TO BE COMPLETED BY STATE LABORATORY

LABORATORY NUMBER:	TEMPERATURE:	DATE/TIME RECEIVED STAMP:

Swab	Serum	Urine

TUBE EXPIRATION:

BOLD PRINT INDICATES REQUIRED INFORMATION. INCOMPLETE INFORMATION MAY CAUSE SPECIMEN REJECTION.

Patient Information

First Name: **Last Name:** Middle Initial: **Date of Birth:** __ / __ / ____

Address: _____ City: _____

State: _____ Zipcode: _____ Parish: _____

Marital Status:
- ☐ Divorced
- ☐ Married
- ☐ Separated
- ☐ Single
- ☐ Widowed
- ☐ Unknown
- ☐ Other _____

Gender:
- ☐ Male
- ☐ Female

Hispanic? _____

Race:
- ☐ AI - American Indian/Alaskan Native
- ☐ BL - Black/African American
- ☐ PI - Pacific Islander/Native Hawaiian
- ☐ WH - White/Caucasian
- ☐ AP- Asian Pacific
- ☐ MR - More than One
- ☐ OT - Other
- ☐ UK - Unknown/Unreported

Medicaid Number	Chart Number	Bayou Health Plan Name	Bayou Health Identification Number

Medical Provider Name	Medical Provider ID Number	Clinic Type or OPH Code

Specimen Information

Test Requested: ☐ Chlamydia/Gonorrhea (CT/GC) ☐ Human Immunodeficiency Virus (HIV) ☐ Treponema pallidum (Syphilis)

Reason for Test:
- ☐ Family Planning/Routine GYN
- ☐ Prenatal
- ☐ Marriage
- ☐ Follow up after RX
- ☐ Partner with CT
- ☐ Partner with GC
- ☐ Partner with Syphilis
- ☐ Partner with HIV
- ☐ Partner with Other/Unknown STD
- ☐ STD Check-Up (No Symptoms)
- ☐ STD Symptoms _____
- ☐ Reactive Rapid Test (test type) _____

Date of Collection: __ / __ / ____ **Time:** __ : __ Frozen Date and Time: _____

Specimen Source:
- ☐ Cervical Swab
- ☐ Pharyngeal Swab
- ☐ Urethral Swab
- ☐ Anal Swab
- ☐ Urine
- ☐ Serum
- ☐ Other _____

External Identification or Counseling Form Number _____

Remember to photocopy this form for your records.

Submitter Information

If you know your StarLims Facility Identification Number, enter it here. _____

Facility Name: _____

Facility Address: _____

_____

_____

Contact Person: _____

Phone/Fax: _____ / _____

Optional - Facility Stamp

Ship Specimens to DHH-OPH Central Lab, 3101 West Napoleon Ave., Metairie, LA, 70001

STD/HIV Lab Test Request Form Revision 10/2012