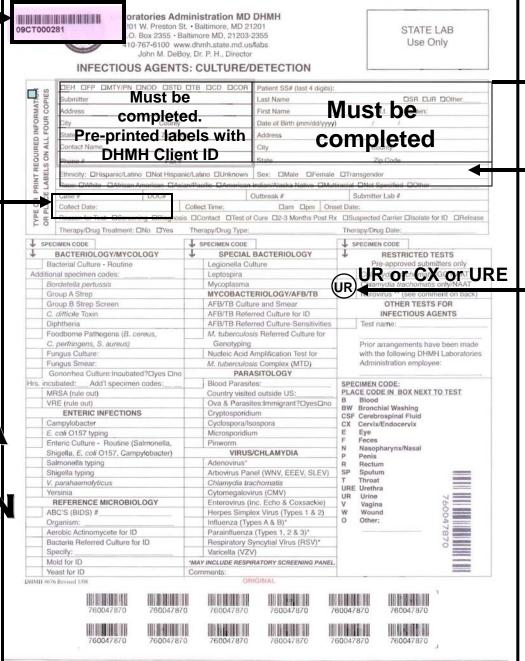
## Affix STICKERS

(matching numbers)
on both the
Original and
Copy #1
forms.

Collect Date must be completed.

CHLAMYDIA TESTING ALLOCATION SYSTEM 2009 (STICKERS)



Please contact your county's sticker steward for the DHMH Client ID.

Exact first and last names must also be on the specimen container.

Fill-in race, ethnicity and gender

Write specimen code in the Chlamydia trachomatis only/NAAT box

Stickers **CANNOT**be used for the combo assay
"Chlamydia trachomatis/GC NAAT"