



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D. Secretary

Laboratories Administration
Robert A. Myers, Ph.D., Director

October 18, 2012

RE: 2013 Chlamydia/GC NAAT Stickers Allocation Distribution and Teleconferences

Dear Colleagues:

The **2013 Chlamydia/GC NAAT Sticker Allocation** will be shipped to the local health departments through each county's sticker steward on November 5, 2012. You **must** contact your sticker steward directly to obtain your stickers.

Please note that the 2013 submission policy guidance documents are posted on the DHMH Laboratory website: <http://dhmh.maryland.gov/laboratories/SitePages/Chlamydia.aspx>. Please routinely visit our website for updates and archived documents.

For your convenience, we will be providing two identical teleconferences to discuss the 2013 Allocation Sticker Laboratory Submission Policy Updates. We highly recommend that staff directly involved in completing the submission forms, collecting the samples, and packaging the submission forms/samples attend **one** of these teleconferences. This is a great opportunity for training and retraining purposes. The teleconference dates and dial-in information are:

November 9, 2012 (Friday), 3:00 PM – 3:45 PM

Dial-In Number: (410) 225-5300
Meeting ID: 7548

November 13, 2012 (Tuesday), 9:00 AM – 9:45 AM

Dial-In Number: (410) 225-5300
Meeting ID: 7548

Should you have any questions regarding the **Laboratory Submission Policy**, please do not hesitate to contact the DHMH Laboratories Administration's staff directly:

Susan Taylor, PHLS Lead Chlamydia Laboratory
(410) 767-6154
susan.taylor@maryland.gov

Heather Peters, PHLS Supervisor Chlamydia Laboratory
(410) 767-6153
heather.peters@maryland.gov

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P.O. BOX 2355 • Baltimore, Maryland 21203-2355
410-767-6100 • TTY for Disabled - Maryland Relay Service 1-800-735-2258
Toll Free 1-877-4MD-DHMH • Web Site: <http://dhmh.maryland.gov/laboratories>

Should you have questions regarding the **County Sticker Allocations and Sticker Steward List**, please contact the Maryland Department of Health and Mental Hygiene Center for Sexually Transmitted Infection Prevention staff directly as listed below. Also, please update the contact information on the 2013 sticker steward list and inform them of any changes no later than October 30, 2012.

Elisabeth Liebow, Program Coordinator
Center for Sexually Transmitted Infection Prevention
Infectious Disease Bureau, Prevention and Health Promotion Administration
Maryland Department of Health and Mental Hygiene
(410) 767-5160
elisabeth.liebow@maryland.gov

Cesar Pena, Epidemiologist
Center for Sexually Transmitted Infection Prevention
Infectious Disease Bureau, Prevention and Health Promotion Administration
Maryland Department of Health and Mental Hygiene
(410) 767-6687
cesar.pena@maryland.gov

For local health departments who are interested in establishing a Fiscal Year 2013 (July 2012-June 2013) MOU/PO for additional Chlamydia/GC NAAT test requests, please contact our DHMH Laboratories Administration Fiscal Officer, Ken Keys at ken.keys@maryland.gov directly as soon as possible. The Chlamydia/GC NAAT cost reimbursable rate for supplies and reagents is \$13.00

We sincerely appreciate your continued assistance and cooperation. Thank you.

Regards,



Maria Paz Carlos, Ph.D.
Chief, Division of Virology and Immunology
State of Maryland DHMH Laboratories Administration
201 West Preston Street Room 4A6
Baltimore, MD 21201
(410) 767-6151 (office)
(410) 241-3303 (cell)
(410) 333-7790 (fax)
maria.carlos@maryland.gov

NEW-
Mandatory-
fill in TRAB box
or include TRAB
name on your
label or stamp.

Collect date must be completed

In MYLIMS, select Chlamydia and Gonorrhea Nucleic Acid Amplification.

Visit the lab website for updates:
dhmh.maryland.gov/laboratories

Use only these codes for specimen source. Write it in the space provided on the blue sticker.

Specimen Source
must be completed
Test Request: Chlamydia/GC NAAT
barcode
13CT0001 Valid 1-1-13 to 12-31-13

The sticker replaces the need to mark this box.

The sticker itself is the CT/GC NAAT test request. Affix one blue sticker to the upper left corner of the lab slip.

You must provide the specimen source in the space on the sticker

Complete submitter and patient information sections including sex, ethnicity and race.

2013
Chlamydia/GC
Allocation





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Laboratories Administration

Robert A. Myers, Ph.D., Director

July 31, 2012

Dear Laboratories Administration Customer:

The Laboratories Administration in the Maryland Department of Health and Mental Hygiene (DHMH) provides select diagnostic and reference laboratory testing services to support our local health departments and other healthcare partners. The employees of the Laboratories Administration strive to meet or exceed the expectations of our customers while fulfilling regulatory requirements set forth by state and federal laws.

State and Federal Regulations mandate that all clinical (medical) test requisitions submitted to the Laboratories Administration must contain the address and name of the “authorized person”. Therefore, the Laboratories Administration must take actions to ensure compliance and that all mandated regulations are implemented.

An **authorized person** in the State of Maryland, according to the Code of Maryland Regulations (COMAR), is:

- A court of law;
- A doctor of medicine, osteopathy, podiatric medicine, or dentistry;
- A nurse midwife certified by the Maryland State Board of Nursing under COMAR 10.27.05;
- A nurse practitioner certified by the Maryland State Board of Nursing under COMAR 10.27.07 and authorized to order tests under a written agreement with a physician;
- A physician's assistant, as authorized by the physician's assistant's supervising physician; or
- Another person authorized to order laboratory tests under the Annotated Code of Maryland.

Employees working at health clinics (*e.g.* – STD clinics) are working under the direction of a licensed Physician - Medical Director for the program. It may be important to include an additional contact name, if appropriate, the individual responsible for using the test results.

Every clinical laboratory requisition submitted to Laboratories Administration must contain the following information:

- The name and address of the **authorized person** requesting the test **and**, if appropriate, the individual responsible for using the test results, or the name and address of the laboratory submitting the specimen, including, as applicable, a contact person to enable the reporting of imminently life threatening laboratory results or panic or alert values.
- The patient's name or unique patient identifier.
- The sex and age or date of birth of the patient.
- The test(s) to be performed.
- The date of specimen collection.

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Optional Test Specific Information

- The source of the specimen, if appropriate.
- The time of specimen collection, if applicable; and
- Any additional information relevant and necessary for a specific test to ensure accurate and timely testing and reporting of results, including interpretation, if applicable.

The health care providers address, contact information and the name of the authorized person ordering the test can be: hand written (print legibly), applied by rubber stamper, or pre-printed adhesive labels, on all copies of the test requisition. ***Any test requisition that does not meet the minimum submission requirements could be REJECTED.***

The Laboratories Administration appreciates the cooperation and patience from our customers as we implement these corrective actions. If you have any questions or comments regarding this correspondence, please contact the Head of Support Services, Denise Shackelford at (410) 767-6116 or denise.shackelford@maryland.gov ; or, Quality Assurance Officer, Mark McKinney at (410) 767-5426 or email mark.mckinney@maryland.gov .

Sincerely,



Robert A Myers, Ph.D.
Director

Note: Required changes to updated Infectious Agents: Culture/Detection Form (DHMH 4676) and updated Serological Form (DHMH 4677.)
 Please continue to use the remaining previous version of the Test Request Forms, adding the name of the person who is the legal authority to order the test.

Pre-printed labels: Type "TRAB" (acronym for "Test Request Authorized By") then the authorized person's name.
Handwritten lab slips: In the "Contact name" box, print "TRAB" and then print the name of the authorized person.

2-114147



Laboratories Administration MD DH **New web address**
 201 W. Preston St. • Baltimore, MD 21201 (see back of form)
 P.O. Box 2355 • Baltimore, MD 21203-2355
 410-767-6100 www.dhmh.state.md.us/labs
Robert A. Myers, Ph.D., Director

STATE LAB
 Use Only

INFECTIOUS AGENTS: CULTURE/DETECTION

Submitter is now Health Care Provider
 New - refer to COMAR 0.10.06.02 for legal authority to order test
 Note changes to sex, ethnicity, and race choices

DEH DFP DMTY/PN NOD STD TB CD COR SR JR Other
 Patient SS# (last 4 digits): _____

Health Care Provider: _____
 Address: _____
 City: _____ County: _____ M.I.: _____ Maiden: _____
 State: _____ Zip Code: _____
 Contact Name: _____ Address: _____
 Phone#: _____ Fax#: _____ City: _____ County: _____ State: _____ Zip Code: _____
 Test Request Authorized by: _____

Sex: Male Female Transgender M to F Transgender F to M Ethnicity: Hispanic or Latino Origin? yes no
 Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/other Pacific Islander White
 Case # _____ DOC# _____ Outbreak # _____ Submitter Lab# _____
 Collect Date: _____ Collect Time: am pm Onset Date: _____
 Reason for Test: Screening Diagnosis Contact Test of Cure 2-3 Months Post Rx Suspected Carrier Isolate for ID Release
 Therapy/Drug Treatment: No Yes Therapy/Drug Type: _____ Therapy/Drug Date: _____

↓ SPECIMEN CODE ↓ SPECIMEN CODE ↓ SPECIMEN CODE