

The sticker itself is the test request. Affix ONE ORANGE STICKER to the upper left corner of the lab slip.

You must provide the SPECIMEN SOURCE here.

First and Last Names must also be on the specimen container and match exactly to the lab slip.

Fill-in race, ethnicity and gender.

SPECIMEN SOURCE
(must be completed)
Test Request:: Chlamydia trachomatis/GC NAAT
BARCODE
12CT00001 Valid 1-1-2012 to 12-31-2012

Must be completed. Include your Lab ID#.

Must be completed.

Collect Date must be completed.

The sticker replaces the need to mark this box

2012 STICKER ALLOCATION

In MyLIMS, select "Chlamydia and Gonorrhea nucleic acid amplification"

DHMH Laboratory:
www.dhmh.state.md.us/labs

Use only these codes. Provide the source of the specimen on the orange sticker itself.

2012 STICKERS are for "Chlamydia trachomatis/GC NAAT"

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

SUBMITTER INFORMATION		PATIENT INFORMATION	
Submitter	Last Name	First Name	Maiden
Address	Date of Birth (mm/dd/yyyy)	Address	City
City	State	City	County
Phone #	Fax #	State	Zip Code
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Not Specified <input type="checkbox"/> Other		Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Not Specified <input type="checkbox"/> Other	
Collect Date:	Collect Time:	Onset Date:	Submitter Lab:
Reason for Test: <input type="checkbox"/> Screening <input type="checkbox"/> Diagnosis <input type="checkbox"/> Contact <input type="checkbox"/> Test of Cure <input type="checkbox"/> 2-3 Months Post Rx <input type="checkbox"/> Suspected Carrier <input type="checkbox"/> Isolate for ID <input type="checkbox"/> Release	Therapy/Drug Treatment: <input type="checkbox"/> No <input type="checkbox"/> Yes	Therapy/Drug Type:	Therapy/Drug Date:
SPECIMEN CODE		SPECIMEN CODE	
BACTERIOLOGY		SPECIAL BACTERIOLOGY	
Bacteria: Culture (routine)		Mycobacteriology AFB/TB	
Additional specimen codes:		Mycobacteriology AFB/TB	
Group A Strep		Mycobacteriology AFB/TB	
Group B Strep Screen		Mycobacteriology AFB/TB	
C. difficile Toxin		Mycobacteriology AFB/TB	
Diphtheria		Mycobacteriology AFB/TB	
Focobacter Pathogens		Mycobacteriology AFB/TB	
Gonorrhea Culture (routine) <input type="checkbox"/> No <input type="checkbox"/> Yes		Mycobacteriology AFB/TB	
MNGA (rule out)		Mycobacteriology AFB/TB	
VRE (rule out)		Mycobacteriology AFB/TB	
ENTERIC INFECTIONS		Mycobacteriology AFB/TB	
Campylobacter		Mycobacteriology AFB/TB	
E. coli O157 typing		Mycobacteriology AFB/TB	
Enteric Culture - Routine (Salmonella, Shigella, E. coli O157, Campylobacter)		Mycobacteriology AFB/TB	
Salmonella typing		Mycobacteriology AFB/TB	
Shigella typing		Mycobacteriology AFB/TB	
K. paratyphosus		Mycobacteriology AFB/TB	
Yersinia		Mycobacteriology AFB/TB	
REFERENCE MICROBIOLOGY		Mycobacteriology AFB/TB	
ABC'S (BIDS) #		Mycobacteriology AFB/TB	
Organism:		Mycobacteriology AFB/TB	
Bacteria Referred Culture for ID		Mycobacteriology AFB/TB	
Specify:		Mycobacteriology AFB/TB	
Bacteriology		Mycobacteriology AFB/TB	
Parasitology		Mycobacteriology AFB/TB	
Virus/Chlamydia		Mycobacteriology AFB/TB	
Restricted Tests		Mycobacteriology AFB/TB	
Other Tests for Infectious Agents		Mycobacteriology AFB/TB	
SPECIMEN CODE		SPECIMEN CODE	
PLACE CODE IN BOX NEXT TO TEST		SPECIMEN CODE	
B Blood		SPECIMEN CODE	
BW Bronchial Washing		SPECIMEN CODE	
CSF Cerebrospinal Fluid		SPECIMEN CODE	
CX Cervix/Endocervix		SPECIMEN CODE	
E Eye		SPECIMEN CODE	
F Feces		SPECIMEN CODE	
N Nasopharynx/Nasal		SPECIMEN CODE	
P Penis		SPECIMEN CODE	
R Rectum		SPECIMEN CODE	
SP Sputum		SPECIMEN CODE	
T Throat		SPECIMEN CODE	
URE Urethra		SPECIMEN CODE	
URV Urine (First Void)		SPECIMEN CODE	
UCG Urine (Clean Catch)		SPECIMEN CODE	
V Vagina		SPECIMEN CODE	
W Wound		SPECIMEN CODE	
O Other:		SPECIMEN CODE	
MAY INCLUDE RESPIRATORY SCREENING PANEL		SPECIMEN CODE	
Comments:		SPECIMEN CODE	