

(Lab barcode / label)

CHLAMYDIA SCREENING PROJECT

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

BOOKING DATE: ___ / ___ / ___ **SPECIMEN COLLECTION DATE:** ___ / ___ / ___

CID NUMBER: _____ **DATE OF BIRTH:** ___ / ___ / ___ **AGE:** _____

NAME: _____ (Last) _____ (First)

HOME ADDRESS: _____ **PHYSICIAN:** Dr. Kaiser

CITY: _____

ZIP: _____

PHONE: () - _____

GENDER:

Male

Female

Transgender

Male to Female

Female to Male

ETHNICITY:

Non-Hispanic

Hispanic

Unknown

RACE:

White

Black

Asian

Hawaiian / Pacific Islander

American Indian / Alaskan

Other:

CHLAMYDIA RESULTS GONORRHEA RESULTS

LABORATORY USE ONLY

SPECIMEN TEST DATE: ___ / ___ / ___

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

SOURCE OF SPECIMEN: Urine
 Other: _____

CT TEST RESULTS: Negative
 Positive
 Not Tested
 Invalid
 Unsatisfactory

SPECIMEN TEST DATE: ___ / ___ / ___

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

SOURCE OF SPECIMEN: Urine
 Other: _____

GC TEST RESULTS: Negative
 Positive
 Not Tested
 Invalid
 Unsatisfactory

IF CT RESULT IS POSITIVE:

STD OFFICE USE ONLY

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

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

TREATMENT DATE: ___ / ___ / ___

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

IF GC RESULT IS POSITIVE:

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

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

TREATMENT DATE: ___ / ___ / ___

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