

62167 STATE LAB Use Only

**Must be completed.** (Patient SS# (last 4 digits):)

**Pre-printed address labels with ID** (Last Name, First Name, Address, City, State, Zip Code)

**Must be Completed.** (Sex, Ethnicity, Race, Date of Birth, Date of Onset, etc.)

**Must be completed.** (Collect Date, Collect Time, Onset Date)

**The sticker replaces the need to mark this box** (BACTERIOLOGY/MYCOLOGY, MYCOBACTERIOLOGY/AFB/TB, RESTRICTED TESTS, OTHER TESTS FOR INFECTIOUS AGENTS, PARASITOLOGY, VIRUS/CHLAMYDIA, REFERENCE MICROBIOLOGY)

**2011 STICKERS ARE FOR the COMBO assay: "Chlamydia trachomatis/GC NAAT"**

**NEW FOR 2011** The test request is preprinted on the sticker itself. No need to mark the CT/GC NAAT box.

**You must provide the source of the specimen on the sticker itself in the space provided.**

DHMH 4676 Revised 1/08 ORIGINAL

760047870

**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

**4 teleconferences available** for questions. See list and call in #'s on the lab web site: [www.dhmh.state.md.us/labs/](http://www.dhmh.state.md.us/labs/)

Fill-in race, ethnicity and gender

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