Erie County Department of Health
Confidential Sexually Transmitted Disease Case Report
Call Our Secure Reporting Line at: 716-858-7697 OR Fax Completed Form to: 716-858-7964

Patient Information

Last Name:	First Name:	Middle Initial:	Date of Birth (mm/dd/yyyy)	Age:
Address:	City/Town:	Zip Code:	Telephone Number (with area code)	

Race:	Ethnicity:	Sex:	Pregnant:
□ White	□ Hispanic	□ Male	□ Yes
□ Black	□ Non-Hispanic	□ Female	□ No
□ Other	□ Unknown	□ Unknown	□ Unknown
□ American Indian/Alaskan			
□ Native Hawiian/Pacific Islander			
□ Asian: _____			
□ Unknown			

Reason for Exam: □ Symptomatic □ STD Contact □ Routine Screening □ Other _____

Was Patient Hospitalized for this illness:
□ Yes □ No □ Unknown
Hospital Name:_____
Date Admitted:_____
Date Discharged:_____

Laboratory Data

Date of Test:
____/____/20_____

Lab Confirmed (√ all that apply)
□ Chlamydia □ Syphilis
□ Gonorrhea

Specimen Source: (√ all that apply)
□ Urine □ Vagina
□ Urethra □ Oral
□ Cervix □ Rectal
□ Blood
□ Other _____

Laboratory Test Type:
□ NAAT □ FTA-Abs
□ Culture □ EIA
□ RPR □ Other: _____
□ TPPA

Chlamydia

Diagnosis (√ all that apply)
□ Asymptomatic
□ Symptomatic - Uncomplicated
□ Pelvic Inflammatory Disease
□ Other: _____

Treatment Date: _____/_____/20____

Check Recommended Treatment Administered*:
□ Azithromycin, 1g orally in a single dose **OR**
□ Doxycycline, 100mg orally 2x/day for 7 days
Alternatives:
□ Erythromycin base 500mg orally 4x/day for 7 days **OR**
□ Erythromycin ethylsuccinate 800mg orally 4x/day for 7 days **OR**
□ Levofloxacin 500mg orally 1x/day for 7 days **OR**
□ Ofloxacin 300mg orally 2x/day for 7 days **OR**
□ Other: _____
Why:_____
Was EPT provided? □ Yes □ No □ UNK

Gonorrhea

Diagnosis (√ all that apply)
□ Asymptomatic
□ Symptomatic - Uncomplicated
□ Pelvic Inflammatory Disease
□ Disseminated
□ Other: _____

Treatment Date: _____/_____/20_____

Check Recommended Treatment Administered*:
**Doxycycline is no longer a recommended treatment for GC*
□ Ceftriaxone, 250mg IM single dose **PLUS** Azithromycin, 1g orally in a single dose
Alternative If ceftriaxone is not available
□ Cefixime, 400mg orally in a single dose **PLUS** Azithromycin, 1g orally in a single dose
Alternative if severe cephalosporin or penicillin allergy
□ Gentamicin 240 mg IM **OR** Gemifloxacin 320 mg orally **PLUS** Azithromycin, 2g orally in a single dose
□ Other: _____
Why:_____

Syphilis

Stage:
□ Primary
□ Secondary
□ Early Latent <1yr
□ Late Latent >1yr
□ Congenital
□ Tertiary
□ Neurosyphilis

Test Results:
RPR: _____
TPPA:_____
FTA-Abs: _____
EIA: _____

Treatment Date:
_____/_____/20____

Treatment*:
_____
_____

Reporting Information

Report Date:			If different:
Person Completing Form:	Reporting Facility Name:		Diagnosing Facility:
Address:	City/Town:	Zip Code:	Treating Facility:
Phone #	Fax #:		

* A complete list of treatment options can be found at www.cdc.gov/std/treatment

Updated 2/2/2016