

**FAX PAGE 1 TO THE CONFIDENTIAL FAX NUMBER LISTED ABOVE**  
**ALL STIs MUST BE REPORTED WITHIN THREE WORKING DAYS**

PATIENT INFORMATION: ALL INFORMATION IS REQUIRED			
LAST NAME	FIRST NAME	MI	DOB
ADDRESS	CITY	STATE	ZIP CODE
PHONE	GENDER MALE FEMALE	IF FEMALE, PREGNANT? YES NO UNKNOWN	GENDER OF SEX PARTNERS MALE/FEMALE/BOTH/UNKNOWN
RACE	ETHNICITY NON-HISPANIC HISPANIC UNKNOWN	HIV STATUS POS NEG UNKNOWN	DATE OF DX ____/____/____ DATE OF TX ____/____/____
DISEASE INFORMATION			
<b>CHLAMYDIA (CHOOSE ONE)</b> <input type="checkbox"/> ASYMPTOMATIC <input type="checkbox"/> SYMPTOMATIC, UNCOMPLICATED <input type="checkbox"/> PID <input type="checkbox"/> OPHTHALMIC <input type="checkbox"/> OTHER COMPLICATIONS: _____ DATE TESTED _____		<b>SITES (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> CERVIX <input type="checkbox"/> URETHRA <input type="checkbox"/> RECTUM <input type="checkbox"/> URINE <input type="checkbox"/> PHARYNX <input type="checkbox"/> VAGINA <input type="checkbox"/> OTHER: _____	
		<b>TREATMENT (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> AZITHROMYCIN 1G PO (SINGLE DOSE) <input type="checkbox"/> DOXYCYCLINE 100MG PO BID X 7 DAYS (PREFERRED FOR RECTAL INFECTION) <b>ALTERNATIVE TX:</b> <input type="checkbox"/> ERYTHROMYCIN (BASE) 500MG PO QID X 7 DAYS <input type="checkbox"/> LEVOFLOXACIN 500MG PO QD X 7 DAYS <input type="checkbox"/> OTHER: _____	
<b>GONORRHEA (CHOOSE ONE)</b> <input type="checkbox"/> ASYMPTOMATIC <input type="checkbox"/> SYMPTOMATIC, UNCOMPLICATED <input type="checkbox"/> PID <input type="checkbox"/> OPHTHALMIC <input type="checkbox"/> DISSEMINATED <input type="checkbox"/> OTHER COMPLICATIONS: _____ DATE TESTED _____		<b>SITES (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> CERVIX <input type="checkbox"/> URETHRA <input type="checkbox"/> RECTUM <input type="checkbox"/> URINE <input type="checkbox"/> PHARYNX <input type="checkbox"/> VAGINA <input type="checkbox"/> OTHER: _____	
		<b>TREATMENT (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> CEFTRIAXONE 500MG IM (SINGLE DOSE) PLUS DOXYCYCLINE 100MG PO BID X 7 DAYS <b>ALTERNATIVE TX:</b> <input type="checkbox"/> CEFIXIME 400MG PO (SINGLE DOSE) PLUS AZITHROMYCIN 1G PO (SINGLE DOSE) <b>FOR BETA-LACTAM ALLERGIC PTS:</b> <input type="checkbox"/> AZITHROMYCIN 2G PO (SINGLE DOSE) PLUS GENTAMICIN 240MG IM <b>OR</b> GEMIFLOXICIN 320MG PO (SINGLE DOSE)	
<b>PLEASE INDICATE YES (Y) OR NO (N) OR NOT APPLICABLE (NA):</b> DID YOU... ____ INSTRUCT PT TO ABSTAIN FOR 10 DAYS AFTER LAST DOSE OF ABX? ____ INSTRUCT PT TO RETEST IN 90 DAYS? ____ INSTRUCT PREGNANT PT TO RETEST IN 3-4 WKS ____ INSTRUCT PT TO NOTIFY ALL SEX PARTNERS IN LAST 60 DAYS TO SEEK TX? ____ ADVISE ON PREGNANCY PLANNING ____ ADVISE ON CONDOM USE? ____ PROVIDE EPT TO ALL SEX PARTNERS IN LAST 60 DAYS? ____ TEST FOR OTHER STIs (SYPHILIS/HIV)?			
<b>MORE INFO ON EXPEDITIED PARTNER THERAPY (EPT) CAN BE FOUND ON BACK OF PAGE</b>			
DATE	DIAGNOSING CLINICIAN		
FACILITY NAME	PERSON COMPLETING FORM		
ADDRESS	PHONE		
CITY/STATE/ZIP	EMAIL		

## **EXPEDITED PARTNER THERAPY**

Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of persons with chlamydia or gonorrhea, by providing medicines or prescriptions to the patient.

EPT can be offered to heterosexual patients when the provider cannot confidently ensure that all of the patient's sex partners from the prior 60 days will be treated.

More information on EPT can be found at <https://www.cdc.gov/std/ept>

## **LEGAL AUTHORITY**

Michigan's Communicable Disease rules are promulgated under the authority conferred on the Department of Health and Human Services by section 5111 of Act No. 368 of the Public Acts of 1978, as amended, being 333.5111 of the Michigan Compiled Laws. Violations of these laws will be reported to the State of Michigan, and may constitute a misdemeanor under MCL 333.2261. For additional reporting requirements regarding HIV and AIDS please refer to MCL 333.5101 et seq. Health care professionals are advised to consult with their local health departments or legal counsel if they have questions about their responsibilities regarding these rules.

The Michigan Department of Health and Human Services maintains, reviews and revises the list of reportable conditions at least annually. Please refer to the Michigan Communicable Disease Information website at [www.michigan.gov/cdinfo](http://www.michigan.gov/cdinfo)

The Privacy Rule in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows for the disclosure of protected health information, without individual client or patient authorization, to public health authorities, who are legally authorized to receive such reports for the purpose of preventing or controlling disease.

## **STI TREATMENT GUIDELINES**

Please refer to "STD diagnostic and Treatment Guidelines" or the Centers for Disease Control and Prevention's (CDC) website [www.cdc.gov/std/treatment](http://www.cdc.gov/std/treatment) for further information on treating chlamydia, gonorrhea and other STIs.