Utah Department of Health & Human Services
Utah Public Health Laboratory

AR Lab Network Neisseria gonorrhoeae Etest

Utah Public Health Laboratory

4431 South 2700 West

Taylorsville, Utah 84129

ARLNutah@utah.gov

ARLABnetwork

PATIENT INFORMATION

LAST NAME

FIRST NAME | MIDDLE INITIAL | DATE OF BIRTH (DOB)

MEDICAL RECORD #/ PATIENT ID | PHL ISOLATE OR SPECIMEN ID

GENDER
☐ MALE ☐ UNKNOWN
☐ FEMALE ☐ UNSPECIFIED

STREET ADDRESS | CITY

STATE/TERRITORY | ZIP CODE | COUNTY/BOROUGH /VILLAGE

PATIENT TRAVEL INFORMATION

In the previous 30 days prior to sample collection did the patient travel (international or interstate)?

☐ YES ☐ NO ☐ UNKNOWN

If yes, please specify the most recent travel

☐ Interstate (please specify location): _____

☐ International (please specify location):_____

SPECIMEN INFORMATION

DATE COLLECTED (mm/dd/yyyy) | TIME COLLECTED ☐ AM ☐ PM | DATE SENT TO ARLN

SPECIMEN TYPE: **Please only select one** ☐ Isolate ☐ Swab ☐ Other (specify)_____

SPECIMEN SOURCE: **Please select ONE source option below.**

☐ BLOOD
☐ CONJUNCTIVAL
☐ ENDOCERVICAL
☐ PHARYNGEAL
☐ RECTAL
☐ URETHRAL
☐ URINE
☐ SYNOVIAL FLUID
☐ VAGINAL
☐ OTHER(specify)

TEST REQUESTED (pre-approval required)

☐ Gradient Strip *Neisseria gonorrhoeae* Antimicrobial Susceptibility Testing

REASON FOR TEST REQUEST

☐ Treatment failure ☐ Other (please specify):_____

TEST APPROVAL

Pre-approval is required for testing. Specimens without prior approval will not be tested. Has this testing request been approved by AR Lab Network staff?

☐ NO ☐ YES (please specify name of staff below)

NAME OF APPROVING AR LAB NETWORK STAFF | DATE APPROVED

SUBMITTER INFORMATION

SUBMITTING FACILITY NAME

FACILITY ADDRESS

PHONE NUMBER | EMAIL/SECURE FAX NUMBER

CITY | STATE/TERRITORY | ZIP CODE | COUNTY

PROVIDER CODE:

NAME OF ORDERING PROVIDER

GENERAL SHIPPING INSTRUCTIONS

- **Please print legibly and complete all fields.**
- Each specimen must be clearly marked with **two unique patient identifiers that exactly match this form.**
- Please contact ARLNutah@utah.gov or (801)965-2400 for testing approval and questions
- All shipped specimens must meet Department of Transportation and International Air Transport Association regulations. It is the shipper's responsibility to ensure all regulations are met.
- Ship to: **Utah Public Health Laboratory**
  Attn: ARLN
  4431 South 2700 West
  Taylorsville Utah 84129

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