WISCONSIN STATE LABORATORY OF HYGIENE

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800-862-1013

http://www.slh.wisc.edu

(Please type or print using black pen)

(1) Patient's last name | Patient's First Name | Mid. Init.

(2) Name Change? Former Last Name

(3) Patient's address

(4) City | State | Zip

(5) Date of Birth | (6) Age | (7) ☐ Female ☐ Male

(9) Ethnicity ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

(10) Race ☐ Amer Indian ☐ Black/African Amer ☐ White ☐ Asian ☐ Pacific Islander ☐ Other _____

(11) Chart #/Patient ID Number | (12) Submitter Specimen ID number

(16) Ordering Provider | (17) Provider NPI#

(15a) **IF INSURED**: check all that apply for patients with Third Party billing:

☐ Private Insurance or Medicare (Patient signature is required and please provide insurance information on back or a copy of both sides of the card.

☐ Medicaid # ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Dates Effective from _____/_____/_____ to _____/_____/_____

(14) I authorize WSLH to release my personal information to a Third Party Payor (private insurance and Medicare only, not necessary for Medicaid) for purposes of billing. I understand that information may be sent from the Third Party to the address of the policyholder.

Patient Signature: _____

(15) **IF UNINSURED (OR DENIED BY INSURANCE)** –

Complete the following for ALL patients

Chlamydia		**Gonorrhea (if requested)**
☐ SSC or GYT (2482) →	Must have SSC/GYT	← ☐ SSC or GYT (2482)
☐ Non-SSC (Fee Exempt) →	FE #_____	← ☐ Non-SSC (Fee Exempt)
☐ Bill Clinic →	Fee for Service	← ☐ Bill Clinic

(21) For third-party payment, IDC-10 Codes are required. ICD-10 Codes must support the medical necessity of the test for Medicare reimbursement

ICD-10 Codes:

(20) Date and Time of Collection:

Specimen Type	Test Requests
☐ Cervical Swab ☐ Urine ☐ Urethral Swab (males) ☐ Self Collected Vaginal Swab (SCV)	☐ SC00118 Chlamydia trachomatis NAAT ☐ SC00119 Chlamydia NAAT/Add GC 112 if CT Pos. ☐ SC00111 Chlamydia AND Gonorrhea NAAT
☐ Pharyngeal Swab ☐ Rectal Swab	☐ SC02601 Chlamydia trachomatis NAAT ☐ SC02602 Neisseria gonorrhoeae NAAT ☐ SC02603 Chlamydia AND Gonorrhea NAAT

CHLAMYDIA (CT)

Reason for Testing: CHECK ALL CRITERIA THAT APPLY:
Complete for all patients regardless of source of payment. If none, mark No Criteria. **Definitions for testing are on the back.**

☐ **GYT Testing (*no* *other criteria apply*)**
☐ **GYT Testing (*other* *criteria apply* *below*)**

Females

SELECTIVE SCREENING CRITERIA (SSC)

☐ Sex Partner Risk
☐ Contact
☐ Symptomatic
☐ History of STD (***NOT*** *"Test of Cure"*)
☐ Protocol (pre-IUD) Testing
☐ Prenatal
☐ Retest [circle: >30 <90 days; ≥90 up to one year]

For AUTHORIZED clinics only

☐ Special Age Criteria

NON-SELECTIVE SCREENING CRITERIA **(NON**-SSC**)**

☐ >90 Day Partner Change
☐ LARC
☐ Pregnancy Test
☐ Clinician Assessment

Males

SELECTIVE SCREENING CRITERIA (SSC)

☐ Contact
☐ Symptomatic
☐ Positive LET [circle: Trace 1+ 2+]
☐ Retest [circle: >30 <90 days; ≥90 up to one year]

NON-SELECTIVE SCREENING CRITERIA **(NON**-SSC**)**

☐ MSM* History
☐ Clinician Assessment

☐ NO Chlamydia Criteria Met / Patient Requested **(Bill Clinic)**

GONORRHEA (GC)

Reason for Testing: CHECK ALL CRITERIA THAT APPLY:
Complete for all patients regardless of source of payment. If none, mark No Criteria. **Definitions for testing are on the back.**

☐ **GYT Testing (*no* *other criteria apply*)**
☐ **GYT Testing (*other criteria apply* *below*)**

"Level 1" Clinics: Females and Males

SELECTIVE SCREENING CRITERIA (SSC)

☐ Contact
☐ Symptomatic
☐ Currently Positive for Chlamydia
☐ History of STD (***NOT*** *"Test of Cure"*)
☐ Retest [circle: >30 <90 days; ≥90 up to one year]
☐ Test of Cure (see definition on back)

NON-SELECTIVE SCREENING CRITERIA **(NON**-SSC**)**

☐ MSM* History
☐ Clinician Assessment

"Level 2" Clinics: Females and Males

SELECTIVE SCREENING CRITERIA (SSC)

☐ Contact (to known/self-reported GC infection)
☐ Symptomatic (suggestive of GC)
☐ Currently Positive for Chlamydia
☐ Retest [circle: >30 <90 days; ≥90 up to one year]
☐ Test of Cure (see definition on back)

NON-SELECTIVE SCREENING CRITERIA **(NON**-SSC**)**

☐ MSM* History
☐ Clinician Assessment

☐ NO Gonorrhea Criteria Met / Patient Requested **(Bill Clinic)**

Instructions have been provided to each clinic regarding which criteria to use; if you are unsure which criteria applies at your clinic, please contact DPH STD Control Section at (608) 267-5220.

Reason for Testing Definitions

Special Age Criteria: different age cutoffs apply at selected clinics. If marked in error, test will be charged back to clinic.

Level 1 clinics are located in high-morbidity areas for GC, **Level 2** clinics are in areas where GC is uncommonly seen. If you do not know the level of your clinic, please contact DPH STD Control Section at (608) 267-5220.

CHLAMYDIA (CT)

GYT TESTING (GYT): if reason for test is patient request for GYT, check GYT box ***as well as ALL*** other criteria that apply.

FEMALES

SELECTIVE SCREENING CRITERIA (SSC)

SEX PARTNER RISK: All within past 90 days
Patient had more than one partner
Patient has a partner who had more than one partner
Patient had a new partner

CONTACT
Patient had a partner with symptoms or diagnosis of CT, GC, NGU, epididymitis or other STD within past 90 days

SYMPTOMATIC
Current diagnosis of (or evaluation for) gonorrhea
Current diagnosis of or symptoms of PID
Cervicitis – mucopurulent discharge or friable cervix
Cervical erythema greater than 50%
Purulent vaginal discharge

HISTORY OF STD (***NOT*** *"Test of Cure"*)
Confirmed or self-reported CT infection in past ≥ 1year-5 years

PROTOCOL TESTING: Prior to an IUD insertion

PRENATAL – Prenatal visit (for a pregnancy already identified)

RETEST (***NOT*** *"Test of Cure"*) - Check retest as reason for test for previously positive CT/GC patients tested >30 days ≤ 1 year after completion of treatment, and circle one timeframe of retest: [>30 <90 days; ≥90 up to one year]

SPECIAL AGE CRITERIA – if age is the ONLY criteria met
Patients not meeting above criteria, but under a specified age may be tested in selected clinics: contact DPH STD Control Section at (608) 267-5220 to find out if your clinic is authorized

NON-SELECTIVE SCREENING CRITERIA (NON-SSC)

>90 DAY PARTNER CHANGE

LARC – Long Acting Reversible Contraception User

PREGNANCY TEST – if pregnancy test is the ONLY reason for visit

CLINICIAN ASSESSMENT
Other personal high risk factors identified by the clinician

MALES

SELECTIVE SCREENING CRITERIA (SSC)

CONTACT
Patient had a partner with symptoms or diagnosis of Chlamydia, GC, NGU, syphilis or PID within past 90 days (confirmed or self-reported)

SYMPTOMATIC
Males presenting with symptoms suggestive of CT infection

POSITIVE LET
Males who are not contacts and present with no symptoms but with a urine dipstick Leukocyte Esterase Test (LET) result of trace or higher. (Please provide LET result.)

RETEST(***NOT*** *"Test of Cure"*) - Check retest as reason for test for previously positive CT/GC patients tested >30 days ≤ 1 year after completion of treatment, and circle one timeframe of retest: [>30 <90 days; ≥90 up to one year]

NON-SELECTIVE SCREENING CRITERIA (NON-SSC)

*MSM (Men who have Sex with Men) HISTORY

CLINICIAN ASSESSMENT
Other personal high risk factors identified by the clinician

GONORRHEA (GC)

GYT TESTING (GYT): if reason for test is patient request for GYT, check GYT box ***as well as ALL*** other criteria that apply.

"LEVEL 1" FEMALES & MALES

SELECTIVE SCREENING CRITERIA (SSC)

CONTACT
Patient had a partner with symptoms or diagnosis of Chlamydia, GC, NGU, syphilis or PID within past 90 days (confirmed or self-reported)

SYMPTOMATIC
Cervicitis – mucopurulent discharge or friable cervix
Current diagnosis of NGU or PID
Penile discharge

CURRENTLY POSITIVE FOR CHLAMYDIA
Current positive test for Chlamydia on this specimen (mark box on front to request automatic reflex GC test.)

HISTORY OF STD (***NOT*** *"Test of Cure"*)
Diagnosed with GC, Chlamydia or PID within the past year

RETEST(***NOT*** *"Test of Cure"*)- Check retest as reason for test for previously positive CT/GC patients tested >30 days ≤ 1 year after completion of treatment, and circle one timeframe of retest: [>30 <90 days; ≥90 up to one year]

TEST OF CURE
For GC in men and women if CDC STD recommendations for treatment in the guidelines were not used for treatment

NON-SELECTIVE SCREENING CRITERIA (NON-SSC)

*MSM (Men who have Sex with Men) HISTORY

CLINICIAN ASSESSMENT
Other personal high risk factors identified by the clinician

"LEVEL 2" FEMALES & MALES (limited)

SELECTIVE SCREENING CRITERIA (SSC)

CONTACT
Patient had partner with GC (confirmed or self-reported)

SYMPTOMATIC
Patient has discharge suggestive of GC infection

CURRENTLY POSITIVE FOR CHLAMYDIA
Current positive test for Chlamydia on this specimen (mark box on front to request automatic reflex GC test.)

RETEST(***NOT*** *"Test of Cure"*)- Check retest as reason for test for previously positive CT/GC patients tested >30 days ≤ 1 year after completion of treatment, and circle one timeframe of retest: [>30 <90 days; ≥90 up to one year]

TEST OF CURE
For GC in men and women if CDC STD recommendations for treatment in the guidelines were not used for treatment

NON-SELECTIVE SCREENING CRITERIA (NON-SSC)

*MSM (Men who have Sex with Men) HISTORY

CLINICIAN ASSESSMENT
Other personal high risk factors identified by the clinician

NO Criteria Met (Chlamydia and/or Gonorrhea)

Patient requested testing with no high risk factors, clinic will be billed