

	FORMULAIRE STI ASSESSMENT REQUESTED BY THE PATIENT			
	Identification F_MO_PREL_34_C	Approbateur Pierre BLONSKI	Date d'application 24/01/2025	Version 5



Date of request :

Social Security number :
 (or date of birth)

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Patient's first name and birthname :

Marital name: **Sex** ☐ M ☐ F

Patient's address :

Patient's telephone no. :

ANALYSES REQUESTED BY THE PATIENT

STI assessment

Urine 1st stream (at least 2 hours after last urination, without intimate wash). Women should opt for vaginal self-collection

☐ Chlamydia trachomatis + Neisseria gonorrhoeae + Mycoplasma genitalium (€69.93)

Blood test (€5.83):

☐ HIV serology (€11.66) + confirmation if necessary (€23.31)

☐ Hepatitis C serology (€11.66) + confirmation if necessary (€23.31)

☐ Hepatitis B serology (€34.98) + additional tests required (€40 to €90)


Do not tick if you have been vaccinated

☐ Syphilis serology (€11.66) + additional tests required (€17 to €88)

I authorise the laboratory to perform any additional tests that may be necessary for the interpretation of the results.

I agree to pay the invoice for the analyses performed.

Transmission of the results protocol to the referring doctor at the CHL's National Infectious Diseases Department in the event of a positive HIV test result.

Patient's signature: