

The sticker itself is the CT/GC NAAT test request. Affix one teal sticker to the upper left corner of the lab slip. **THIS MUST NOW BE VERTICAL**

Specimen Source must be completed
 Test Request: Chlamydia/GC NAAT
 barcode
 15CT0001 Valid 1-1-15 to 12-31-15

You must provide the specimen source in the space on the sticker: **CX, R, URE, or UFV**
 The sticker replaces the need to mark this box.

Collection date must be completed

Use only these codes for specimen source. Write specimen source code in the space provided on the teal sticker. (CX, R, URE, or UFV)

Laboratories Administration MD DHMH
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 410-767-6100 www.dhmh.state.md.us/labs
 Robert A. Myers, Ph.D., Director

STATE LAB Use Only

INFECTIOUS AGENTS: CULTURE/DETECTION

DEH [] QFP [] DMTY/PN [] QNOD [] QSTD [] QTB [] QCD [] QCOR [] Patient SS# (last 4 digits):
 Health Care Provider: Last Name: [] SR [] JR [] Other: []
 Address: First Name: M.I.: Maiden:
 City: County: State of Birth (mm/dd/yyyy):
 State: Zip Code: Address: City: County: Zip Code:
 Contact Name: Address: City: County: Zip Code:
 Test Request Authorized by: State: Zip Code:
 Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White
 Sex: F M Ethnicity: Hispanic or Latino Origin? yes no
 Outbreak # [] Submitter Lab# []
 Collect Date: [] Collect Time: [] Onset Date: []
 Therapy/Drug Treatment: No Yes Therapy/Drug Type: [] Therapy/Drug Date: []

SPECIMEN CODE	SPECIMEN CODE	SPECIMEN CODE
BACTERIOLOGY	SPECIAL BACTERIOLOGY	RESTRICTED TESTS
Bacterial Culture - Routine	Legionella Culture	Pre-approved submitters only
Additional specimen codes:	Leptospira	Chlamydia trachomatis/GC NAAT
B. pertussis	Mycoplasma	Chlamydia trachomatis only/NAAT
Group B Strep Screen	MYCOBACTERIOLOGY/AFB/TB	
C. difficile Toxin	AFB/TB Culture and Smear	OTHER TESTS FOR INFECTIOUS AGENTS
Diphtheria	AFB/TB Referred Culture for ID	Test name: []
Foodborne Pathogens (B. cereus, C. perfringens, S. aureus)	M. tuberculosis Referred Culture for Genotyping	
Gonorrhea Culture Incubated? <input type="checkbox"/> yes <input type="checkbox"/> no	Nucleic Acid Amplification Test for M. tuberculosis Complex (MTD)	Prior arrangements have been made with the following DHMH Laboratories Administration employee: []
Hrs. incubated: [] Add'l specimen codes: []	PARASITOLOGY	
MRSA (rule out)	Blood Parasites:	SPECIMEN CODE: PLACE CODE IN BOX NEXT TO TEST
VRE (rule out)	Country visited outside US: []	B Blood
ENTERIC INFECTIONS	Ova & Parasites Immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	BW Bronchial Washing
Campylobacter	Cryptosporidium	CSF Cerebrospinal Fluid
E. coli O157 typing	Cyclospora/Isospora	CX Cervix/Endocervix
Enteric Culture - Routine (Salmonella, Shigella, E. coli O157, Campylobacter)	Microsporidium	E Eye
	Pintworm	F Feces
	VIRUS ISOLATION/CHLAMYDIA	N Nasopharynx/Nasal
	Adenovirus*	P Penis
	Arbovirus Panel (WNV, EEEV, SLEV)	R Rectum
	Chlamydia trachomatis	SP Sputum
	Cytomegalovirus (CMV)	T Throat
	Enterovirus (Inc. Echo & Coxsackie)	URE Urethra
	Herpes Simplex Virus (Types 1 & 2)	UFV Urine (First Void)
	Influenza (Types A & B)*	UCC Urine (Clean Catch)
	Parainfluenza (Types 1, 2 & 3)*	V Vagina
	Respiratory Syncytial Virus (RSV)*	W Wound
	Varicella (VZV)	O Other:
	*MAY INCLUDE RESPIRATORY SCREENING PANEL	
	Comments: []	

DHMH 4676 Revised 04/12 ORIGINAL

One lab slip **MUST** be completed for each specimen submitted.

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

Fill in TRAB box or include TRAB name on your label or stamp.

CY
2015
 Chlamydia/GC
 NAAT
 Sticker
 Allocation

Visit the lab website for updates: <http://dhmh.maryland.gov/laboratories/SitePages/Chlamydia.aspx>
 If you have any questions, please call the Chlamydia Lab at (443) 681-3832, 3825, or 3937.
 To request collection kits/supplies, please call (443) 681-3776 or 3777.