LOS ANGELES COUNTY STD PROGRAM
CHLAMYDIA & GONORRHEA LABORATORY REPORT

County of Los Angeles Public Health

DATE OF REPORT

REPORT STATUS ☐ New ☐ Update

REPORT DONE BY

1 PATIENT

PATIENT'S LAST NAME | FIRST NAME | M.I.

PATIENT'S STREET ADDRESS | APT/UNIT NO.

CITY/TOWN | STATE | ZIP CODE

AREA CODE - DAY TELEPHONE NUMBER

AREA CODE - EVENING TELEPHONE NUMBER

Birth Date - - | AGE:

GENDER:
- ☐ Male
- ☐ Female
- ☐ Transgender (M to F)
- ☐ Transgender (F to M)
- ☐ Unknown or Refused

PREGNANT:
- ☐ Yes ☐ Unknown
- ☐ No

POSTPARTUM:
- ☐ Yes ☐ Unknown
- ☐ No

RACE (check all that apply):
- ☐ White
- ☐ Black or African American
- ☐ Native American or Alaska Native
- ☐ Asian or Asian American
- ☐ Native Hawaiian or Pacific Islander
- ☐ Unknown ☐ Refused
- ☐ Other:

2 PROVIDER

DOCTOR'S LAST NAME | DOCTOR'S FIRST NAME | M.I.

FACILITY/CLINIC NAME

FACILITY STREET ADDRESS | SUITE/UNIT NO.

CITY/TOWN | STATE | ZIP CODE

AREA CODE - TELEPHONE NUMBER | AREA CODE - FAX NUMBER

For HIV REPORTING:
Call (213) 351-8516 or visit publichealth.lacounty.gov/dhsp/ReportCase.htm

3 LABORATORY

LABORATORY'S NAME

LABORATORY'S STREET ADDRESS

CITY/TOWN | STATE | ZIP CODE

AREA CODE - TELEPHONE NUMBER | AREA CODE - FAX NUMBER

4 REFERENCE LAB

REFERENCE LABORATORY'S NAME (If specimen was sent for further testing from original lab to reference lab, reference lab info required in addition to the above information)

REFERENCE LABORATORY'S STREET ADDRESS

CITY/TOWN | STATE | ZIP CODE | Test Date (MM-DD-YY): - -

AREA CODE - TELEPHONE NUMBER | AREA CODE - FAX NUMBER | Date reported (MM-DD-YY): - -

5 TEST RESULT

CHLAMYDIA

TEST NAME

TEST RESULT

SPECIMEN TYPE

SPECIMEN SITE:
- ☐ Urine ☐ Vaginal ☐ Other
- ☐ Cervix ☐ Rectum
- ☐ Urethra ☐ Nasopharynx

Spec. Coll. Date (MM-DD-YY): - -

Test Date (MM-DD-YY): - -

Specimen ID #:

Date reported (MM-DD-YY): - -

GONORRHEA

TEST NAME

TEST RESULT

SPECIMEN TYPE

SPECIMEN SITE:
- ☐ Urine ☐ Vaginal ☐ Other
- ☐ Cervix ☐ Rectum
- ☐ Urethra ☐ Nasopharynx

Spec. Coll. Date (MM-DD-YY): - -

Test Date (MM-DD-YY): - -

Specimen ID #:

Date reported (MM-DD-YY): - -

FAX TO: (213) 749-9602 REPORTING OR QUESTION: (213) 368-7441 DOWNLOAD FROM: http://publichealth.lacounty.gov/dhsp/ReportCase/lab_report_ctgc.pdf

Updated 05/08/2017