



**CITY AND COUNTY OF SAN FRANCISCO
PUBLIC HEALTH LABORATORY**
101 Grove Street, Room 419
San Francisco, CA 94102
Tel: (415) 554-2800 Fax: (415) 431-0651
CLIA ID # 05D0643643

THIS SPACE IS FOR LABORATORY USE ONLY

**ALL FIELDS BELOW ARE REQUIRED –
SPECIMENS WITH INCOMPLETE FORMS WILL BE REJECTED**

OPTIONAL:

PLEASE TYPE OR PRINT LEGIBLY, OR AFFIX PREPRINTED LABEL HERE

Patient's Name: _____ , _____ (Middle)
Last, First

Medical Record # (if present): _____

Gender: _____ Date of Birth: ____ / ____ / ____

Collected by: _____
(if different from requesting clinician)

CHN#: _____

Submitting Clinic: _____

Requesting Clinician: _____
(REQUIRED) Full Name (Last, First) CHN # (required for providers who have a SF CHN #)

PRINT LEGIBLY, OR SPECIMEN WILL BE REJECTED

For instructions on collecting and storing specimens for each test, please visit our website at: www.sfcdcp.org/phl.

INSURANCE

PLEASE CHECK ONE: Medi-Cal Family PACT S.F. Health Plan Blue Shield
 Blue Cross Uninsured Other: _____ Not provided by patient

If patient provided insurance information:
Patient Insurance I.D. #: _____ Diagnosis Code(s): _____

Comments: _____

COLLECTION DATE: _____
(REQUIRED)

Specimen source (check one): Cervix
 Urine (First Catch) Rectal Self-collected vaginal
 Urethral Throat Clinician-collected vaginal

TEST REQUESTED (PLEASE USE ONE FORM PER SPECIMEN)

CHLAMYDIA / GONORRHEA TMA (Molecular Detection / NAAT)

Chlamydia and Gonorrhea TMA
 Chlamydia TMA only
 Gonorrhea TMA only

A reason for CT/GC testing MUST be checked:

Females age ≤ 25 MSM/TG
 Prior CT/GC Infection IUD insertion
 Diagnostic/Symptomatic Study Site
 Contact to STD Pregnant

TRICHOMONAS VAGINALIS TMA (Molecular Detection / NAAT)

Trichomonas vaginalis TMA

*Please note: Acceptable specimen sources for T. vaginalis NAAT testing include vaginal swabs, female urine, and male urine only. All other specimen types have not been verified/validated for this assay. Please submit T. vaginalis NAAT samples using the APTIMA collection kit, and please submit **one tube** for chlamydia, gonorrhea, and T. vaginalis NAAT testing for a single sample source, if requesting all three tests for urine or vaginal swabs.*

For detailed instructions on specimen collection and storage for chlamydia/gonorrhea NAAT testing, please visit www.sfcdcp.org/phl.