

# Confidential Sexually Transmitted Disease (STD)/HIV Report Form

## State of Alaska, Section of Epidemiology

Health care providers may use this form for making STD/HIV reports. Please use the Infectious Disease Report Form for reporting of other infectious diseases. Forms may be found at <http://www.epi.alaska.gov/pubs/conditions/crForms.htm>.

### Patient Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male  Transgender  
 (mm/dd/yyyy) **Pregnant:**  No  Yes; # of weeks \_\_\_\_\_  Unknown  
**Gender of Sex Partners:**  Male  Female  Unknown  
 (check all that apply)

**Race:**  White  Black  Alaska Native/American Indian  Native Hawaiian/Pacific Islander  
 Asian  Unknown  Other \_\_\_\_\_

**Ethnicity:**  Hispanic  Non-Hispanic  Unknown

Physical Address \_\_\_\_\_ PO Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phones (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

### Disease Information

CHLAMYDIA  GONORRHEA  SYPHILIS  HIV

**Complications:**  Pelvic Inflammatory Disease (PID)  Epididymitis  Congenital infection  
 Disseminated Gonococcal Infection (DGI)  Conjunctivitis  Other \_\_\_\_\_

Was the diagnosis laboratory confirmed?  Yes  No **Specimen collection date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Type of Specimen:**  Urine  Serum RPR  HIV Multispot Type 1 Positive  
 Vaginal swab  Serum FTA  HIV Multispot Type 2 Positive  
 Urethral/Cervical swab  Rapid HIV \_\_ oral \_\_ serum  HIV Western blot \_\_ oral \_\_ serum  
 Pharyngeal swab  HIV EIA Ag/Ab Combo  Other: \_\_\_\_\_  
 Rectal swab  HIV EIA

Name of Medical Facility \_\_\_\_\_ Phone \_\_\_\_\_

Attending health care provider \_\_\_\_\_ Laboratory Name (if known) \_\_\_\_\_

### Treatment Information (Chlamydia, Gonorrhea and Syphilis Only)

Was treatment prescribed?  Yes  No Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Pharmacy (if known) \_\_\_\_\_

**Medication:**  Azithromycin (Zithromax) \_\_\_\_ 1 gm \_\_\_\_ 2 gm..... Directly Observed Therapy?  Yes  No  
 Cefixime (Suprax) 400 mg PO ..... Directly Observed Therapy?  Yes  No  
 Rocephin (Ceftriaxone) IM \_\_\_\_ 250 mg \_\_\_\_ Other \_\_\_\_ (mg/g)  
 Doxycycline PO BID \_\_\_\_ 7 days \_\_\_\_ 10 days \_\_\_\_ 14 days  
 Benzathine Penicillin G 2.4 mu IM \_\_\_\_ 1 dose \_\_\_\_ 3 doses

Other Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ # Days: \_\_\_\_\_

Other Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ # Days: \_\_\_\_\_

Was EPT (*Expedited Partner Therapy*) provided for sexual partner(s)?  No  Yes # Doses \_\_\_\_\_

Reported by: \_\_\_\_\_ Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fax reports to (907) 561-4239 – please verify fax has been transmitted.  
 If line is busy, please fax again or call the RTR to make a report.  
 Rapid Telephonic Reporting System (RTR): (907) 561-4234 or outside Anchorage (800) 478-1700  
 Rev 6/2014

