

(Lab barcode / label)

CHLAMYDIA SCREENING PROJECT

LOCATION OF SCREENING: Riverside Juvenile Hall Indio Juvenile Hall South West Juvenile Hall

BOOKING DATE: ____ / ____ / ____

SPECIMEN COLLECTION DATE: ____ / ____ / ____

CID NUMBER: _____

DATE OF BIRTH: ____ / ____ / ____

AGE: _____

NAME: _____
(Last)

(First)

HOME ADDRESS: _____

PHYSICIAN: Dr. Kaiser

RACE:

- White
- Black
- Asian
- Hawaiian / Pacific Islander
- American Indian / Alaskan
- Other:

CITY: _____

GENDER:

- Male
- Female
- Transgender
- Male to Female
- Female to Male

ETHNICITY:

- Non-Hispanic
- Hispanic
- Unknown

ZIP: _____

PHONE: () - _____

CHLAMYDIA RESULTS

GONORRHEA RESULTS

SPECIMEN TEST DATE: ____ / ____ / ____

SPECIMEN TEST DATE: ____ / ____ / ____

TYPE OF TEST USED: Aptima Combo 2 NAAT (Hologic)
 Other: _____

TYPE OF TEST USED: Aptima Combo 2 NAAT (Hologic)
 Other: _____

SOURCE OF SPECIMEN: Urine
 Other: _____

SOURCE OF SPECIMEN: Urine
 Other: _____

CT TEST RESULTS: Negative
 Positive
 Not Tested
 Invalid
 Unsatisfactory

GC TEST RESULTS: Negative
 Positive
 Not Tested
 Invalid
 Unsatisfactory

IF CT RESULT IS POSITIVE:

IF GC RESULT IS POSITIVE:

TYPE OF CT TREATMENT: Azithromycin
 Doxycycline/Tetracycline
 Not treated
 Other: _____

TYPE OF GC TREATMENT: Dual Therapy: Rocephin and Azithromycin
 Not treated
 Other: _____

TREATMENT DELIVERED THROUGH: Juvenile Hall Facility
 STD Program Follow-Up
 Adult Detention Center
 Other: _____

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 STD Program Follow-Up
 Adult Detention Center
 Other: _____

TREATMENT DATE: ____ / ____ / ____

TREATMENT DATE: ____ / ____ / ____

IF NOT TREATED, REASON WHY: Unable to locate
 Refused treatment
 Other: _____

IF NOT TREATED, REASON WHY: Unable to locate
 Refused treatment
 Other: _____

LABORATORY USE ONLY

STD OFFICE USE ONLY