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3 Simple Steps to Universal Screening

1

Hand out
letter at
check-in

2

Collect
CT/NG
specimen

3

Send
specimen
to lab

Universal Screening for chlamydia (CT) and gonorrhea (NG) is an inclusive strategy which tests all young women within the high-risk age group covered by USPSTF and CDC guidelines (15-24 years), without regard to their reported sexual activity.¹

Studies have shown a Universal Screening approach can help decrease CT/NG prevalence and reduce infertility due to undiagnosed infections.²

Universal Screening Workflow for Chlamydia (CT) and Gonorrhea (NG)

1. At check-in, the patient (and parent, if the patient is a minor) is given a letter.

- ▶ The letter explains that CT/NG screening is a routine part of care, and the family will less likely be surprised or concerned when CT/NG screening appears on the explanation of benefits.
- ▶ Most states have laws that allow minor patients to submit to STI testing without parental consent. Many practices choose to remind parents of the importance of confidential time between their children and providers.

2. When the patient is called back for the appointment, a medical assistant (MA) will collect a specimen and the patient's direct contact number.

- ▶ The patient can provide a urine sample or self-collected vaginal swab, and the specimen will be kept until the end of the exam.
- ▶ Obtaining a direct contact number from the patient allows the MA to deliver screening results privately to the patient.

3. During the visit, the healthcare provider determines if the specimen should be sent to the lab for testing, unless the patient declines.

- ▶ If a patient has not submitted a specimen before the exam, the provider may choose to collect one during the exam.
- ▶ When sending the specimen to the lab, the MA or office staff should confirm the appropriate test code in the EMR system or test order form.

It's important to deliver information about sexual health and STI screening with respect, sensitivity and confidentiality and without judgment.

References: 1. Owusu-Eduesei K, et al. Cost- Effectiveness of Opt-Out Chlamydia Testing for High-Risk Young Women in the U.S. *Am J Prev Med.* 2016;51(2):216-24. doi:10.1016/j.amepre.2016.01.007. 2. Gold MA, Demonbreun K. Adherence to guidelines for universal screening of sexually active adolescents and young adults: A guide to solutions and strategies. *Contemp Pediatr.* 2017 (suppl 1-4).

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