Sexually Transmitted Infection (STI) Testing Information

This form will help you and your clinician decide on the appropriate STI testing at this time. The choice of which infection to screen depends on your history of risk factors, and potential or known exposure. Please note:

- Oral, anal, and vaginal sex can transmit an infection.
- It is more common to have an infection but not have any visible signs or symptoms.
- Barrier methods (male or female condoms, dental dams, flavored or non-lubricated condoms) can reduce but not fully eliminate risk.
- There is no “one test for everything.”
- Because each infection has a specific “window period,” you may be recommended to get tested/re-tested at a later date.
- Besides what USFSP is legally obligated to report, no information from your record will be shared without your written consent.

Routine STI Screening Includes: HIV, CHLAMYDIA, GONORREA AND SYPHILIS:

**Human Immunodeficiency Virus (HIV)**

- The HIV test detects the presence of HIV antibodies. Upon becoming infected with HIV, this may take up to 3 months to occur.
- The test can be done from a blood or oral sample (no needle stick). Both methods are equally accurate.
  - A “negative” or “non-reactive” result usually indicates antibodies have not been found in the test sample.
  - This can mean that you have not been infected with the virus or that you have been infected, but have not yet produced enough antibodies to cause a reaction in the test.
  - If the test result is “indeterminate” or “preliminary positive,” a confirmation (second) test will be done (a new blood sample will need to be obtained).
  - If the second test is “negative” or “non-reactive,” the final result will be considered “negative.”
  - If the second test is “positive” or “reactive,” it’s confirming the reaction in the first test. This indicates you have been infected with HIV and are capable of infecting others. A positive result is not an AIDS diagnosis; AIDS is a clinical diagnosis and is the progression of HIV infection.
- Florida law requires the reporting of HIV positive test results to the local county health department, and if available, a person’s identifying information.
- If an individual who tests positive for HIV is going to engage in an activity with another person in which transmission can occur, that person is legally responsible to share his/her HIV status and get consent to “do” that activity.
- HIV testing information at USFSP is not anonymous, but is considered “super confidential,” and specific written consent must be documented in order for a copy of the results to be released.
- All county health departments in Florida offer both anonymous and confidential testing.

**Chlamydia and Gonorrhea**

- The Chlamydia and gonorrhea tests detect the presence of bacteria. Upon becoming infected with either of these infections, this may take up to 10 days to occur.
- The tests can be done from a urethral (males) or vaginal (female) swab or through the urine. All methods are equally accurate.
- Most women (and about half of men) with Chlamydia do not experience symptoms.
- Annual testing for Chlamydia is recommended for all sexually active women age 25 and under and for women over age 25 who have a new partner and those with multiple sex partners.
- Both Chlamydia and gonorrhea are curable with antibiotics.
Syphilis

- The syphilis test detects the presence of antibodies. Upon becoming infected syphilis, this may take up to 6 weeks to occur. In the early stages of the infection, a painless genital sore and rash often develop.
- Although this infection is not common in the university population, it primarily occurs in high risk groups (people with HIV, men having sex with men, IV drug users, sex workers, or sexual contact with high risk groups).
- Syphilis can be cured with antibiotics.

![Image](https://example.com/image)

**OTHER TESTING TO BE CONSIDERED DEPENDING ON YOUR HISTORY OF RISK FACTORS, POTENTIAL OR KNOWN EXPOSURE AND SHOULD FURTHER BE DISCUSSED WITH YOUR PROVIDER (HUMAN PAPILLOMA VIRUS “HPV”, HERPES, AND HEPATITIS)**

Human Papilloma Virus (HPV)

- Screening for HPV is generally not recommended.
  - Low risk strains of HPV cause genital warts; high risk strains cause abnormal cellular changes on the cervix. Although DNA testing is only available for WOMEN and recommended after an abnormal Pap test result (or at age 30), women and men can be “screened” for low risk HPV with a visual inspection of the genital skin. Upon becoming infected with HPV, abnormal cellular changes and warts may take weeks, months, or years to develop. Both men and women can have HPV without any symptoms.
  - In general, a Pap test is recommended for sexually active women starting at age 21; however, it is not a test for HPV.
  - The infection is very common - nearly three out of four Americans between the ages of 15 and 49 have been infected with genital HPV in their lifetime.
  - Although high risk strains can cause cervical cancer, in most cases, HPV is symptomless and harmless.
  - BOTH WOMEN AND MEN CAN RECEIVE THE HPV VACCINATION

Herpes Simplex Virus (HSV)

- HERPES TESTING IS MOST APPROPRIATELY USED FOR DIAGNOSTIC PURPOSES, NOT SCREENING
  - The HerpesSelectIgG test detects the presence of HSV antibodies. Upon becoming infected with HSV, this may take up to 16 weeks to occur.
  - For patients experiencing no symptoms, a blood test can be done to look for HSV I and/or HSV II antibodies.
  - The only way to know exactly what type and where on the body the infection lives is to have a blister or sore cultured in the first 48 hours of an outbreak.
  - About one in five adults has genital herpes (although most people don’t know they are infected) and 50%-80% of American adults have oral herpes (i.e. cold sores or fever blisters).
  - Herpes is transmitted through skin to skin contact even when sores are not visible.
  - Although oral and genital herpes can be uncomfortable and are not curable, they are generally not dangerous infections in healthy adults and effective medication can be taken to control outbreaks.

Hepatitis

- There are several ways to test for the different types of Hepatitis. When testing through blood, it may take weeks to several months to be able to determine if a person has been infected with the virus.
- Sexual activity poses a different level of risk for each type of viral hepatitis, but is most closely associated with Hepatitis B. Blood transfusion, IV needle sharing, and organ transplants may also pose a risk for transmission.
- Hepatitis A is transmitted primarily through oral contact with feces (oral-fecal contact). This includes contaminated food or water sources and sexual contact, especially oral-anal sex.
- Hepatitis C is primarily transmitted by direct contact with blood.
USFSHS/USFSP STI Screening Cost Information (Self-Pay Rates)
*Updated 6/4/13* (Rates subject to change)

**Individual Tests**

- **HIV (Oral)** $16
- **HIV (Serum)** $15*
- **Syphilis (RPR)** $5*
- **Chlamydia** $18
- **Gonorrhea** $34
- **Chlamydia & Gonorrhea**: $36
- **Herpes Type 1 & 2 – Blood Test**: $37*  Herpes Type 2 only: $22*

*Plus $10 handling fee: Accrued one (1) time for every three (3) tubes of blood collected.

**If appropriate:**

- **Herpes Culture Test**: $38 (Sore must be present)
- **HPV DNA Test (Female patients)**: $45  **MALES**: N/A
- **CHLAMYDIA (ENDOCERVICAL, MALE URETHRAL, URINE)**: 18
- **GC/CHLAMYDIA (THROAT)**: $120
- **GC/CHLAMYDIA (RECTAL)**: $134
- **GC (ENDOCERVICAL, MALE URETHRAL, URINE)**: $36
- **GC/CHLAMYDIA (ENDOCERVICAL, MALE URETHRAL, URINE)**: $36

**Hepatitis testing and prices need to be discussed with your USFSP Wellness Center Provider**

- **GYN EXAM & PAP TEST RECOMMENDATIONS**

- **A Gyn Exam should be performed at age 18 or whenever sexual activity begins**
- **A Pap Test should be performed at age 21**  
  - A Pap Test (Cervical Cancer screening) detects abnormal cellular changes, not for Human Papillomavirus (HPV).  
  - Early detection is the key to preventing Cervical Cancer
- **All women receiving the HPV Vaccine should continue to receive regular cervical cancer screenings.**

**ANNUAL “USFSP WELL WOMAN EXAM”**: $30 (Includes GYN exam, clinical breast exam & full body exam)

**Additional Testing Fees**: $25 (Thin Prep Pap test)  
- **$18** (Chlamydia testing)  
- **$34** (Gonorrhea testing)  
- **$36** (Chlamydia & Gonorrhea testing)  
- **$45** (HPV DNA Testing if indicated)

**Gardasil** (HPV Vaccine series) is available at USFSP Wellness Center; **each injection**: $140
# STI Screening and Consent Form

<table>
<thead>
<tr>
<th>Patient name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient street address and unit number:</td>
<td>City, State, Zip:</td>
</tr>
<tr>
<td>Patient primary phone number:</td>
<td>May we leave test results on your voice mail: ✗ Yes ✗ No</td>
</tr>
</tbody>
</table>

If you would prefer to be notified of your results by email, provide the preferred email to use:

<table>
<thead>
<tr>
<th>Age at first sexual intercourse (giving or receiving):</th>
<th>Total number of lifetime sexual partners (Oral, anal, or vaginal: giving or receiving):</th>
<th>History of oral, anal, vaginal sex (giving or receiving) with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral sex ________</td>
<td>________</td>
<td>Males ✗</td>
</tr>
<tr>
<td>Anal sex ________</td>
<td>________</td>
<td>Males ✗</td>
</tr>
<tr>
<td>Vaginal sex ________</td>
<td>________</td>
<td>Males ✗</td>
</tr>
</tbody>
</table>

Have you ever been tested for HIV? ✗ Yes ✗ No

If yes, date, result, and location of most recent test:

Have you ever been tested for Chlamydia? ✗ Yes ✗ No

If yes, date, result, and location of most recent test:

Previous history of STI’s (check all that apply, include dates of infection):

- ✗ Chlamydia ____________
- ✗ Gonorrhea ____________
- ✗ Trichomoniasis ____________
- ✗ Herpes ____________
- ✗ Syphilis ____________
- ✗ HPV (cell changes on cervix and/or genital warts) ____________

History of shared needle use: ✗ Yes ✗ No

History of sex with IV drug/shared needle user: ✗ Yes ✗ No

Any known sex and/or needle sharing partners who were diagnosed with: (If yes, list dates of last contact)

- ✗ HIV ____________
- ✗ Chlamydia ____________
- ✗ Herpes ____________
- ✗ Gonorrhea ____________
- ✗ Syphilis ____________

Total number of oral, vaginal or anal sex partners (giving or receiving) in the past 3 months:

Date of last unprotected (ex: no male condom, female condom, dental dam, non-lubricated condom was used):

- ✗ Oral Sex ____________
- ✗ Anal Sex ____________
- ✗ Vaginal Sex ____________

Which infections are you interested getting tested for today:

- ✗ HIV ✗ Chlamydia ✗ Gonorrhea ✗ Syphilis ✗ Visual inspection for HPV lesions ✗ Other:

If applicable, do you want USFSP Wellness Center to bill your insurance? ✗ Yes ✗ No

**Please note:** Depending on your insurance carrier, STI testing information may be included on your Explanation of Benefits statement that is mailed to the address on file. If you have any concerns regarding confidentiality of your statements or postal mail, you may want to consider paying the self-pay rate for STI tests. Also, USFSP Wellness Center cannot guarantee your plan covers STI testing. In any case, you will never pay more than the self-pay rates existing at the time of billing.

According to the Centers for Disease Control and Prevention (CDC):

- ✗ Annual testing for Chlamydia is recommended for all sexually active women age 25 and under, for women over age 25 who have a new partner and those with multiple sex partners, and for women who are pregnant.
- ✗ HIV testing should be a routine part of medical care and all people aged 13-64 are recommended to get screened for HIV at least once in their lifetime; at risk individuals should get screened at least once a year.

**Pre-test counseling provider and patient to complete this section together:**

- ✗ I have read the above information and have had a chance to ask questions which were answered to my satisfaction.
- ✗ I consent to the following screening tests:

- ✗ HIV ✗ Chlamydia ✗ Gonorrhea ✗ Syphilis (RPR) ✗ Visual inspection for HPV lesions ✗ Other: ____________ (specify)

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Patient Signature: ___________________________ Date: ________________ ID#: ____________________________

USFSP Executive Committee Review and Approval: 11-6-2009; 8-1-13

STI SCREENING AND CONSENT FORM