

# STI Order Form



**NOTE: If you have any symptoms, have been exposed to someone diagnosed with any of these infections, or have concerns about anal or oral exposure, please make an appointment with a health care provider. Same-day appointments are available at SHS by calling your primary care provider group or 858-534-8089.**

## What to Do Next

1. Read the STI Info Sheet. Keep for future reference.
2. If this is your first visit to SHS, go to the lobby computers, sign in and log on to "Forms" to accept our Notice of Privacy Practices Agreement. Return to the lab.
3. Check off the tests you want below.
4. Give this order form to the laboratory receptionist. Testing can be done until 3:30 pm Mon-Fri.

✓	TEST	Method	Recommended for	Testing Frequency	COST		
					SHIP	RAFT no lab fee	Fee-for-Service eff. 9/23/19
STI testing is generically recommended once per year. <b>You may not self-order testing if your last test was less than 3 months ago</b>							
	CHLAMYDIA	urine	All sexually active men and women under 26 yrs or over 26 yrs if new partners	Annually; more often if multiple partners	covered	\$24.00	\$29.00
	GONORRHEA	urine	Men with male partners  Women who have a history of gonorrhea, new or multiple sex partners, inconsistent condom use, commercial sex work, or drug use	Annually; more often if multiple partners	covered	\$16.00	\$21.00
	HIV	blood	All sexually active men and women  Anyone who uses injectable drugs	Annually Men with multiple male partners or IV drug users every 3-6 months	covered	\$8.95 Addl costs may apply	\$14.00 Addl costs may apply
	SYPHILIS	blood	Men with male partners	Annually	covered	\$3.10 Addl costs may apply	\$8.00 Addl costs may apply

Test results will be available in 3–5 days. A message about the results will be sent through your MyStudentChart. You must register and activate MyStudentChart in order to receive a message about your results. If you do not have a MyStudentChart account, you will need to pick up copies of your labs at Medical Records.

No actual lab results will be released. If you wish to obtain a copy of your result, please submit a Medical Record Request through MyStudentChart. A Medical Record Request can be found after selecting Medical Records under the Health Tab.

\_\_\_\_\_  
PRINT YOUR NAME

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGN YOUR NAME

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Cell Carrier

Prices are subject to change. All charges are billed to your student account. **No specific reason** for the charges appears on your bill.