Exhibit B

STI TESTING

COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH LABORATORY
PEPPER STOCKTON, LABORATORY DIRECTOR CLIA 05D0666113, MEDICARE/ MEDI-CAL ID # LAB58595F
529 I STREET, EUREKA CA 95501
PHONE: 707-268-2179 FAX: 707-445-7640
EMAIL: HCPHL@CO.HUMBOLDT.CA.US

PATIENT #

P.H. LAB USE ONLY
DATE & TIME RECEIVED

INFORMATION MUST BE PROVIDED TO PROCESS TESTING-PLEASE PRINT CLEARLY

PATIENT'S LAST NAME FIRST MI

ETHNICITY: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

RACE: ☐ American Indian or Alaska Native ☐ Asian ☐ Multiple Race ☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐ White ☐ Black/African American

GENDER: ☐ Female ☐ Male ☐ Trans-Female ☐ Trans-Male ☐ Unknown

DOB CHART#

PREGNANCY STATUS (if known) ☐ Pregnant ☐ Not Pregnant

PATIENT PHONE #

PATIENT ADDRESS

CITY/STATE/ZIP

SUBMITTING AGENCY

Planned Parenthood of Northern California
Client # 23

NAME OF PHYSICIAN

SPECIMEN SOURCE: ☐ ENDOCERVICAL SWAB ☐ VAGINAL SWAB ☐ RECTAL SWAB ☐ URETHRAL SWAB ☐ OROPHARYNGEAL SWAB ☐ OTHER: _____

DATE & TIME COLLECTED

COLLECTED BY

SPECIMEN CONDITION: ☐ ROOM TEMP ☐ OTHER_____

TEST REQUESTED:	CPT:	P.H. LAB USE ONLY LAB CLIENT #
☐ Gonorrhea Culture w/reflex to AST	87181	