MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
MISSOURI STATE PUBLIC HEALTH LABORATORY

IMMUNOLOGY TEST REQUEST

101 NORTH CHESTNUT STREET, PO BOX 570
JEFFERSON CITY, MO 65101
(573) 751-3334
http://health.mo.gov/lab/

TEST REQUESTED / SPECIMEN TYPE

SYPHILIS TESTING
- ☐ Serum/Blood
- ☐ CSF (Cerebrospinal fluid)

HIV TESTING
- ☐ Serum/Blood
- ☐ Plasma

CHLAMYDIA/GONORRHEA TESTING
- ☐ Endocervical swab
- ☐ Vaginal swab
- ☐ Urethral swab
- ☐ Rectal swab
- ☐ Urine
- ☐ Pharyngeal swab

Accession Number Barcode
(For SPHL use only)

Syphilis
☐ Suspected Latent ☐ Previous Reactive

HIV Rapid Testing
☐ Preliminary Positive

DATE COLLECTED (MM/DD/YYYY)

CLIENT REFERENCE

PATIENT INFORMATION (REQUIRED)

LAST NAME | FIRST NAME | M.I.

BIRTH DATE (MM/DD/YYYY) | ADDRESS

CITY | STATE | ZIP CODE

GENDER
☐ Female ☐ Male ☐ Other

ETHNICITY
☐ Hispanic ☐ Non Hispanic ☐ Unknown

RACE
☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan Native
☐ Native Hawaiian/Pacific Islander ☐ Other ☐ Unknown

ATTENDING PHYSICIAN/CLINICIAN INFORMATION

PHYSICIAN LAST NAME | PHYSICIAN FIRST NAME

PHYSICIAN FACILITY NAME | PHYSICIAN TELEPHONE NUMBER

ADDRESS | CITY | STATE | ZIP CODE

SUBMITTER INFORMATION (RESULTS ARE RETURNED TO THIS ADDRESS)

FACILITY NAME

ADDRESS | CITY | STATE | ZIP CODE

SUBMITTER CONTACT NAME | SUBMITTER TELEPHONE NUMBER | OUTREACH EVENT

ADDITIONAL PATIENT INFORMATION AND PATIENT HISTORY

SEX ASSIGNED AT BIRTH
☐ Female ☐ Male ☐ Other

MEDICAL RECORDS/CHART

MEDICAID NUMBER/DCN

PATIENT'S COUNTY OF RESIDENCE

INSURANCE INFORMATION - Check only one
☐ Private ☐ Uninsured ☐ Unknown

Public Insurance: ☐ Medicare ☐ Medicaid ☐ Military ☐ CHIP

Patient Pregnant
☐ Yes ☐ No ☐ Unknown

Chlamydia and Gonorrhea - Check all that apply

Screening Criteria (One test per 12 month period)
- ☐ Female age 15-24 **AND** ≥ 1 partner (last 12 months)
- ☐ Female age 25-44 **AND EITHER** New Partner (last 60 days) **OR** ≥ 2 partners (last 12 months)
- ☐ Male with ≥ 1 male sex partner (last 12 months)

Testing Criteria
- ☐ Contact to a CT/GC positive case
- ☐ Rescreen (3-12 months post-treatment only)
- ☐ Signs/Symptoms*

*Defined as mucopurulent cervicitis (MPC), cervicitis, cervical friability, PID suspicion, urethritis

REMARKS