

MINNESOTA CONFIDENTIAL CHLAMYDIA AND GONORRHEA REPORT FORM

PATIENT INFORMATION

Patient last name: **Medical record number:**

Patient first name: **M.I.:** **Date of birth: (MM-DD-YYYY)**

Patient street address: **Apt/unit #:**

City/town: **State:** **Zip:** Homeless
 Address unknown

Gender: Male Transgender (M to F)
 Female Transgender (F to M)

Race (mark all that apply): American Indian/Alaska Native
 Asian/Asian American
 Black/African American
 Native Hawaiian/Other Pacific Islander
 White
 Other: _____
 Unknown

Phone: Home Work
 Mobile/cell

Did the patient exhibit signs/symptoms at time of test?
 Yes No Unknown

Ethnicity: Hispanic/Latino
 Non-Hispanic/Non-Latino
 Unknown

Pregnant: No Unknown
 Yes # weeks: _____

HIV tested at this visit: Yes No
 Previous positive

Due date:

Patient on PrEP? Yes No

DIAGNOSIS INFORMATION

CHLAMYDIA (CT) - LAB CONFIRMED

Specimen collection date:

Source (mark all that apply):
 Cervix Rectum
 Vagina Pharynx
 Urethra Urine
 Other: _____

EPT Given?: Yes No

Treatment date:

Doxycycline 100 mg po BID x 7 days Not treated for chlamydia

Alternative regimens:
 Azithromycin (Zithromax) 1 g po x 1
 Levofloxacin 500 mg po x 7 days
 Other: _____

GONORRHEA (GC) - LAB CONFIRMED

Specimen collection date:

Source (mark all that apply):
 Cervix Rectum
 Vagina Pharynx
 Urethra Urine
 Other: _____

EPT Given?: Yes No

Treatment date:

Ceftriaxone (Rocephin) 500 mg IM x 1 (For persons weighing <150 kg*) Not treated for gonorrhea
 Ceftriaxone (Rocephin) 1 g IM x 1 (For person weighing >=150 kg*)

Alternative regimens:
 Cefixime (Suprax) 800 mg po x 1*
 Gentamicin 240 mg IM x 1 plus Azithromycin (Zithromax) 2 g po x 1
 Other: _____

To report disseminated gonorrhea or concern over persistent infection call: 651-201-5414.

**If chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days (Doxycycline 100 mg po BID x 7 days). During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia (Azithromycin (Zithromax) 1 g po x 1).*

PROVIDER INFORMATION

Diagnosed by: **Reported by (if different from diagnosed by):**

Facility/clinic name: **Office telephone:**

Facility/clinic address: **Office fax:**

City: **State:** **Zip:**

RECOMMENDED TREATMENT REGIMENS FOR GONORRHEA AND CHLAMYDIA*

GONORRHEA — UNCOMPLICATED

- Ceftriaxone (Rocephin) 500 mg IM x 1 (For persons weighing <150 kg*)
- Ceftriaxone (Rocephin) 1 g IM x 1 (For persons weighing ≥150 kg*)

Alternative regimen (If ceftriaxone is not available):

- Cefixime (Suprax) 800 mg po x 1*
- OR**
- Gentamicin 240 mg IM x 1 plus Azithromycin (Zithromax) 2 g po x 1

For patients with a cephalosporin allergy or IgE-mediated penicillin allergy:

- Gentamicin 240 mg IM x 1 plus Azithromycin (Zithromax) 2 g po x 1

CDC does not recommend Azithromycin as a monotherapy for routine treatment of gonorrhea.

**If chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days. During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.*

CHLAMYDIA — UNCOMPLICATED

- Doxycycline 100 mg PO BID x 7 days

Alternative regimens:

- Azithromycin (Zithromax) 1 g PO x 1
- OR**
- Levofloxacin 500 mg PO x 7 days

**Refer to 2021 Sexually Transmitted Infections Treatment Guidelines on the Centers for Disease Control and Prevention's (CDC) website (www.cdc.gov/std/treatment) for further information on treating pregnant patients, infections of the pharynx, treatment of infants and other details*

MINNESOTA CONFIDENTIAL CHLAMYDIA AND GONORRHEA REPORT FORM INSTRUCTIONS

- Health care providers should use this form to report lab confirmed cases of gonorrhea and chlamydia as mandated by state law (Minnesota Rule 4605.7040).
- All case reports are classified as private under the Minnesota Government Data Practices Act.
- Laboratory reports do not substitute for physician case reports.
- Report only lab confirmed cases.
- TYPE or PRINT clearly in CAPITAL LETTERS using black ink.
- If completing the form by hand, complete choice boxes with an "X."
- Do not affix labels to this form.

- For more report forms visit: <http://www.health.state.mn.us/diseasereport>
- To report congenital syphilis or chancroid call: 651-201-5414
- To report syphilis visit: <http://www.health.state.mn.us/diseases/syphilis/hcp/report>