



MCI#: _____ **Submitter/Practitioner Name:** _____ **Collection Date:** _____

Name: _____
 (Print Clearly) _____
 (Last) (First)

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____ **Birth Date:** _____

(Check all that apply):

Race: American Indian or Alaskan Native Asian Black **Gender:** Female
 Native Hawaiian or Pacific Islander Other Race White Male

Partner Gender: M F Both

Ethnicity: Hispanic Non-Hispanic Unknown **Visit Type:** FP STD

Reason for Test: STD Screening Annual STD Symptoms Suspected STD contact Known STD contact Other

Clinician (Name and ID#): _____ **ICD-9:** _____

Insurance Status: Private Medicaid-Delaware Physician's Care, Inc. Medicaid-Diamond State
 Medicaid-Fee for Service Uninsured Unknown Medicaid # _____

TEST REQUESTED

STD

- Chlamydia and GC DNA Amplification:
Source: Cx / Urethra / Urine / Oral / Rectal
- Trichomonas DNA amplification source: CX/Urine
- Syphilis – RPR
- Syphilis – Confirmatory TPPA (includes RPR)
- HIV / Confirmation

CULTURE

- Bacterial Culture Source: _____
 (Misc., wound, genital, respiratory)
- Viral Resp. Culture Source: _____
- Herpes Culture Source: _____
- Urine Culture
- Throat for Strep Only
- Stool Culture
- Stool Culture - Rule Out -Salmonella / Shigella

AFB

- AFB Culture and Smear Source: _____
- AFB Smear Only Source: _____
- Quantiferon

Data Entry by Lab:

- Influenza Source: _____

SPECIAL REQUESTS (Hospitals/other)

- Hgb S (Sickle Cell Screen) state clinics only
- CSF Viral Culture
- Norovirus PCR(epi)
- WNV IgM (serum or CSF)
- Mycobacteria Referral Source: _____
- Syphilis – VDRL (CSF Only)
- Serotype organism: _____ Source: _____
- Test for: _____ Source: _____
- R/O _____ Source: _____

CT

- BT/CT unknown panel Source: _____
- Blood Metals
- Trace Metals (Urine)
- Arsenic & Selenium (Urine)
- Volatile Organic Compounds (Blood)
- Nerve Agent Metabolites (Urine)
- Abrine/Ricinine Biomarker (Urine)
- Metabolic Toxins Panel (Urine)
- Cyanide (Blood)

GONORRHEA / CHLAMYDIA DNA AMPLIFICATION QUESTIONS FOR YOUTH THROUGH AGE 18

- #Sexual partners during past 6 months?
- Had STD education in school? Yes No
- Past history Syphilis? Yes No
- Past history Chlamydia? Yes No
- Past history Gonorrhea? Yes No
- Past history other STD? Yes No
- Females-history of previous PID? Yes No
- Females-previous pregnancy? Yes No
- Under influence of drugs or alcohol during last sexual encounter? Yes No
- Used a condom last sexual encounter? Yes No

Check Contraceptive Method Used in Last Sexual Encounter:

- Abstinence
- Condom
- Condom and Spermicides
- Diaphragm
- Injectable contraceptive
- IUD
- Oral Contraceptive
- Spermicides
- No Method
- Other _____