



AR Lab Network Neisseria gonorrhoeae Etest

Utah Public Health Laboratory

4431 South 2700 West

Taylorsville, Utah 84129

ARLNutah@utah.gov



PATIENT INFORMATION				SPECIMEN INFORMATION			
LAST NAME				DATE COLLECTED (mm/dd/yyyy)	TIME COLLECTED	AM PM	DATE SENT TO ARLN
FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH (DOB)	SPECIMEN TYPE: Please only select one			
MEDICAL RECORD #/ PATIENT ID		PHL ISOLATE OR SPECIMEN ID		Isolate Swab Other (specify) _____			
GENDER				SPECIMEN SOURCE: Please select ONE source option below.			
MALE	MALE-TO-FEMALE TRANSGENDER	INTERSEX	UNKNOWN	BLOOD	URETHRAL		
FEMALE	FEMALE-TO-MALE TRANSGENDER	UNSPECIFIED		CONJUNCTIVAL	URINE		
STREET ADDRESS		CITY		ENDOCERVICAL	VAGINAL		
STATE/TERRITORY	ZIP CODE	COUNTY/BOROUGH /VILLAGE		PHARYNGEAL	OTHER(specify) _____		
PATIENT TRAVEL INFORMATION				RECTAL			
In the previous 30 days prior to sample collection did the patient travel (international or interstate)?				TEST REQUESTED			
YES	NO	UNKNOWN		Gradient Strip <i>Neisseria gonorrhoeae</i> Antimicrobial Susceptibility Testing (pre-approval required)			
If yes, please specify the most recent travel				REASON FOR TEST REQUEST			
Interstate (please specify location): _____				Treatment failure Other (please specify): _____			
International (please specify location): _____				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			NAME OF ORDERING PROVIDER		
FACILITY TYPE					
Public health department		Hospital/emergency department		Physician's office	
				STD Clinic	
				Other (specify): _____	
PHONE NUMBER		EMAIL/SECURE FAX NUMBER		FACILITY ADDRESS	
CITY		STATE/TERRITORY	ZIP CODE	COUNTY/BOROUGH/VILLAGE	

GENERAL SHIPPING INSTRUCTIONS
<ul style="list-style-type: none"> • 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 ARLNnutah@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