(Lab barcode / label)



CHLAMYDIA SCREENING PROJECT

	G: YTEC		Indio Juvenile Hall South West Juvenile Hall		
Booking Date:	Specimen Collection Date:		Date of Birth:		Age:
CID Number:	Patient Name: Last, First				Physician: Dr. Leung
Home Address:		City:			Zip:
Phone:					
Gender:	Race			Ethnicity	
Male	American Indian or Alaska Native		Korean		Hispanic or Latino
Female	Asian Indian		Native Hawaiian		Not Hispanic or Latino
	Other Asian		Other Pacific Island	ler	
	Black or African American		Samoan		
F	Chinese		Vietnamese		
	Filipino		White		
	Guamanian or Chamorro		Other Race		
	Japanese				
CHLAMY	DIA RESULTS		G	ONORRHEA	RESULTS
Specimen Test Date:			Specimen Test Date	:	
Type of Test if Used: Source of Specimen: CT Test Results:	Aptima Combo 2 NAAT (Hologic) Other:		Type of Test if	-	tima Combo 2 NAAT (Hologic) her:
L Course of Speciment			0		
Source of Specimen:	Urine		Source of Spec		ne
R	Other:			Ot	her:
CT Test Results:	Negative		CT Test Re	esults: Ne	gative
ЯС	Positive			Po	sitive
ABI	Not Tested			No	t Tested
-	Invalid			Inv	valid
	Unsatisfactory			Un	satisfactory
IF CT RESULT IS POSITIVE:			IF GC RESULT IS POSITIVE:		
Type of Ct Treatment:	Azithromycin			Az	ithromycin
	Doxycycline/Tetracycline		Type of GC Treatm	nent:	xycycline/Tetracycline
	Not treated Other:				it treated
	Guidi				
	Juvenile Hall Facility	Juvenile Hall Facility		Ju	venile Hall Facility
	STD Program Follow-Up Adult Detention Center		Through:		D Program Follow-Up
				Ad	ult Detention Center
	Other:			Ot	her:
Treatment Date:			Treatment Date:		
If NOT Treated, Reason Why	Unable to locate		If NOT Trastad Ba	Un	able to locate
	Refused treatment		If NOT Treated, Rease Why	Re	fused treatment
	Other:			Ot	her:

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