



**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.sfcddcp.org/phl](http://www.sfcddcp.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):**

Urine (First Catch)  Rectal  Cervix  
 Urethral  Throat  Self-collected vaginal  
 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.sfcddcp.org/phl](http://www.sfcddcp.org/phl).