



**CITY AND COUNTY OF SAN FRANCISCO
PUBLIC HEALTH LABORATORY**
101 Grove Street, Room 419
San Francisco, CA 94102
Tel: (415) 554-2800 Fax: (415) 431-0651
CLIA ID # 05D0643643

THIS SPACE IS FOR LABORATORY USE ONLY

**ALL FIELDS BELOW ARE REQUIRED –
SPECIMENS WITH INCOMPLETE FORMS WILL BE REJECTED**

OPTIONAL:

PLEASE TYPE OR PRINT LEGIBLY, OR AFFIX PREPRINTED LABEL HERE

Patient's Name: _____ , _____ (Middle)
Last, First

Medical Record # (if present): _____

Gender: _____ **Date of Birth:** ____ / ____ / ____

Collected by: _____

(if different from requesting clinician)

CHN#: _____

Submitting Clinic: _____

Requesting Clinician: _____
(REQUIRED) Full Name (Last, First) CHN # (required for providers who have a SF CHN #)
PRINT LEGIBLY, OR SPECIMEN WILL BE REJECTED

For instructions on collecting and storing specimens for each test, please visit our website at: www.sfcdcp.org/phl.

INSURANCE

PLEASE CHECK ONE: Medi-Cal Family PACT S.F. Health Plan Blue Shield
 Blue Cross Uninsured Other: _____ Not provided by patient

If patient provided insurance information:
Patient Insurance I.D. #: _____ **Diagnosis Code(s):** _____

Comments: _____

COLLECTION DATE: _____
(REQUIRED)

Specimen source (check one):

Urine (First Catch) Rectal Cervix
 Urethral Throat Self-collected vaginal
 Clinician-collected vaginal

TEST REQUESTED (PLEASE USE ONE FORM PER SPECIMEN)

<p>CHLAMYDIA / GONORRHEA TMA (Molecular Detection / NAAT)</p> <p><input type="checkbox"/> Chlamydia and Gonorrhea TMA <input type="checkbox"/> Chlamydia TMA only <input type="checkbox"/> Gonorrhea TMA only</p>	<p>A reason for CT/GC testing <u>MUST</u> be checked:</p> <p><input type="checkbox"/> Females age ≤ 25 <input type="checkbox"/> MSM/TG <input type="checkbox"/> Prior CT/GC Infection <input type="checkbox"/> IUD insertion <input type="checkbox"/> Diagnostic/Symptomatic <input type="checkbox"/> Study Site <input type="checkbox"/> Contact to STD <input type="checkbox"/> Pregnant (1st & 3rd trimester)</p>
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For detailed instructions on specimen collection and storage for chlamydia/gonorrhea NAAT testing, please visit www.sfcdcp.org/phl.