

**Mandatory-  
fill in TRAB box  
or include TRAB  
name on your  
label or stamp.**

Specimen Source  
must be completed  
Test Request: Chlamydia/GC NAAT  
barcode  
13CT0001 Valid 1-1-14 to 12-31-14

STATE LAB  
Use Only

The sticker itself is the  
CT/GC NAAT  
test request.  
Affix one pink sticker  
to the upper left corner  
of the lab slip.

You must provide the  
specimen source in  
the space on the sticker

Collect date must be  
completed

The sticker replaces the  
need to mark this box.

Complete submitter and  
patient information  
sections including sex,  
ethnicity and race.

In MyLIMS, select  
Chlamydia and Gonorrhea  
Nucleic Acid Amplification.

Visit the lab website for  
updates:  
[dhmh.maryland.gov/laboratories](http://dhmh.maryland.gov/laboratories)

Use only these codes for specimen  
source. Write it in the space provided  
on the blue sticker.

INFECTIONIOUS AGENTS: CULTURE/DETECTION

Patient SS# (last 4 digits):  
Last Name: [ ] SR [ ] JR [ ] Other  
First Name: [ ] Maiden:  
Date of Birth (mm/dd/yyyy): / /  
Address: [ ]  
City: [ ] County: [ ]  
State: [ ] Zip Code: [ ]  
Phone#: [ ] Fax#: [ ]  
Test Request Authorized by: [ ]  
Sex:  Male  Female  Transgender M to F  Transgender F to M Ethnicity: Hispanic or Latino Origin?  yes  no  
Race:  American Indian/Alaska Native  Asian  Black/African American  Native Hawaiian/other Pacific Islander  White  
Collect Date: [ ] Collect Time: [ ]am [ ]pm Consent Date: [ ]  
Reason for Test:  Screening  Diagnosis  Contact  Test of Cure  2-3 Months Post Rx  Suspected Carrier  Isolate for ID  Release  
Therapy/Drug Treatment:  No  Yes Therapy/Drug Type: [ ] Therapy/Drug Date: [ ]

SPECIMEN CODE: [ ]

**BACTERIOLOGY**  
Bacterial Culture - Routine  
Additional specimen codes:  
Bordetella pertussis  
Group A Strep  
Group B Strep Screen  
C. difficile Toxin  
Diphtheria  
Foodborne Pathogens (B. cereus,  
C. perfringens, S. aureus)  
Gonorrhea Culture: incubated?  yes  no  
MRSa (rule out)  
VRE (rule out)

**ENTERIC INFECTIONS**  
Campylobacter  
E. coli O157 typing  
Enteric Culture - Routine (Salmonella,  
Shigella, E. coli O157, Campylobacter)  
Salmonella typing  
Shigella typing  
V. parahaemolyticus  
Yersinia

**REFERENCE MICROBIOLOGY**  
ARC# (BIDS) #  
Organism:  
Bacteria Referred Culture for ID  
Specify: [ ]

**MYCOBACTERIOLOGY/AFB/TB**  
AFB/TB Culture and Smear  
AFB/TB Referred Culture for ID  
M. tuberculosis Referred Culture for  
Genotyping  
Nucleic Acid Amplification Test for  
M. tuberculosis Complex (MTD)

**PARASITOLOGY**  
Blood Parasites:  
Country visited outside US:  
Ova & Parasites Immigrant?  yes  no  
Cryptosporidium  
Cyclospora/Isospora  
Microsporidium  
Pinworm

**VIRUS ISOLATION/CHLAMYDIA**  
Adenovirus\*  
Arbovirus Panel (WNV, EEEV, SLEV)  
Chlamydia trachomatis  
Cytomegalovirus (CMV)  
Enterovirus (Inc. Echo & Coxsackie)  
Herpes Simplex Virus (Types 1 &  
2)  
Influenza (Types A & B)  
Parainfluenza (Types 1, 2 & 3)\*  
Respiratory Syncytial Virus (RSV)\*  
Varicella (VZV)

**RESTRICTED TESTS**  
Pre-approved submissions only  
Chlamydia trachomatis/GC NAAT  
Chlamydia trachomatis only/NAAT  
Norovirus \*\* (see comment on back)

**OTHER TESTS FOR  
INFECTIOUS AGENTS**  
Test name: [ ]  
Prior arrangements have been made  
with the following DHMH Laboratories  
Administration employee: [ ]

SPECIMEN CODE:  
PLACE CODE IN BOX NEXT TO TEST  
B Blood  
BW Bronchial Washing  
CSF Cerebrospinal Fluid  
CX Cervix/Endocervix  
E Eye  
F Feces  
N Nasopharynx/Nasal  
P Penis  
R Rectum  
SP Sputum  
T Throat  
URE Urethra  
UJV Urine (First Void)  
UCC Urine (Clean Catch)  
V Vagina  
W Wound  
O Other:

760499397

2014  
Chlamydia/GC  
Allocation

