WEEKLY LABORATORY REPORT OF SEXUALLY TRANSMITTED DISEASES
CHICAGO DEPARTMENT OF PUBLIC HEALTH - STD SECTION
Chlamydia and Gonorrhea

FOR THE WEEK ENDING SATURDAY «Dates»

Laboratory Name	«Providers»
STD Laboratory Number	«Provider_Code»

PLEASE LIST INFORMATION ON PERSONS WITH POSITIVE TEST(S) FOR CHLAMYDIA AND/OR

NAME OF LAB WHERE TEST WAS DONE (IF OTHER)	PATIENT'S NAME ADDRESS & PHONE	RACE/ ETHN SEX	Date Of Birth	PHYSICIAN'S NAME, CITY, PHONE, AND FAX NUMBER	TEST DATE	REASON FOR TEST*	DISEASE/TEST MARK BOX(ES)
		B W H O M F					GONORRHEA: CHLAMYDIA:
		B W H O M F					GONORRHEA: CHLAMYDIA:
		B W H O M F					GONORRHEA: CHLAMYDIA:
		B W H O M F					GONORRHEA: CHLAMYDIA:
		B W H O M F					GONORRHEA: CHLAMYDIA:
		B W H O M F					GONORRHEA: CHLAMYDIA:
		B W H O M F					GONORRHEA: CHLAMYDIA:
		B W H O M F					GONORRHEA: CHLAMYDIA:

*Reason for Test: "D" for Diagnostic, "P" for Prenatal, "S" for Screening, "T" for Treatment

FORM # IL 482-0935 (Rev. 11/96) Printed by Authority of the State of Illinois P.O. # 10M 2/97

WEEKLY LABORATORY REPORT OF SEXUALLY TRANSMITTED DISEASES
CHICAGO DEPARTMENT OF PUBLIC HEALTH - STD SECTION
Syphilis

FOR THE WEEK ENDING SATURDAY «Dates»

Laboratory Name «Providers»

STD Laboratory Number «Provider_Code»

PLEASE LIST INFORMATION ON PERSONS WITH POSITIVE TEST(S) FOR SYPHILIS

NAME OF LAB WHERE TEST WAS DONE (IF OTHER)	PATIENT'S NAME AND ADDRESS	RACE/ ETHN SEX	Date of Birth	PHYSICIAN'S NAME, CITY, PHONE, AND FAX NUMBER	TEST DATE	REASON FOR TEST*	RPR (titer)	VDRL (titer)	TPPA Or FTA**	EIA	DARK FIELD
		B W H O M F									
		B W H O M F									
		B W H O M F									
		B W H O M F									
		B W H O M F									

*Reason for Test: "D" for Diagnostic, "P" for Prenatal, "S" for Screening, "T" for Treatment, **Circle either TPPA or FTA to indicate which test was performed

RECOMMENDATIONS

SYPHILIS

A reactive RPR or VDRL should have a confirmatory test for syphilis performed, e.g., FTA-ABS or MHA-TP, unless the client has a previous history of a reactive confirmatory test. A reactive RPR or VDRL may be submitted to an IDPH Laboratory for a confirmatory test.

Location of IDPH Laboratory: 2121 W. Taylor St.
Chicago 60612
(312) 793-4760

FORM # IL 482-0935 (Rev. 11/96) Printed by Authority of the State of Illinois P.O. # 10M 2/97