

April 10, 2009

To: Chlamydia Submitters

From: Oregon State Public Health Laboratory
Virology / Immunology Department

Subject: **NEW Chlamydia Requisition**

This memo is to provide you with helpful information about the new Chlamydia requisition form you are receiving. Please read it carefully and distribute to other staff that may need to be familiar with the information.

1. Please use ALL of your current forms before using the new form.

The **New Chlamydia Form** is identical to the current form EXCEPT for the addition of the peel-off Bar Code labels at the bottom of the form.

2. Using the labels on the new form: The labels correspond to the unique number at the top of the requisition.

- The first two (2) labels are for specimen identification. These labels have a line for a second unique patient identifier. A label should be placed vertically on the specimen tube reading left to right / bottom to top and directly on top of the existing tube label.
- The remaining labels may be used by your facility and/or Oregon State Public Health Laboratory for specimen tracking purposes.
- Do not remove unused labels from the form before submitting it.

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Important Data Entry Fields

Client Name: If the facility is using a printed label, please make sure that it does not obscure other important information.

Client Zip Code: This is the zip code of the patient. The zip code determines county of residence. Your facility may not have the same zip code as the patient.

Service Site: Please remember to give us your site number.

Specimen Site: Please indicate the origin of the specimen. The Vaginal-patient & Vaginal-clinician check boxes will **not** be used at this time, but will be used in the future. (More information to follow next month)

If you have questions about how to fill out and submit the form, you may contact Chris Biggs (christianne.biggs@state.or.us) or Terry Crandall (terry.crandall@state.or.us) at 503-693-4100.