

Patient information requirements

Please complete all sections and submit with the requisition form and specimen(s) in compliance with N.J.S.A. 45:9-42.46 to 42.49. Information regarding New Jersey state requirements is available at www.nj.gov/health.

Patient name _____

Address (physical street address, no PO box):

Date of birth _____

Phone _____

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other
- Unknown
- Asked but unknown
- Choose not to disclose

Ethnicity

- Hispanic or Latino
- Non-Hispanic or Non-Latino
- Other
- Unknown
- Asked but unknown
- Choose not to disclose

Sexual Orientation

- Lesbian, gay, or homosexual
- Straight or heterosexual
- Bisexual
- Something else, please describe _____
- Don't know
- Choose not to disclose

Gender Identity

- Male
- Female
- Female-to-Male (FTM)/Transgender Male/Trans Man
- Male-to-Female (MTF)/Transgender Female/Trans Woman
- Genderqueer, neither exclusively male nor female
- Additional gender category or other, please specify _____
- Choose not to disclose

Applicable only in the state of New Jersey

